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Association québécoise pour la réadaptation psychosociale

Second webinar in the RECOVERY series

By and for the person
The concept of self-determination in recovery
Recovery is a personal journey, but it doesn't have to be undertaken alone

September 28, 2017

Samuel Breau, Laurence Caron, Annie Bossé, Caroline Lemire, Linda Dufour

Housekeeping notes

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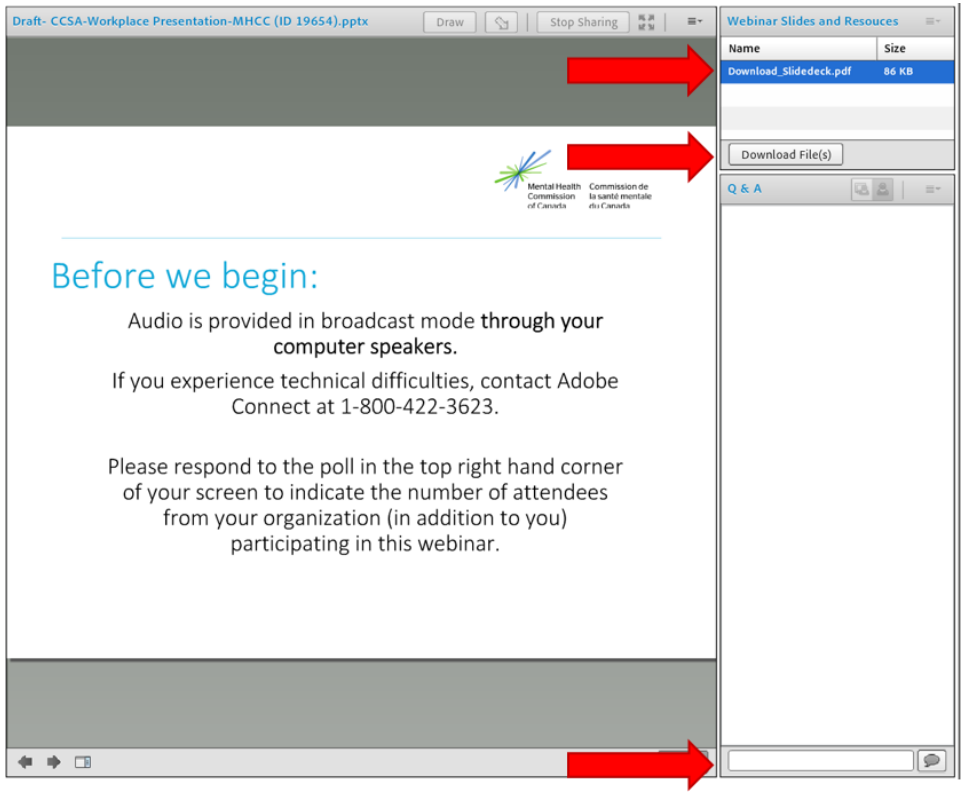

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What recovery means

It refers to the possibility of living a satisfying, hopeful, and contributing life, even when a person may be experiencing ongoing symptoms of a mental health problem or illness.

The six dimensions of recovery-oriented practice

1. Promoting a culture and language of hope and optimism
2. Recovery is personal
3. Recovery occurs in the context of one's life
4. Responding to the diverse needs of everyone living in Canada
5. Working with First Nations, Inuit and Métis
6. Recovery is about transforming services and systems

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Speakers

Bruno Collard
Director, Revivre Clinic

Sandrine Rousseau
Project manager, Réseau des entendeurs de voix québécois, recovery trainer and peer helper, AQRP network

Élodie Barthell-Mailhot
Psychosocial support worker, PECH

Laurence Caron (Facilitator)
Project manager, anti-stigma program, AQRP

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TODAY'S WEBINAR

Recovery by and for the person

The concept of self-determination in recovery

Recovery is a personal journey, but it doesn't have to be undertaken alone

Tone? *Friendly*

The contents aim to?

Open the heart
Nourish the mind
Take over daily life

LEARNING OBJECTIVES

1. Gain a deeper understanding of personal **recovery** principles

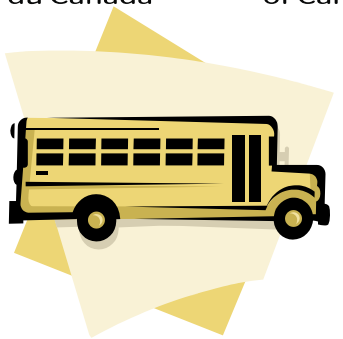
2. Recognize that recovery is an approach based on a culture that focuses on a **person's abilities to self-determination**

3. Learn about **ways** to foster self-determination

4. Identify support **issues** for self-determination

5. **Looking forward to watching the next webinars and taking part in them.**

Proposed schedule



1. Recovery 101:
2. Elodie Barthell-Mailhot: *Strength-based support*
3. Bruno Collard: *Self-management support*
4. Sandrine Rousseau: *The importance of having choices*
5. *Sandrine Rousseau: Collective self-determination*
6. *Questions, comments*

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RECOVERY 101

RECOVERY 101
CONFUSION

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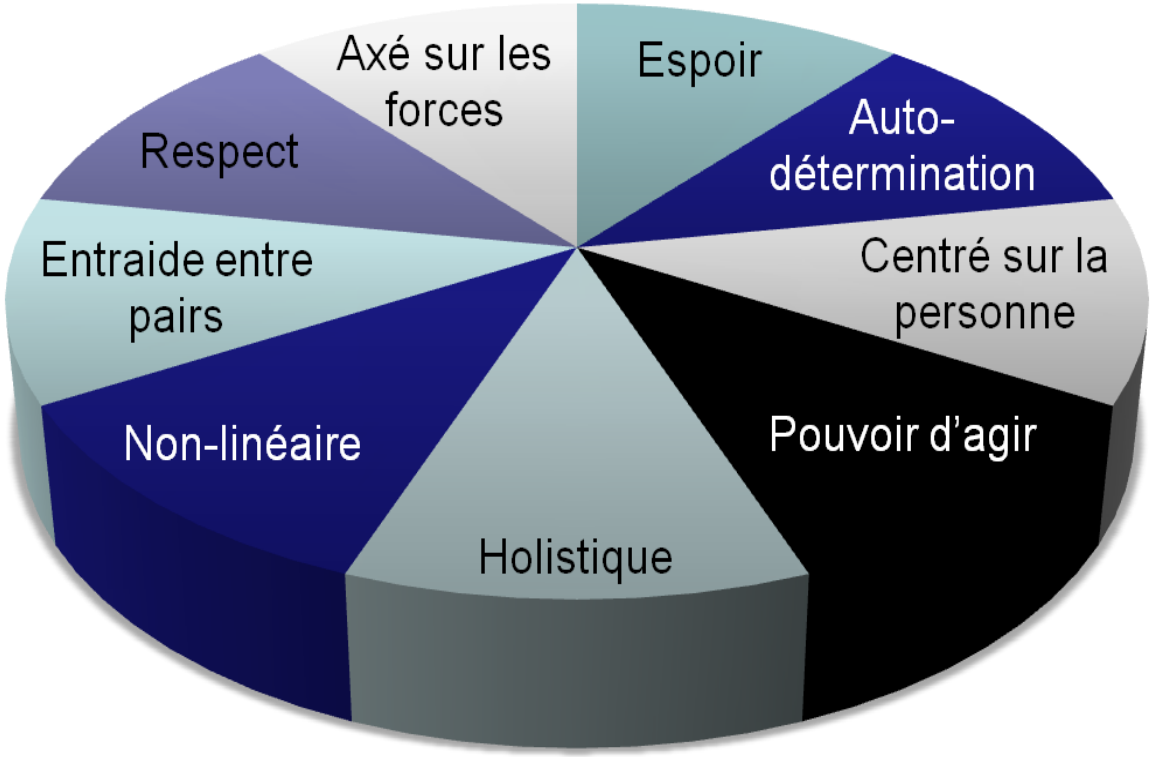
"CLINICAL"

- From researchers and professionals:
- (TL, Slade, 2015): partial or complete remission of symptoms, and achievement of functional milestones in autonomy, work, school or social relations, etc.
- It is a state or a result.
- It can be observed, it is objective and can be assessed externally.
- The definition does not vary based on the person.

"PERSONAL"

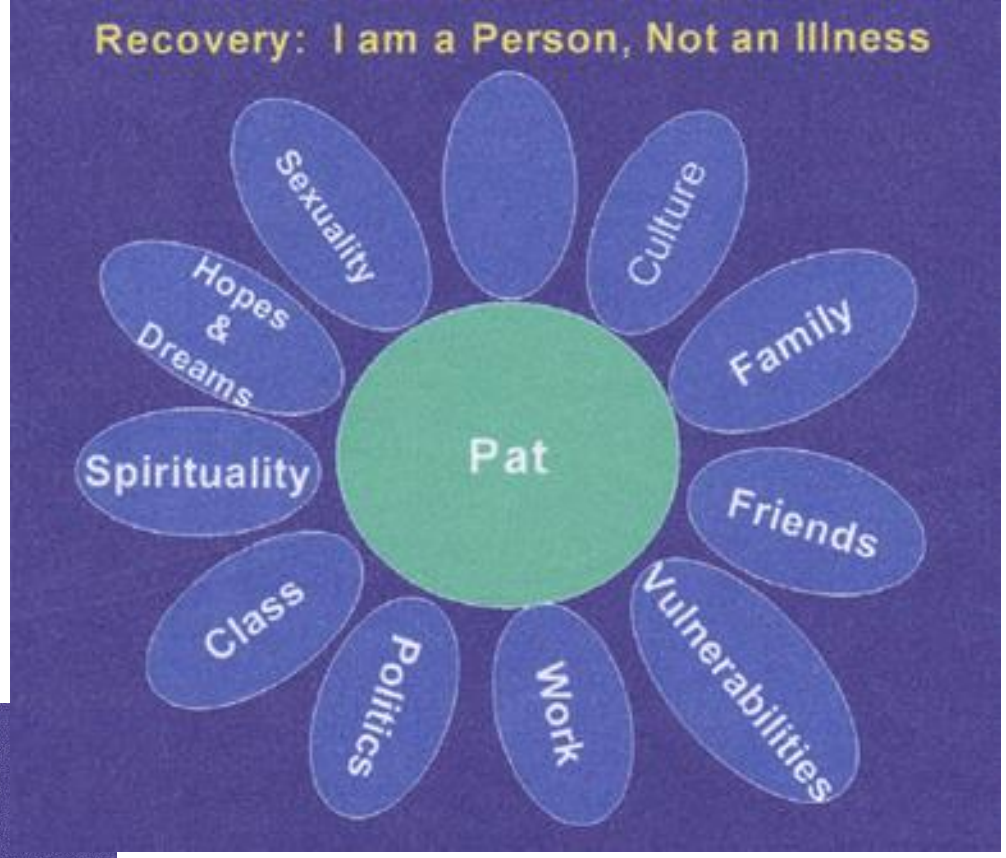
- Comes from affected people
- (Deegan, 1996): The goal of recovery is not to become *normal*. Recovery is a way of life, an attitude and a way of meeting challenges on a daily basis. It's to aspire to live, to work and to love in a community where we can make a significant contribution.
- It's a subjective process, defined and assessed by the person.
- It is based on principles such as dignity, self-determination, the power to act; it's based on strengths, hope, responsibility, inclusion and overall health…

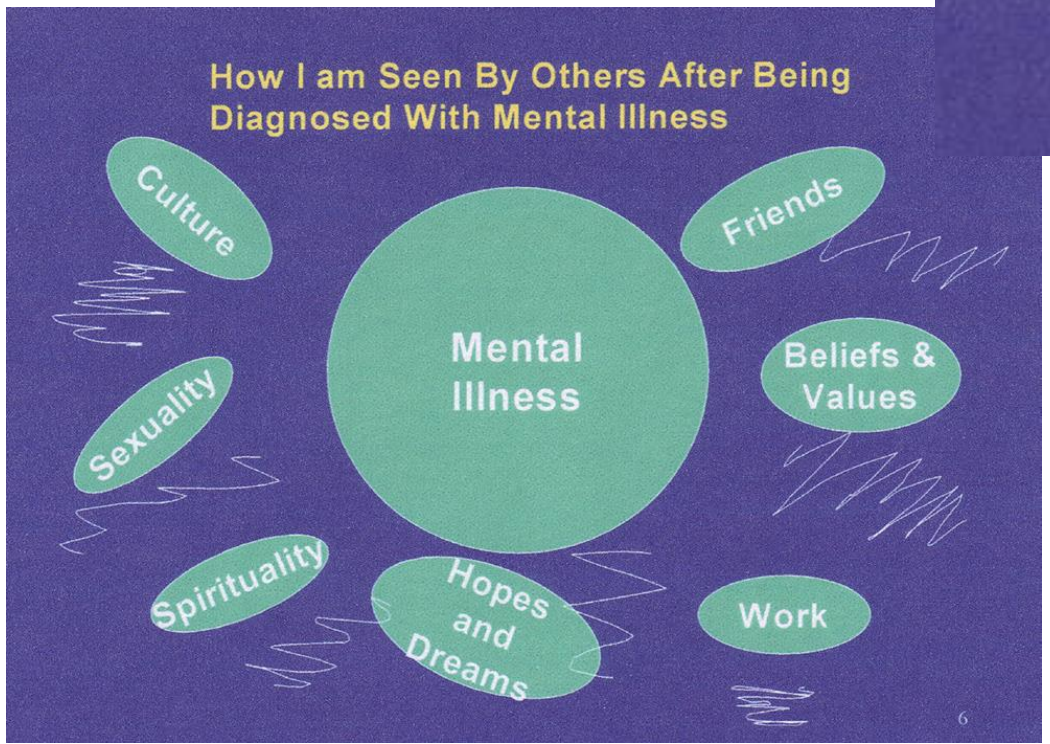
Components of recovery



Source: ***Substance Abuse and Mental Health Services Administration (2006)***

Sick or *human* identity



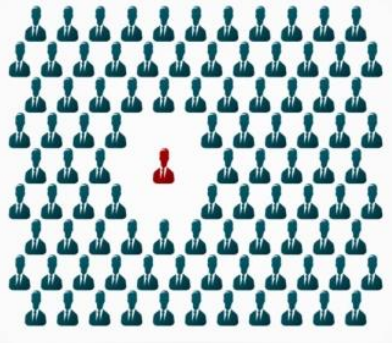


Deegan, 2001

Fear of being adversely judged by others

Among people labelled “mentally ill,” those that **perceive the most social stigma** experience the most suicidal thoughts and despair.

Oexle, N., Ajadacic-Gross, V., Kilian, R, Muller, M., Rodgers, S., Xu, Z., Rossler, W., Rush, N. (2015). Mental illness stigma, secrecy and suicidal ideation, in Epidemiology and Psychiatric Sciences, Cambridge University Press: 1-8.

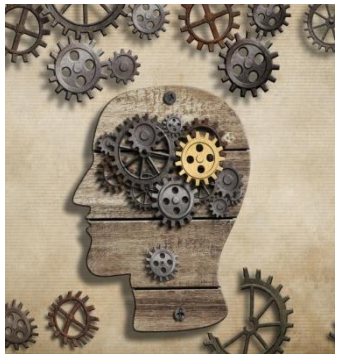


The pain of self-negativity

Internalized stigma (stereotypes, low self-esteem, little hope, negative expectations) increases suicidal ideation.

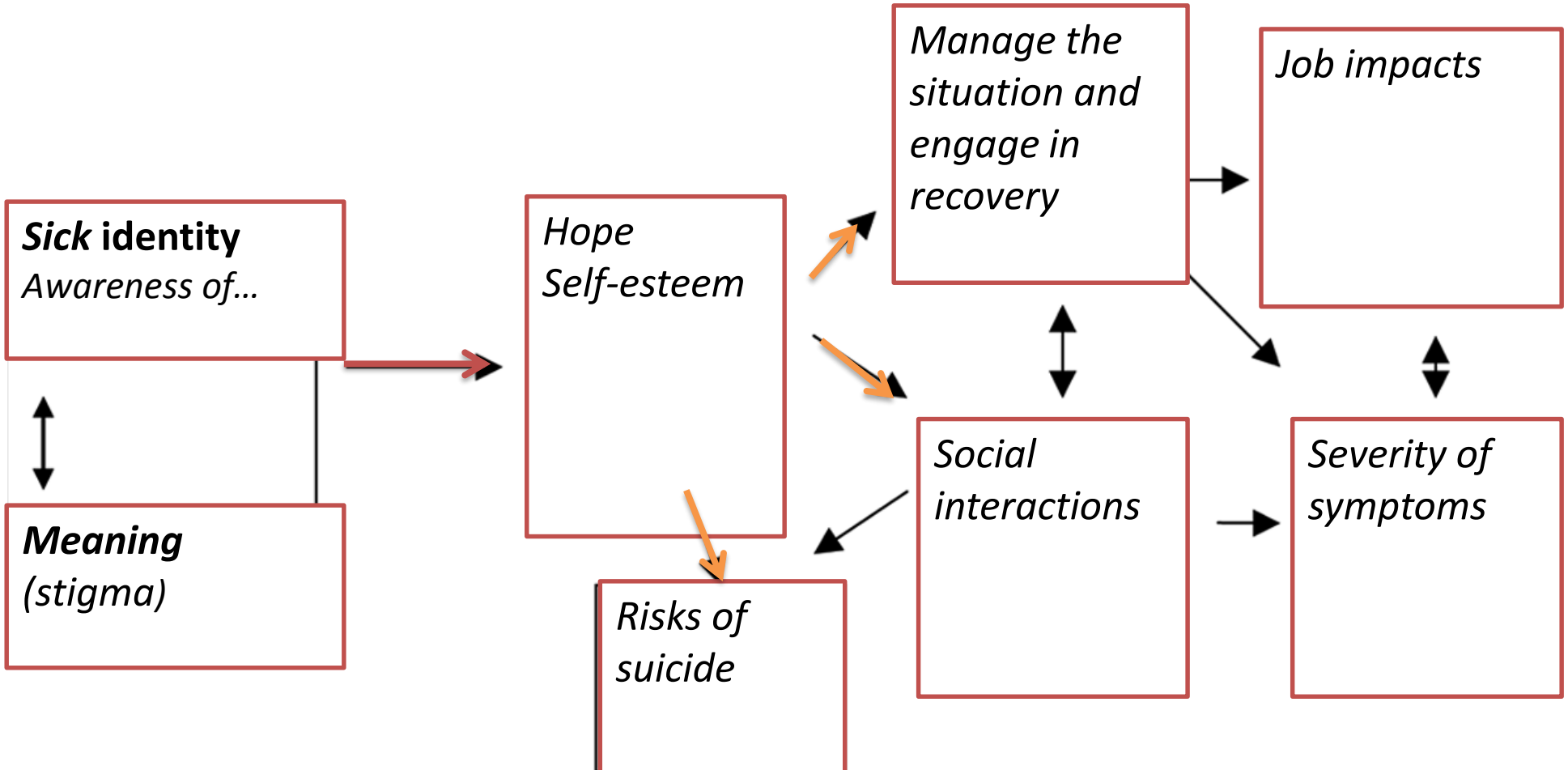
(EU)

Oexlel, N., Rusch, N., Viering, S., Wyss, C., Seifritz, E., Xu, Z., Kawohl, W., (2016). Self-stigma and suicidality: a longitudinal study, in Eur Arch Psychiatry Clin Neurosci.



Possible impacts of the “sick” identity

Yanos, P., Roe, D., Lysaker, P. (2010). The impact of illness identity on recovery from severe mental illness, in American Journal of Psychiatric Rehabilitation, 13:73–93



RECOVERY 101
DEFINITION(S)

- Based on the chosen perspective, there will be impacts on:
  - The life of people in recovery
  - The support toward recovery (loved ones and professionals)
  - The recovery structure

RECOVERY 101

Let’s be pragmatic.

IT ALL BEGINS WITH HOPE

Believing that one’s recovery is possible is nothing new. It’s been part of the continuum of lived experience for decades (Provincial training group on recovery for housing providers, 2012)

Elodie Barthell-Mailhot

You are?

A personal strength?

Strength-based support

PRESENTATION

1. Origins of the strength-based model
2. Language guidelines
3. Key concepts
4. Principles
5. Steps
6. Are we ready?

ORIGINS OF THE MODEL

Kansas, United States

- Model developed and systemized in the 1980s by Charles A. Rapp and his colleagues at Kansas University.
- Pursued by Rick Gosha and his colleagues at Kansas University.
- This training is offered in nearly 40 states in the US.

Users' Movement

- Rise of the by and for movement in Quebec.
- Influence of peer support on services organization in the US.
- Role of alternative community organizations in Quebec in implementing recovery-oriented practice.

LANGUAGE GUIDELINES

- As professionals, we must speak respectfully of and to the people who use our services, whether they are around or not.

- Our words reflect our values about the dignity of each person and our commitment to fight discrimination, in our services and in society as a whole.

- People-first language focuses on humanity and personality. Otherwise, we neglect people's inner abilities, strengths, talents, competencies and resources (holistic image of the person). Remember that people are more than their diagnosis.

LANGUAGE GUIDELINES

- Avoid language around the ability or inability to make decisions and choices. Use terms that refer to individuals as people, that value their role as members of society.

- When you say “not motivated” or “refusing to follow treatment,” you stop exploring if people’s actions are simply an answer to what you are asking them to achieve.

KEY CONCEPTS OF THE STRENGTH-BASED APPROACH

RECOVERY

OWNING THE POWER TO ACT

MODEL PRINCIPLES:

1. Support is based on strengths, interests and aspirations; the focus is on the person, not on the diagnosis
2. People have the ability to learn, to grow and to change
3. The user is in the driver's seat
4. The relationship between the user and the service provider becomes an essential part of the support process
5. Preferred type of intervention is supporting users in everyday life in society
6. The community is a sea of people who can contribute support

FIVE STEPS OF THE INTERVENTION MODEL

1. Engagement: create a partnership at the beginning of the support process
2. Strength identification: complete personal inventory
3. Planning: combine needs and aspirations of users
4. Promote contact with the community: acquire resources
5. Gradual withdrawal

ENGAGEMENT

Goal: Create mutual trust between the service provider and the user It's the basis of the work that needs to be done together

It includes:

- Helping people reach their goals (it could be to remain as is)
- The person is in the driver's seat The person decides what the goals, contents, pace, place and resources will be
- The service provider's job is to help the client to see opportunities, to assess potential options and to get the resources needed
- The service provider must know what is going well in the client's life, despite daily challenges

EFFICIENT SUPPORT RELATIONSHIPS SHOULD BE:

Goal-oriented: The relationship must have a goal in order to help people recover, repurpose or transform their life. The service provider and the person must have a shared agenda that defines the work to do together and that establishes the basis of each meeting. The opposite would be a relation based on crisis resolution or exclusively focused on solving current problems.

Reciprocal: The service provider must act as a travel companion, not as a travel agent. People must learn from each other and appreciate the time they spend together. The opposite would be a subordinate or one-way relationship.

Genuine: The service provider must genuinely be involved in the relationship. People must feel that service providers really care about their recovery and that they are not just doing the job they are paid to do. The opposite would be a cold or distant relationship.

EFFICIENT SUPPORT RELATIONSHIPS SHOULD BE:

Focused on empowerment: To allow empowerment, people must feel that they are in the driver's seat. Service providers make a conscious effort to help people exercise their power when it comes to defining their identity, make decisions, experiencing failure, obtain information and resources, acquires abilities to effectively change in their life or community, etc. The opposite is a relationship that discourages empowerment, that makes people feel inferior or powerless.

Based on trust: The relationship must be based on mutual trust and respect. The service provider must demonstrate this through words, actions and body language. The service provider strives to create an environment where the person feels comfortable sharing hopes, fears and dreams. The service provider doesn't judge and focuses on meaning. The opposite would be a relationship based on distrust and lack of respect.

STRENGHT IDENTIFICATION : COMPLETE PERSONAL INVENTORY

Goal:

Collect information on a person's strengths and support system

PLANNING

Goal:

Create a common agenda that focuses on the **person's goals**

FINDING RESOURCES IN THE COMMUNITY

Goal:

Obtain the resources needed for people to achieve their goals, assert their rights and grow their abilities

GRADUAL WITHDRAWAL

Goal:

Replace services from the provider by the support network

CHALLENGES FOR THE SERVICE PROVIDER

- MIND
- HOPE
- NOW
- LISTENING
- SPEED
- DISCOMFORT/PERSEVERANCE
- KNOWLEDGE OF THE INVIDIDUAL

CONFRONTATION ISSUES

CONFRONTATION

- AUTHORITARIAN RELATIONSHIP
- ATTACK AND DEFENCE
- WINNER/LOOSER
- MONOLOGUE, ARGUMENTATION, JUSTIFICATION
- TENSION
- INFLEXIBILITY, CLOSE MINDEDNESS
- REVOLT/RESIGNATION, ESCALATION OF VIOLENCE
- REJECTION/SUBMISSION

CONFRONTATION

- EGALITARIAN RELATIONSHIP
- INTEREST AND RESPONSIVENESS
- SEEKING COMPROMISE
- DIALOGUE, CLARIFICATION, UNDERSTANDING
- CARING CLIMATE
- DISCIPLINE AND FLEXIBILITY
- NEGOTIATION/RESOLUTION, BEGINNING OF A RELATIONSHIP
- CONTRIBUTION/ACCOUNTABILITY

ARE WE READY?
QUESTIONS TO ASK

- Are we willing to feel some discomfort when working with someone who wants to make new choices, even if they often differ from conventional treatments?
- Are we able and prepared to manage risks (personal medicine)?
- How do we redefine our frontiers as each relationship deepens and evolves?
- What are our bias about this person, his or her diagnosis, personal history or lifestyle?
- What are some of the things than can prevent us both from going forward and growing?
- Have we looked at why we resist change and identified our negative reactions?
- Can we recognize our own struggles and that change is difficult for everyone?
- Can we recognize the willingness of people to recover and stop perpetuating the myth that there is a significant different between us (health professionals) and the people we help?

THEREFORE:

- Support can then truly become a mutual process where the relationship provides a framework help both people take on challenges

- The desire to change is fuelled by the relationship, not imposed by the treatment plan

- This makes people feel more separated, different and isolated.

MEDICATION AND RECOVERY

- In this approach, medication is one of the options
- The main goal cannot be taking medication
- The person has skills and techniques to manage crisis situations

APPENDICES

PRINCIPLE #1:
SUPPORT IS CENTRED ON PEOPLE'S STRENGTHS, INTERESTS AND ASPIRATIONS, NOT ON THEIR DIAGNOSIS

Pratice is oriented on a people's talents, interests, aspirations and desires instead of shortcomings (antisocial, resistant to treatment, etc.). It recognizes people's individual temperament, that is different from other people with a similar diagnostic. Priority is given to people's aspirations instead of looking at their actions in light of the disease on which they have little control. The support process is based on this instead of people's weaknesses and pathology.

PRINCIPLE #2:
PEOPLE HAVE THE INHERENT ABILITY, TO LEARN, GROW AND CHANGE

This principle underlines the importance of not losing hope, despite a diagnosis of severe mental illness. People mention that it is very important to feel that their service providers believe in their potential. Just believing that change is possible can take down a lot of obstacles when working with people while managing risks.

PRINCIPLE #3:
USERS ARE IN THE DRIVER'S SEAT.

Fact: people with severe mental illness make decisions every day. Therefore, health professionals must help them develop their abilities to make decisions in order to improve their health and their personal satisfaction. Users must be in the driver's seat.

PRINCIPLE #4:
THE USER/SERVICE PROVIDER RELATIONSHIP IS AN ESSENTIAL SUPPORT FACTOR.

Initially, the user may have doubts about the service provider's intentions and express mistrust. This is why it is important to create mutual trust in the relationship. Some studies on users' perceptions show that human qualities are more important than technical skills in service providers. Their ideal service provider is warm, tolerant, understanding, engaged, natural, genuine, competent, objective and talks about himself or herself with the users.

PRINCIPLE #5:
PREFERRED TYPE OF INTERVENTION IS SUPPORTING USERS IN EVERYDAY LIFE IN SOCIETY.

Because it is essential to provide services based on needs rather than programs based on services. Encourage service providers to constantly seek opportunities to spend time with users in the community rather than in the office. These must relate to users' needs like finding housing or furniture for their apartment. Going in the community instead of staying in the office allows the service provider to better know the resources available in the community and to better understand the living situation of the user.

PRINCIPLE #6:
THE COMMUNITY IS A SEA OF PEOPLE WHO CAN CONTRIBUTE SUPPORT.

When the immediate environment of the user, which often includes family, is seen as hostile or toxic, it is preferable not to work in it. In the strength-based community support model, community at large is seen as a potentially untapped source of support. The service provider can influence people and resources (potential employers or landlords) who can help people living with a mental illness by giving them a chance and feel good about themselves for doing so.

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Thank you for your time

(please write down your questions)

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Bruno Collard

You are?

A personal strength?

Supporting self-management

Putting people first: supporting self-care at Revivre

Bruno Collard, clinical director

October 31, 2017

J'avance!
Programme de soutien à l'autogestion de l'anxiété, de la dépression et de la bipolarité

Revivre
Anxiété • Dépression • Bipolarité

Our mission

- *Helping people living with anxiety, depressive or bipolar disorders and their family across Quebec*

Our approach

- ***Ad hoc support** through listening, information and referrals*
- *Psycho-educational support through **self-care***
- *Creation of **partnerships** with the public, community and private sectors*

Serving the population for 26 years
Helping about 10,000 people per year

25 ANS
Revivre
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Services provided by Revivre

Services	Statistics 2016-2017
Support and information	• 4,199 phone calls • 2,601 emails • 339 meetings in person
Website Revivre.org	• 220,158 visits (164,240 visitors)
Social media	• 6,523 Facebook followers • 2,726 Twitter followers
Chatroom	• 5,483 messages • 674 new topics and 729 new users
Documentation	• 15 information sheets, 5 books and 5 audiovisual documents
Self-help groups	• 4,070 participants (at 192 meetings)
Self-care workshops	• 5 types of workshops • 291 people took part in 26 workshops at Revivre • Over 2,000 participants (Revivre and partner organizations) since 2012 in over 25 service points in Quebec (8 regions) and in Switzerland Suisse about 30 organizations
Training and support(stakeholders, professionnals and managers)	• More than 355 people trained in 80 organizations since 2012

Putting people first

- Article **4.1.2** Putting people first when offering services
- *Take into consideration people's **perspective** and **abilities**, encourage them to **participate**, along with their loved ones, take into consideration their needs and their biopsychosocial situation.*
- ***Respect** people's personalities, their ways of life, their differences and their relationships to their environment.*

ReviVre
Anxiété • Dépression • Bipolarité

Mental health disorders—the issue of the century

1 Canadien sur 5 (6,7 millions)
est atteint d'une maladie mentale chaque année[4].

Anxiety and depressive disorders are the most common mental illnesses in Canada. Each year, they affect about 4 million people and 600,000 in Quebec

Current means and resources aren't enough

Sources: Canadian Alliance on Mental Illness and Mental Health (2016) Mental Health Commission of Canada (2016)
Lesage et al. (2012)

Revivre
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Why self-management?

- **600,000 people** affected each year in Quebec
  - Anxiety, depressive and bipolar disorders: the most common mental illnesses
- Comorbidity, chronicity or strong recurrence
- Treatment effectiveness (psychotherapy, pharmacotherapy)
  - Real but limited
- Self-help groups:
  - useful but more requests from participants

- Chronic disease management model
- **Self-management: dealing with your health**

Revivre
Anxiété • Dépression • Bipolarité

Our solution: support self-management for all

Self-management: Engage in behaviour that
- Reduce symptoms,
- Help prevent relapses
- Improve well-being on a daily basis

Self-management

Hope

Self-help

Recovery

The four pillars of self-management

KECA!

Know

- Learn to know yourself, your strengths, weaknesses, warning signs, early signs of relapse
- Know the disease, available resources and potential self-management strategies

Evaluate

- Your health, observe fluctuations in your well-being, of your mood and your stress level

Choose

- Behaviours that promote health and well-being on a daily basis
- To act when your health is deteriorating to prevent a relapse

Act

- Take action, engage in the chosen behaviours

Value lived experience

Paternalistic model → **Patient partnership model**

Professional Expertise

- Diagnosis
- Etiology of the disease
- Treatment options
- Probable results

Patient expertise

- Disease experience
- Social situation
- Values
- Preferences
- Strengths

From a presentation by Janie House, Ph.D., researcher and psychology professor, UQAM, LaboratoiresVitalité

Revivre developed an innovative and increasingly recognized way to help: Our five workshops *J'avance!*

Thorough process—design and validation of *J'avance!*

From self-help group to workshop

- First version of the depression workshop in 2009

Needs identified with support group participants Desire to prevent relapses, tools to manage everyday life and maintain health

Revivre surrounds itself with experts who believe in the project

- Beginning of collaboration between Janie Houle, professor at UQAM, and Revivre
- Creation of expert committees

Proven methodology to design and validate each workshop

- Step 1: first version after a complete review of literature
  - Observation
  - Interviews with participants
  - Logical analysis of program
- Step 2: second version
  - Observation
  - Interviews with participants
  - Expert interdisciplinary committee
- Step 3: final version

2,800 hours of work over **18** months for each workshop (total of **14,000** hours)

42 researchers and clinicians renowned in their field helped validate the 5 workshops (See list).

Evidence-based results published in July 2014 by Vitalité

Official launch: fall 2014

Large-scale deployment 2015-2017

Revivre
Anxiété • Dépression • Bipolarité

Summary of J'avance!

Thoroughness of program

Quality content, scientifically validated by experts, researchers and participants.

Self-help

Support that gives hope, ideas and strength from other people's experience.

Empowerment

A proactive process towards better mental health: life choices and priorities for action.

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Key message #1

It is essential to increase the feeling of self-effectiveness in self-management

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Find a recurring aspect?

“What I take home from the workshop is self-empowerment, the fundamental role each person plays in recovery from disease, without any feeling any guilt.”

“Being surrounded by people with similar experiences and battles is encouraging. The beauty and high level of participants show us that many people are affected by mental health.”

“I am feeling less and less powerless before situations and how I experience them. I feel better equipped and I am committed to recovery in order to live better with my disease.”

“I feel better prepared and equipped to manage the many difficult situations in my life that led me to depression.” “I try to apply the techniques I learned with more and more success.”

Key message #2

The better we support self-management, the more likely we are to achieve the desired effects

Revivre
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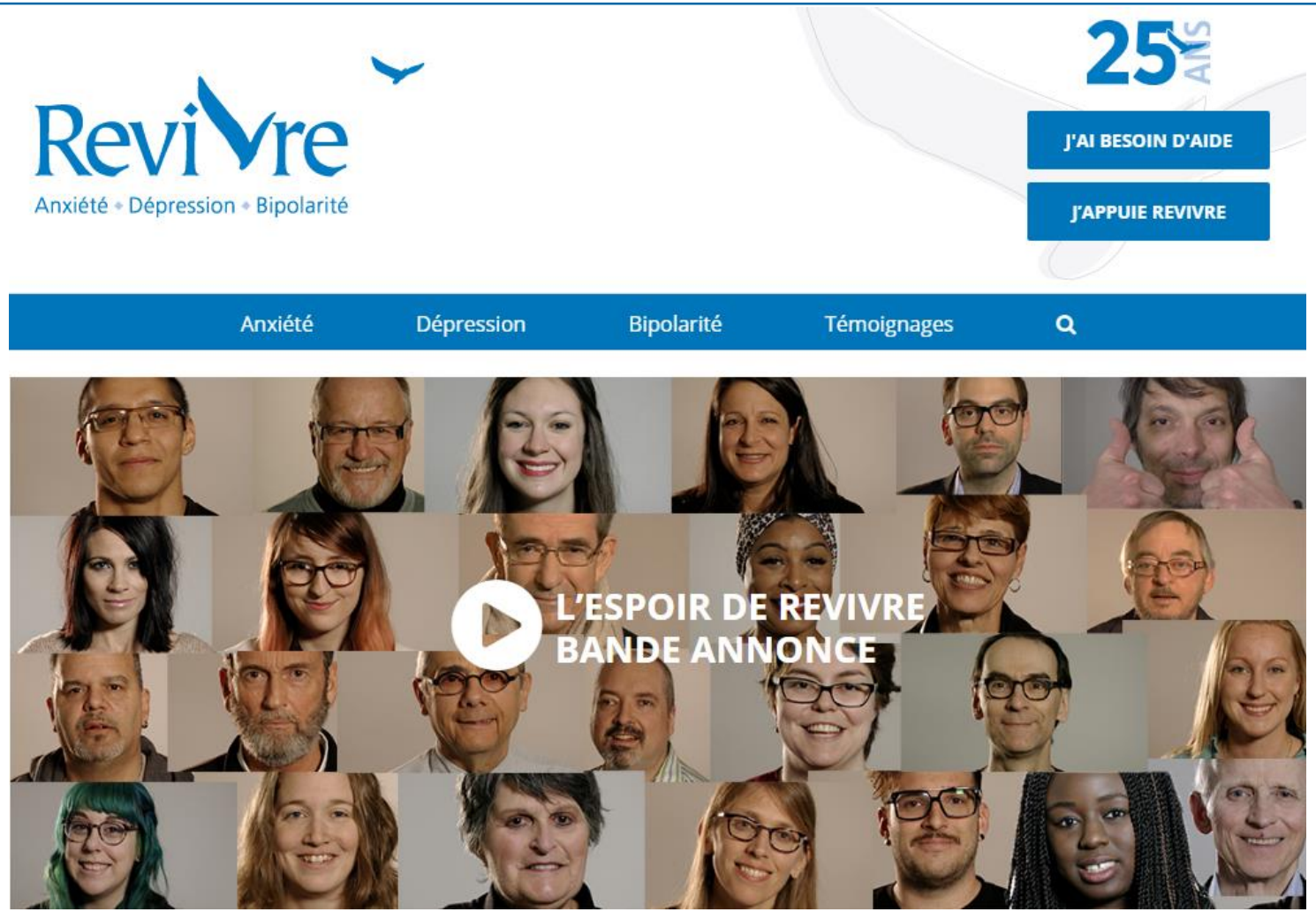
New site revivre.org
With 25 testimonial videos



Revivre
Anxiété • Dépression • Bipolarité

If you have questions

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stephanie.fontaine@revivre.org

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Sandrine Rousseau

You are?

A personal strength?

Adaptable

The importance of having choices

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The importance of having choices

Self-determination

People are independent in their choices, they chart their own path, and if they make a mistake, they know another option will present itself.

People who use services make choices and chart their own path toward recovery by maximizing their autonomy, independence and control to live the life they want to live.

By definition, the recovery process must be lead by people who define their own life plan and the path to get there.

Holistic vision

People are individuals in their own right and each aspect of their life is important and complimentary.

Recovery encompasses all aspects of people's lives (housing, job, education, mental health, spirituality, creativity) and of their community (health services, alternative and complementary medicine, addiction services, social network, family support).

Families, service providers, organizations, systems, communities and society as whole play a fundamental role by creating and maintaining true opportunities to foster recovery.

Choices

Second step of the recovery process. ⟷ Show possibilities

- ✓ Hearing voices groups
- ✓ Treatment centres
- ✓ Closed or open therapies
- ✓ Harm reduction
- ✓ Studies
- ✓ Volunteering
- ✓ Work
- ✓ Meeting with a peer helper
- ✓ Having a dream come true
- ✓ etc.

By and for organizations

- ✓ Three key fields of activity:
  - Alternative trends: offering other choices to users
  - Foster engagement and participation of users in decision-making bodies
  - Encourage members to help each other

- ✓ Made up only of people who use mental health services or who have experienced mental health issues

By and for organizations

- ✓ APUR is the only regional advocacy organization (Capital-Nationale-Chaudières-Appalaches and Portneuf) to help affected people express their needs and participate.

- ✓ Les Porte-voix du Rétablissement is the only national advocacy organization entirely managed by and for people living with mental health issues that is active in most places of influence on a provincial level in Quebec.

- ✓ Many advocacy groups (Ripu-BSL, RASMQ, Pleins droits Lanaudière etc.)

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In summary

Questions and comments

You are?

A personal strength?

Your question or comment (and to/for whom)?

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Next webinar:

November 23

LMCARON@AQRP-SM.ORG

Ressources

- Project Baromètre: https://www.projetbarometre.com/retab/login.aspx?ref=
- Les groupes d'entendeurs de voix: http://www.revquebecois.org/propos.shtml
- La gestion autonome de la médication: http://www.rrasmq.com/GAM/documentation.php
- Aller mieux à ma façon: http://vitalite.uqam.ca/component/content/article/2-non-categorise/105-aller-mieux-a-ma-facon.html
- Revivre: http://javance.revivre.org/le-programme/?gclid=EAIaIQobChMIyrzypOnZ1gIVlLrACh3WSALHEAAYASAAEgIx7fD_BwE

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Resources

- -**GAM**: http://www.rrasmq.com/GAM/documents/GuideGAM-2017.pdf
- **Aller mieux à ma façon**: http://vitalite.uqam.ca/component/content/article/2-non-categorise/105-aller-mieux-a-ma-facon.html
- -**J'avance** : http://javance.revivre.org/le-programme/
- **REVQ**: https://aqrp-sm.org/groupes-mobilisation/revquebecois/

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Thank you!

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