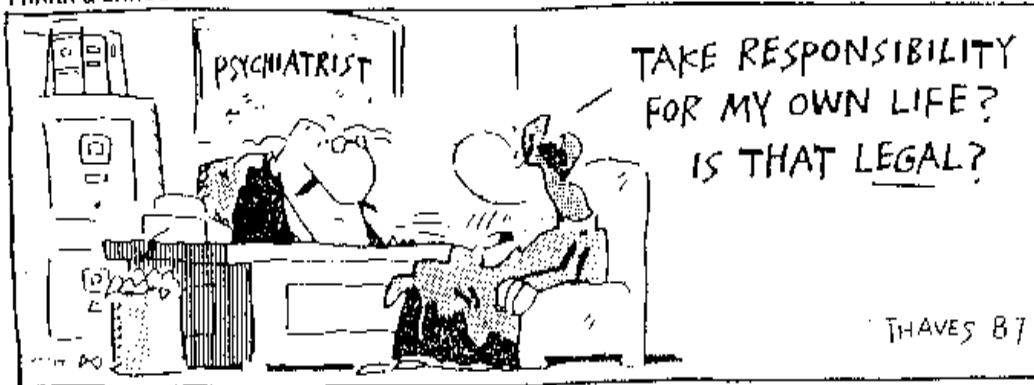


FRANK & ERNEST

Bob Thaves



**4TH Annual
CLINICAL FORUM ON MENTAL HEALTH
"Turning Knowledge Into Practice"**

**Wednesday, May 14, 2008
9:00 a.m. to 10:00 a.m.**

**"Empowerment Within the
Consumer Culture"**

by

Pat Risser parisser@att.net

**This presentation will be up at:
<http://home.att.net/~parisser>
within the next couple of weeks**

In Gaithersburg, MD
on June 17, 2002

Charles G. Curie, M.A., A.C.S.W.,

SAMHSA (Substance Abuse and Mental Health Services Administration) Administrator, stated

that systems must be consumer-driven and that consumers must be at the tables of influence in policy development, treatment planning, and recovery planning. He assured Subcommittee (SOCSI – Subcommittee On Consumer/Survivor Issues) members that SAMHSA is focused on what consumers need. He noted that the current

"era of recovery"

is based on consumers taking charge of and managing their own illnesses, affairs, and lives. He stated his understanding that

quality of life depends on a job, a decent place to live, and a "date on Saturday night" — connection to a community.

* * * * *

President Bush appointed the New Freedom Commission on Mental Health in April 2002, he asked the group to study the problems and gaps in the mental health system and to make concrete recommendations for immediate improvements that the Federal government, State governments, local agencies, as well as public and private health care providers, can implement. The Commission met for 1 year to study the research literature and to receive comments from more than 2,300 mental health consumers, family members, providers, administrators, researchers, government officials, and other key stakeholders.

In its October 29, 2002, *Interim Report to the President*, the Commission declared that the mental health service delivery system is not oriented to the single most important goal of the people it serves –

the hope of recovery.

* * * * *

Recovery, as defined by the Commission, is the process by which people are able to live, work, learn, and participate fully in their communities.

For some individuals, the Commission noted, **recovery** is the ability to live a fulfilling and productive life despite a disability.

For others, **recovery** implies the reduction or remission of symptoms.

For many people, **recovery** is a transformative process, one that is less about returning to a former self and more about discovering who one can become.

Science has shown that having hope plays an integral role in an individual's **recovery**.

National Consensus Statement on Mental Health Recovery

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Background

Recovery is cited, within Transforming Mental Health Care in America, Federal Action Agenda: First Steps, as the "single most important goal" for the mental health service delivery system.

To clearly define recovery, the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services and the Interagency Committee on Disability Research in partnership with six other Federal agencies convened the National Consensus Conference on Mental Health Recovery and Mental Health Systems Transformation on December 16-17, 2004.

Over 110 expert panelists participated, including mental health consumers, family members, providers, advocates, researchers, academicians, managed care representatives, accreditation organization representatives, State and local public officials, and others. A series of technical papers and reports were commissioned that examined topics such as recovery across the lifespan, definitions of recovery, recovery in cultural contexts, the intersection of mental health and addictions recovery, and the application of recovery at individual, family, community, provider, organizational, and systems levels. The following consensus statement was derived from expert panelist deliberations on the findings.

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.

Resources

<http://www.samhsa.gov>
National Mental Health Information Center
1-800-789-2647, 1-866-889-2647 (TDD)

The 10 Fundamental Components of Recovery

1. Self-Direction: Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing 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.

2. Individualized and Person-Centered: There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. 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.

3. 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. They have 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.

4. Holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. 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.

5. Non-Linear: Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins 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.

6. Strengths-Based: Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

7. Peer Support: Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

8. Respect: Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.

9. Responsibility: Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

10. 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. 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 American community life. America reaps the benefits of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and healthier Nation.

Empowerment is ...

One of the key elements in Recovery and essentially it is just making free-will choices.

Mark Ragins, M.D. in "An Empowerment Revolution Plan says that, "...mental health professionals have an amazing tradition of coercion. We have an army of clinical language (lack of insight, poor judgment, treatment resistance, noncompliance, sabotaging, incompetent to make decisions, irrational, inappropriate, etc.) to use to take power from people. Los Angeles has an entire busy court house devoted to legally forcing people to have professionally dictated psychiatric treatment. Certainly numerous pregnant women and cancer patients make poor decisions, even life endangering decisions, about their conditions, but there is no active legal machinery for forcing them to do what we think is best. Half of the people in the public mental health system entered it involuntarily and most hospitals beds are on locked wards. Many [mental health] professions seem to look back longingly on a time when they could more easily force patients to be taken care of. This tradition of coercive treatment will be difficult to overcome to achieve collaboration.

To create an Empowerment Revolution, Dr. Ragins suggests six practical changes:

- **Changed role for the patients** — Education about their conditions and the treatment options and active choice (rather than compliance) by the patients has been emphasized. This is both a proactive process and an ongoing process as treatment decisions emerge. Women are given classes about the process of pregnancy and delivering and about the various interventions, including anesthesia that are available and they actually choose what they want. Similarly cancer patients are taught about cancer, surgery, radiation, and chemotherapy and make choices. There is a goal of increased self-mastery of their conditions and collaboration on a "birthing plan" or a cancer treatment course.
- **Changed roles for the doctors and other professionals** — To collaborate together rather than a patient passively complying (or possibly not complying) with a doctor's orders there must be changes on both sides. The professionals must welcome, indeed foster, their patients efforts to learn about and participate actively in their treatment. The professionals became more consultants or coaches assisting patients to manage their conditions instead of managing it for them.
- **Increased use of self-coping techniques** — Patients have been encouraged to actively treat themselves as an adjunct to medical treatments. Lamaze breathing techniques to reduce pain are now common place and visualization techniques for treating cancer are growing in popularity.
- **Increased use of natural supports** — Including family members or friends as part of the childbirth experience or hospice team is now routine. Isolating patients with only professionals around them during their most difficult times is very rarely a medical requirement.
- **Increased usage of home or home-like settings** — Home births and birthing centers where patients bring their own belongings are replacing sterile delivery rooms. Home health and hospice settings are replacing hospital wards for cancer patients. The medical equipment, while still often essential, is embedded into a home like environment rather than becoming its own environment.
- **Increased use of peer support** — Many pregnant women go to classes with other pregnant women and share their experiences and support each other. Cancer survivor groups and grief groups for families of people who die from cancer are common. Especially for cancer patients a sense of pride at being a "cancer survivor" has replaced a sense of shame as a result.

A WORKING DEFINITION OF EMPOWERMENT

As defined by a group of consumer/survivor self-help practitioners who direct user-run, self-help programs.

Empowerment has a number of qualities:

- 1. Having decision-making power.**
- 2. Having access to information and resources.**
- 3. Having a range of options from which to make choices (not just yes/no, either/or).**
- 4. Assertiveness.**
- 5. A feeling that the individual can make a difference (being hopeful).**
- 6. Learning to think critically; unlearning the conditioning; seeing things differently; e.g.,**
 - a) Learning to redefine who we are (speaking in our own voice).**
 - b) Learning to redefine what we can do.**
 - c) Learning to redefine our relationships to institutionalized power.**
- 7. Learning about and expressing anger.**
- 8. Not feeling alone; feeling part of a group.**
- 9. Understanding that people have rights.**
- 10. Effecting change in one's life and one's community.**
- 11. Learning skills (e.g., communication) that the individual defines as important.**
- 12. Changing others' perceptions of one's competency and capacity to act.**
- 13. Coming out of the closet.**
- 14. Growth and change that is never ending and self-initiated.**
- 15. Increasing one's positive self-image and overcoming stigma.**

EMPOWERMENT is a process rather than an event. Therefore, an individual doesn't have to display every quality on the list in order to be considered "empowered."

THE ELEMENTS OF EMPOWERMENT

1. Having decision-making power.

Clients of mental health programs are often assumed by professionals to lack the ability to make decisions, or to make “correct” decisions. Therefore, many programs assume the paternalistic stance of limiting the number or quality of decisions their clients may make. Clients may be able to decide on the dinner menu, for example, but not on the overall course of their treatment. Yet, without practice in making decisions, clients are maintained in long-term dependency relationships. No one can become independent unless he or she is given the opportunity to make important decisions about his or her life.

2. Having access to information and resources.

Decision-making shouldn’t happen in a vacuum. Decisions are best made when the individual has sufficient information to weigh the possible consequences of various choices. Again, out of paternalism, many mental health professionals restrict such information, believing restriction to be in the client’s “best interest.” This can become a self-fulfilling prophecy, since, lacking adequate information, clients may make impulsive choices that confirm professionals’ beliefs in their inadequacy.

3. Having a range of options from which to make choices.

Meaningful choice is not merely a matter of “hamburgers or hot dogs” or “bowling or swimming.” If you prefer salad, or the library, you’re out of luck!

4. Assertiveness.

Non-diagnosed people are rewarded for this quality; in mental health clients, on the other hand, it is often labeled “manipulativeness.” This is an example of how a psychiatric label results in positive qualities being redefined negatively. Assertiveness—being able to clearly state one’s wishes and to stand up for oneself—helps an individual to get what he or she wants.

5. A feeling that the individual can make a difference.

Hope is an essential element in our definition. A person who is hopeful believes in the possibility of future change and improvement; without hope, it can seem pointless to make an effort. Yet mental health professionals who label their clients “incurable” or “chronic” seem at the same time to expect them to be motivated to take action and make changes in their lives, despite the overall hopelessness such labels convey.

6. Learning to think critically; un-learning the conditioning; seeing things differently.

This part of the definition created the most discussion within our group, and we were unable to come up with a single phrase that encapsulated it. We believed that as part of the process of psychiatric diagnosis and treatment, clients have had their lives, their *personal stories*, transformed into “case histories.” Therefore, part of the empowerment process is a *reclaiming process* for these life stories. Similarly, the empowerment process includes a reclaiming of one’s sense of competence, and a recognition of the often-hidden power relationships inherent in the treatment situation. In the early stages of participation in self-help groups, for example, it is very common for members to tell one another their stories; both the act of telling and that of *being listened to* are important events for group members.

7. Learning about and expressing anger.

Clients who express anger are often considered by professionals to be “decompensating” or “out of control.” This is true even when the anger is legitimate and would be considered so when expressed by a “normal” person, and is yet another example of the way in which a positive quality becomes a negative once a person is diagnosed. Because the expression of anger has often been so restricted, it is common for clients to fear their own anger and overestimate its destructive power. Clients need opportunities to learn about anger, to express it safely, and to recognize its limits.

8. Not feeling alone; feeling part of a group.

An important element in our definition is its group dimension. We believe that it is necessary to recognize that empowerment does not occur to the individual alone, but has to do with experiencing a sense of connectedness with other people. As was brought up numerous times during our discussion, we did not want to leave the impression that we considered the image of “John Wayne coming into town, fixing everything, and riding off into the sunset” to be synonymous with our definition!

9. Understanding that people have rights.

The self-help movement among psychiatric survivors is part of a broader movement to establish basic legal rights. We see powerful parallels between our movement and other movements of oppressed and disadvantaged people, including racial and ethnic minorities, women, gays and lesbians, and people with disabilities. Part of all of these liberation movements has been the struggle for equal rights. Through understanding our rights, we increase our sense of strength and self-confidence.

10. Effecting change in one’s life and one’s community.

Empowerment is about more than a “feeling” or a “sense;” we see such feelings as pre-cursors to action. When a person brings about actual change, he or she increases feelings of mastery and control. This, in turn, leads to further and more effective change. Again, we emphasized that this is not merely personal change, but has a group dimension.

11. Learning skills that the individual defines as important.

Mental health professionals often complain that their clients have poor skills and cannot seem to learn new ones. At the same time, the skills that professionals define as important are often not the ones that clients themselves find interesting or important (e.g., daily bed making). When clients are given the opportunity to learn things that they want to learn, they often surprise professionals (and sometimes themselves) by being able to learn them well.

12. Changing others’ perceptions of one’s competency and capacity to act.

If anything defines the public (and professional) perception of “mental patients,” it is incompetency. People with psychiatric diagnoses are widely assumed to be unable to know their own needs or to act on them. As one becomes better able to take control of one’s life, demonstrating one’s essential similarity to so-called “normal” people, this perception should begin to change. And the client who recognizes that he or she is earning the respect of others increases in self-confidence, thus further changing outsiders’ perceptions.

13. Coming out of the closet.

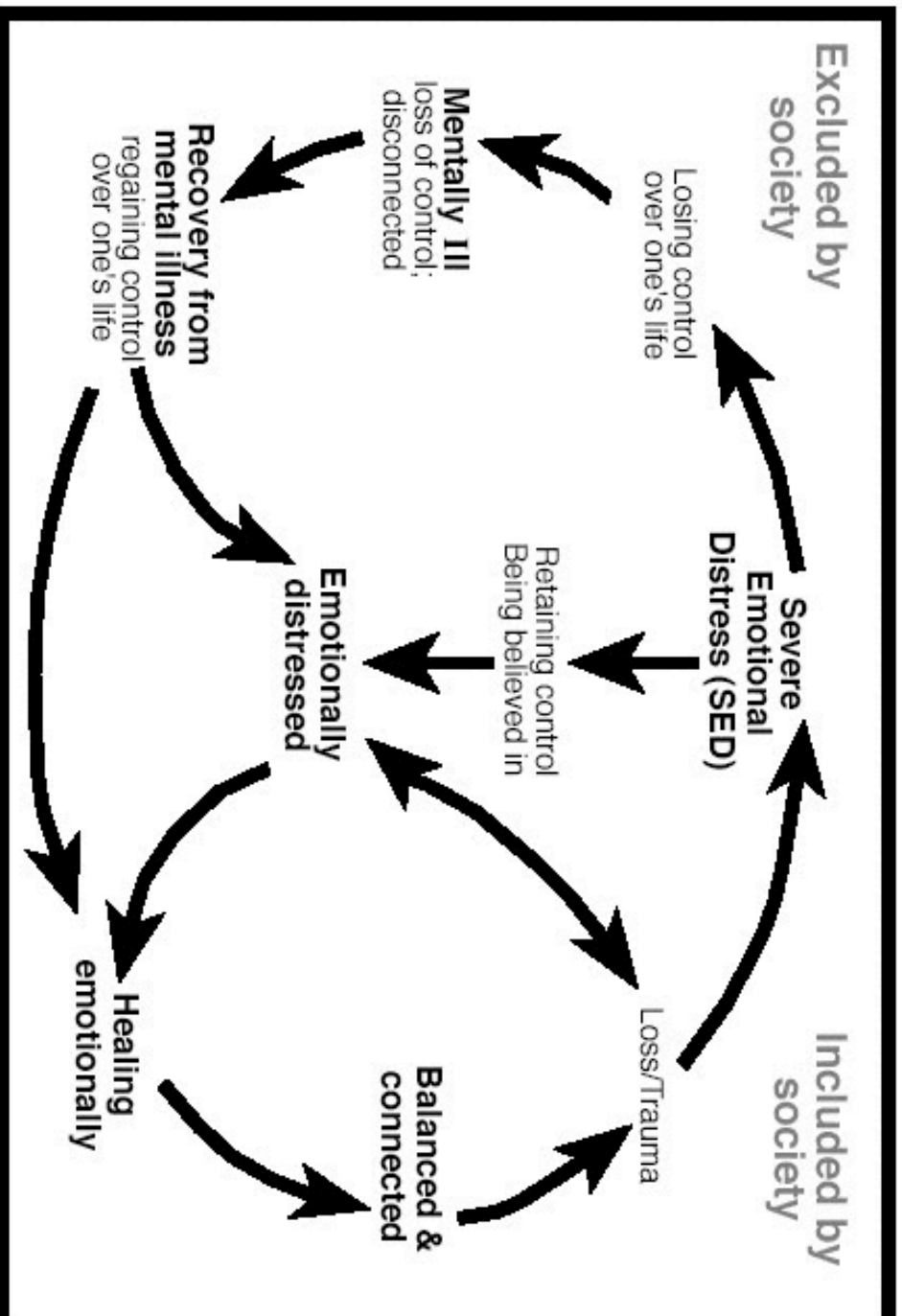
This is a term we have taken from the gay/ lesbian movement. People with de-valued social statuses who can hide that fact often (quite wisely) choose to do so. However, this decision takes its toll in the form of decreased self-esteem and fear of discovery. Individuals who reach the point where they can reveal their identity are displaying self-confidence.

14. Growth and change that is never ending and self-initiated.

We wanted to emphasize in this element that empowerment is not a destination, but a journey; that no one reaches a final stage in which further growth and change is unnecessary.

15. Increasing one’s positive self-image and overcoming stigma.

As a person becomes more empowered, he or she begins to feel more confident and capable. This, in turn, leads to increased ability to manage one’s life, resulting in a still more improved self-image. The negative identity of “mental patient” that has been internalized also begins to change; the individual may discard the label entirely, or may redefine it to convey positive qualities.



Empowerment Model of Recovery from Mental Illness

by Daniel B. Fisher M.D., Ph.D. and Laurie Ahern
 © 1999 National Empowerment Center, Inc.

"Personal Assistance in Community Existence"

Principles of PACE

The results of research into recovery

- People do fully recover from even the most severe forms of mental illness
- Understanding that mental illness is a label for severe emotional distress, which interrupts a person's role in society, helps in a person's recovery
- People can and do yearn to connect emotionally with others, especially when they are experiencing severe emotional distress
- Trust is the cornerstone of recovery
- People who believe in you help you recover
- People have to be able to follow their own dreams to recover
- Mistrust leads to increased control and coercion, which interfere with recovery
- Self-determination is essential to recovery
- People recovering and those around them must believe they will recover
- Human dignity and respect are vital to recovery
- Everything we have learned about the importance of human connections applies equally to people labeled with mental illness
- Feeling emotionally safe in relationships is vital to expressing feelings, which aids in recovery
- There is always meaning in periods of severe emotional distress, and understanding that meaning helps with recovery

Recovery at Your own PACE

PACT / PACE		
I. VALUES	PACT	PACE
A. Could anyone become mentally ill?	NO: labeled people not fully human	YES: therefore we are all equally human
B. Causality of Mental illness	permanent brain disorder causing illness	Severe emotional distress and loss of social role
C. Recovery	Life long process	Complete possible
D. Goal of help	Maintenance	Full recovery
E. Control	Coercion by team. Controlled by outside	Person centered,voluntary Control by self
F. Pace	Set by team	Set by consumer
II. HELP	PACT	PACE
A. Relationships	Professional distance	Peer connection
B. Main method	Medication	Person who believes in you
C. Setting	Into professionally-run	Into peer-run
D. Rights	Violated often	Respected
E. Outcome	Dependency, lacking responsibility	Self-management; gain sense of responsibility
F. Choice of help	Little choice: narrowly medical	Full choice: consumer-run, psychosocial, therapy
G. Primary person	Case Manager	Personal Assistant
H. Housing	Bundled to services through DMH's	Unbundled, through housing authorities

Mental Health Systems TRANSFORMATION is one of the four SAMHSA "REDWOODS"

A "**redwood**" is a priority program for the investment of our efforts and our resources. Charles Curie coined this term to emphasize a new program philosophy and direction for SAMHSA. Rather than having 1,000 short-lived flowers bloom, he prefers that all three centers within SAMHSA focus on developing a few rich, major, long-lived initiatives with a lasting impact.

SAMHSA's four **REDWOOD** initiatives focus on:

- Expanding the nation's Substance Abuse Treatment Capacity in new and innovative ways;
- Strengthening our substance abuse prevention efforts and streamlining these efforts on a national scale;
- Addressing the needs of adults and youth with co-occurring mental and substance use disorders; and
- Implementing our action agenda to achieve a wholesale **transformation** of the nation's mental health services delivery system.

Transformation will happen by focus on six goals:

- Goal 1. Americans understand that mental health is essential to overall health.
- Goal 2. Mental health care is consumer and family driven.
- Goal 3. Disparities in mental health care services are eliminated.
- Goal 4. Early mental health screening, assessment, and referral to services are common practice.
- Goal 5. Excellent mental health care is delivered and research is accelerated.
- Goal 6. Technology is used to access mental health care and information.

Successfully transforming the mental health service delivery system rests on two principles:

* **First, services and treatments must be consumer and family centered**, geared to give consumers real and meaningful choices about treatment options and providers - not oriented to the requirements of bureaucracies.

* **Second, care must focus on increasing consumers' ability to successfully cope with life's challenges, on facilitating recovery, and on building resilience**, not just on managing symptoms.

President George W. Bush's New Freedom Commission Final Report, Executive Summary, May 2003

Federal to State hierarchy of mental health services

President – President, George W. Bush

Secretary of Health and Human Services (HHS) – Secretary, Mike Leavitt

Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) – Administrator, Terry Cline

Director of the Center for Mental Health Services (CMHS) – Director, A. Kathryn Power

North Dakota Governor – Governor, John Hoeven

North Dakota Department of Human Services – Carol K. Olson, Executive Director, Department of Human Services

North Dakota Division of Mental Health and Substance Abuse Services – Director, JoAnne Hoesel

Freedom

Each human being must free himself; freedom cannot be thrust or forced upon people if they are to be truly free. Force cannot be abolished by use of force. Freedom must be obtained by voluntary means, accomplished by reason and persuasion. Freedom is not free, unless we mean "freedom" as defined by Orwell and Kafka; "freedom" as granted by Stalin and Hitler; "freedom" to pace back and forth in your cage.

Programs that facilitate "RECOVERY"

C.R.I.S.P.

Crisis **R**ecovery **I**ndividualized **S**upport **P**lan
<http://home.att.net/~LetFreedomRing>

B.R.I.D.G.E.S.

Building **R**ecovery of **I**ndividual **D**reams and **G**oals through
Education and **S**upport

W.R.A.P.

Wellness **R**ecovery **A**ction **P**lan

WEB SITES:

Addiction issues:

<http://www.jointogether.org/home/>

American Association of People with Disabilities

<http://www.aapd-dc.org/>

Association for Persons in
Supported Employment (APSE)

<http://www.apse.org>

American Association of Suicidology

<http://www.suicidology.org/>

Bazelon Center for Mental Health Law

<http://www.bazelon.org>

Boston University Center for
Psychiatric Rehabilitation

<http://www.bu.edu/sarpsvch>

Center for Substance Abuse Treatment:

<http://www.samhsa.gov/centers/csat/csat.html>

Center for Mental Health Services:

<http://www.mentalhealth.org/>

CMHS Consumer Affairs E-News:

<http://www.mentalhealth.org/consumersurvivor/>

Co-occurring Disorders
in the Justice System:

<http://www.gainsctr.com/>

Consortium for Citizens with Disabilities

<http://www.c-c-d.org>

Consortium for Citizens with Disabilities
Housing Task Force

<http://www.c-c-d.org/tf-housing.htm>

Consumer Organizing and Networking
Technical Assistance Center (CONTACT)

<http://www.contact.org>

Corporation for Supportive Housing

<http://www.csh.org/>

Depression and Bipolar Support Alliance (DBSA)

<http://www.dbsalliance.org/>

Disability info. gov

<http://www.disabilityinfo.gov/>

Evidence Based Practices in Mental Health

<http://www.mentalhealthpractices.org/>

Federation of Families for
Children's Mental Health

http://www.ffcmh.org/Eng_one.htm

Housing Center for People with Disabilities

<http://www.tacinc.org/housingcenter.html>

International Association for Psychosocial
Rehabilitation Services (IAPRS)

<http://www.iapsrs.org>

International Center for
Clubhouse Development (ICCD)

<http://www.iccd.org>

National Alliance for the
Mentally Ill (NAMI)

<http://www.nami.org>

National Alliance for Research on
Schizophrenia and Depression

<http://www.narsad.org/>

National Association for Rights Protection and Advocacy

<http://www.narpa.org>

National Association of State Mental
Health Program Directors (NASMHPD)

<http://www.nasmhpd.org>

National Association of Protection and
Advocacy Systems (NAPAS)

<http://www.protectionandadvocacy.com>

National Council on Disability

<http://www.ncd.gov>

National Depression and
Bipolar Support Alliance (National DBSA)

<http://www.dbsalliance.org/>

National Low Income
Housing Coalition

<http://www.nlihc.org/>

National Mental Health
Association (NMHA)

<http://www.nmha.org>

National Mental Health Consumers'
Self-help Clearinghouse:

<http://www.mhselfhelp.org/>

NMHA--Consumer Supporter
Technical Assistance Center

<http://www.ncstac.org/>

National Empowerment Center

<http://www.power2u.org>

President's Committee on
Employment of People with Disabilities

<http://www50.pcep.gov>

President's New Freedom
Commission on Mental Health

<http://www.mentalhealthcommission.gov>

Social Security

<http://www.ssa.gov/disability/>

Suicide Prevention Action Network of USA

<http://www.spanusa.org/>

Substance Abuse and Mental
Health Services Administration:

<http://www.samhsa.gov/>

Twelve step programs:

<http://www.onlinerecovery.org/12/>

The White House:

<http://www.whitehouse.gov/>

U.S. House of Representatives:

<http://www.house.gov/>

U.S. Senate:

<http://www.senate.gov/>