

# Creating A Recovery Culture



Tamra Oman, SAC

Human Services Program Coordinator

Recovery Support Specialist

DHS/WRC

[Tamra.Oman@dhs.wisconsin.gov](mailto:Tamra.Oman@dhs.wisconsin.gov)

920-426-4310 ext. 4134

# Objectives

- Explore What you were thinking and what's in it for you?
- Have some interesting dialogue
- Discuss change/motivation for change/what would you do
- Have some laughs
- Be reminded that **WHAT YOU DO MATTERS!!!**



# Some Ideas

- “*Compliance vs. Engagement*”- Understand the importance of personal engagement in order to work on recovery
- Explore “*what’s in it for me?*”
- Recognize *trauma history* plays a roll in a person’s wellness and recovery
- Understand the value of using strength based, PCP (person centered planning), and TIC (trauma informed care) - “*Language & Approach*”
- *Recovery is not linear*- it is ongoing- defining success in recovery is subjective
- “*what you do matters*”



# Where Do We begin??

*With Ourselves!*

*Be the change you want to see  
in the world- Mahatma Gandhi*



# Welcome!!

Never doubt that a small, group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

- *Margaret Meade*

# “DEAD HORSE WISDOM”

What kinda' horse are you riding??



# Challenging Questions:

- WHY DID YOU CHOOSE THIS WORK or VOLUNTEER OPPORTUNITY?
- ARE YOU “GETTING SOMETHING OUT OF IT” (besides a paycheck)?
- WHAT WOULD YOU LIKE TO BE “GETTING OUT OF IT”?



Have you figured out...

what's in it for you??





# HOPE!



# WHY IS ANY OF THIS IMPORTANT?

In order to create a recovery culture, we must first be aware of ourselves:

- what we want (*what's in it for me?*),
- what we bring to the table (*our gifts, talents, passions, etc..*),
- and what gets in the way of our success (*ideas, beliefs, or attitudes*)?



# A Recovery Culture Requires:

- Respect
- Personal Value
- Meeting people where they are
- Choices
- Listening
- Permission
- Co-laboring
- Refining
- Connecting
- Sharing
- Open mindedness
- Willingness
- Self reflection
- Collective agreements
- Commitment
- Evaluation & re-evaluation



# What are some important elements/practices to include when creating a recovery culture?

- TIC – Trauma Informed Care
- PCP- Person Centered Planning
- SBA- Strength Based Approach
- MI- Motivational Interviewing



# A BRIEF LOOK AT THE PRINCIPLES OF EACH PRACTICE



Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek.

- Barack Obama

# What is TIC??

It is:

**a philosophical shift**

What it is not:

**an intervention to address PTSD**

-----

*Moving from, 'What's wrong with you'*

*to*

*'What's happened to you?'*

*Adopted from TIC training with Elizabeth Hudson*

A stylized silhouette of a mountain range in shades of brown and tan, positioned at the bottom of the slide against a blue gradient background.

# A Brief Overview of Psychological Trauma

Trauma refers to **extreme stress** (e.g., threat to life, bodily integrity or sanity) that overwhelms a person's ability to cope.

The individual's **subjective experience** determines whether or not an event is traumatic.

Traumatic events result in a **feeling of vulnerability, helplessness and fear.**

Traumatic events often **interfere with relationships and fundamental beliefs** about oneself, others and one's place in the world.

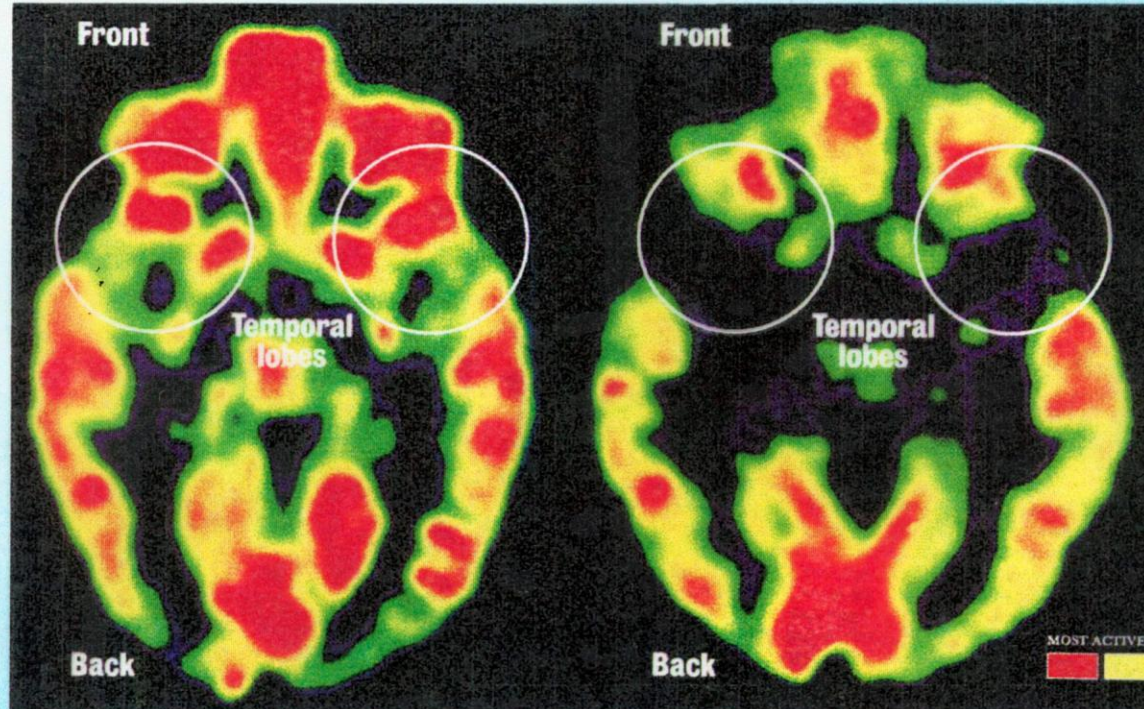
(Giller, 1999; Herman, 1992)





Comparison of Healthy Child Brain Development VS.  
Traumatic Neglect Brain Development

# Effect of extreme deprivation



Healthy Child

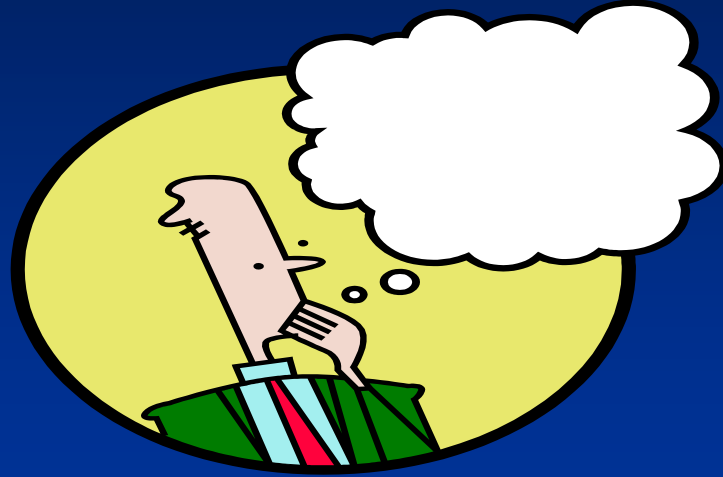
Neglected Child



# World View of a Person with Trauma History

- The world / environment is unsafe
- Other people are unsafe and cannot be trusted
- My own thoughts and feelings are unsafe
- I expect crisis, danger and loss
- I have no self-worth and no abilities

# Why does someone's history matter?



History, despite its wrenching pain, cannot be unlived, but if faced with courage, need not be lived again. – Maya Angelou



# Failure to address trauma can be counterproductive and lead to:

(could make your job more difficult)

- ❑ Increase in symptoms / coping strategies (eating disorders, self-harm)
- ❑ Retraumatization (Harris and Fallot, 2001)
- ❑ Increase in relapse
- ❑ Withdrawal from service relationship
- ❑ Poor treatment outcomes (Easton et al 2000; Ouimette et al 1999)

# Perspective Shift:

- Examples of Coping Skills created to “deal with” Trauma?

## Traditional

*Key Question:* ‘What’s wrong with you?’

Decreasing symptoms viewed as success

Rules, directives, and use of token systems as primary approaches to maintaining order

Therapy sessions and specific interventions are viewed as the primary method of treatment

## Trauma- Informed

*Key Question:* ‘What has happened to you?’

Symptoms are adaptations to trauma. ‘Problem behavior’ viewed as coping strategy

‘Wellness plans’/ ‘crisis plans’, stress reduction, are tools used to maintain healing relationships

Healing happens in healthy relationships

# What can we do?

- Understand that trauma is a central experience in the lives of many of our clients/circle members
- Utilize 'universal precautions' (*act as if everyone has a trauma history*)
- Recognize that symptoms and behaviors have often developed as an attempt to cope with trauma
- Prioritize safety and reduce retraumatization
- Eliminate unnecessary triggers
- Maximize opportunities for offenders to exercise control over their lives
- Understand the influence of people's cultural background



# Questions About TIC?

## Or Observations about TIC??



# “PCP”

*AKA – Person Centered Planning*

- A plan completely centered on the Interest of the individual- the “consumer” drives the goal setting. It is the “objective” of the “team” to find ways to “partner” with the individual to assist in the clients interest in wellness.



# What's the Purpose of PCP

- *To look at an individual in a different way.*
- *To assist the focus person in gaining control over their own life.*
- *To increase opportunities for participation in the community.*
- *To recognize individual desires, interests, and dreams. – Their Motivation*
- *Through team effort, develop a plan to turn dreams into reality.*





# Who is involved in person centered planning?

- The focus person and who ever they would like to be involved.
- Parents/guardians, other family members, friends, professionals, and anyone else who has been invited and has a personal interest in the person.
- The facilitator should be a person that is neutral and unbiased, leads the group through the process, handles conflict and assures equal opportunity for all to participate.



# Success using PCP

- Results of a 2008 study of persons with severe mental illness who participated in PCP (in the community)
  - 68% increase in competitive employment
  - 43% decrease in ER visits
  - 44% decrease in inpatients days
  - 56% decrease in self-harm
  - 51% decrease in harm to others
  - 11% decrease in arrests
  - Cost effective: Less use of medicaid dollars

\*\*\* Statistics are from Western New York Care Coordination Project\*\*\*



# Strength Based Practice

Strengths based practice is a social work practice theory that emphasizes people's self determination and strengths. Strengths based practice is client led, with a focus on future outcomes and strengths that the people bring to a problem or crisis.

-wikipedia



# MI- Motivational Interviewing

- **Motivational interviewing** (MI) refers to a counseling approach in part developed by clinical psychologists Professor William R Miller, Ph.D. and Professor Stephen Rollnick, Ph.D. It is a client-centered, semi-directive method of engaging intrinsic motivation to change behavior by developing discrepancy and exploring and resolving ambivalence within the client.



# What are some of the characteristics of MI?

- non-judgmental
- non-confrontational
- non-adversarial
- attempts to increase the client's awareness of the potential problems caused
- recognize the consequences experienced
- and risks faced as a result of the behavior in question.



# What do we do?

- Express empathy- share with clients your understanding of the their perspective.
- Develop discrepancy- help clients appreciate the value of change by exploring the discrepancy between how clients want their lives to be vs. how they currently are
- Roll with resistance- accept client reluctance to change as natural rather than pathological.
- Support self-efficacy- embrace client autonomy (even when clients choose to not change) and help clients move toward change successfully and with confidence.



# Ms. Clueless

- What's going on with Miss Clueless?
- What do we need to think about while working with her?
- How many of you think she'll be successful this time?



# New or Re-newed Perspective

*What might have been  
missing??*





# Investment vs. Compliance

Examples???



# Roles

- Who's in charge?
- What is my role?
- How can we be responsive to external goals (ex. Referral reason)
- How do we work together?



# Success

- *Who defines Success?*
- *How does the client define success?*
- *How does the provider define success?*
- *Who is “right”?*



# Best Practices

- *When in doubt, check it out (FIRST)!*
- *Do unto others as you would want done unto you!*
- *Be the change you want to see in the world!*



# Congratulations YOU MADE IT !

(through this long/wordy presentation)

Questions, Comments, Ideas, Thoughts????



Thank you for your work and all that  
you do!!!

Thank YOU

WHAT

YOU

DO

MATTERS!!

