

Supervision Key



The successful application of knowledge to practice is one of the most-needed and desired outcomes for behavioral health professionals, and others, involved in providing services to persons in recovery. While individuals themselves will determine to what extent learning is operationalized, effective supervision is necessary for this to be maximized.

New Perspectives on Recovery

Framework and Use of this Supervision Key

This **Supervision Key** is designed as a *companion guide* to the **New Perspectives on Recovery** course. Its use is to facilitate supervision of behavioral health professionals. The **Supervision Key** is not intended to be a comprehensive approach to supervision but is designed to explore and support course content with the professional as it relates to practice and service delivery.

You, the supervisor, can use this **Supervision Key** to explore

- general understanding of the course;
- interest in individual sections of the course; and
- concerns about individual sections of the course.

You may also use the **Supervision Key** to

- clarify any boundaries and/or limitations in using the course information;
- clarify course information, as it relates to behavioral health professionals' attitudes, roles, and competence related to recovery-oriented service provision; and
- make preliminary determinations of the degree to which learners and their organizations have incorporated the types of recovery-focused services and supports that have been proven effective for persons with mental health and substance use conditions.

Please consider the timing and frequency of course-related supervision. Sessions should occur

- soon after the staff member completes the course; and
- at subsequent intervals to assess how course material has been used in practice.

Intent of the Course

This course overviews the advancement of improvements in service delivery systems for persons with mental health and substance use conditions, and demonstrates how a new recovery paradigm has taken hold in the country. These changes are profound and are based on new understandings of the nature of substance use and mental health conditions and their management. The current perspective on recovery centers on making long-term recovery the expected outcome for persons with behavioral health conditions. It builds on a well-established body of work to improve the way in which these disorders are managed, focusing on the long-term well-being of the individual and providing strong recovery support. This course is designed to provide guidance on how to work towards a more inclusive recovery focus and provide an understanding of how systems of care are best structured to achieve the long-term goal.

To avoid confusion and to bridge the differences between mental health and substance use perspectives, the course strives wherever possible to use the term recovery more broadly, that is, to focus on the whole person not just a disorder, condition, or related behaviors.

“Recovery is a process of change whereby individuals improve their health and wellness, to live a self-directed life, and strive to reach their full potential” (SAMHSA, 2014).

This course emphasizes that recovery is real. It is fueled by hope, facilitated by engagement, and guided by genuine empathy. A key source of hope is the ability of peers, service providers, and other recovery supporters to communicate positive expectations and create an environment in which people feel valued, important, welcome and safe. This course also offers practical examples of how behavioral health professionals and organizations can incorporate the types of recovery-focused services and supports that have been proven effective for persons with mental health and substance use conditions.

As the clinical or program supervisor, it is essential to keep current with and promote recovery-oriented concepts, values and practices. There are a variety of effective models and practices that communities, providers, and others can use to promote recovery. However, much work remains to ensure that recovery-oriented behavioral health services and systems are adopted and implemented.

Contextual Factors for Advancing a Recovery Orientation

Supervision requires an awareness of contextual factors and how they influence supervisory interactions. One important context of recovery is that it is unique for every person. For many experiencing behavioral health challenges, recovery – the practice, the philosophy and the hard work – is not just a word, but lifelong journey of growing and learning, gaining resilience, managing setbacks, and celebrating successes.

There are significant pockets of practice already oriented towards recovery and well-being across communities and states. It is the role of the supervisor to help accelerate the implementation of recovery-oriented approaches in their programs and among supervisees. Operationally, this means supervisors need to assist in building common understanding, shared language and knowledge about recovery, and promoting a consistent application of recovery principles and practices.

It is important to note that progress in advancing recovery as a foundational concept for the behavioral health system has not, however, been easy or straightforward. One of the challenges associated with broadening the uptake of a recovery orientation has been the need to help people understand what recovery-oriented practice means in concrete terms. This Supervision Key will assist with making the concepts and practices more “concrete.”



Module 1

Now that your staff members have taken the **New Perspectives on Recovery course**, there are three basic steps to guide the transfer of learning into practice from *Module 1. Building a Foundation for Recovery-Oriented Services*.

1. Review the Teaching Points

Your first supervisory action is to “check the learning” to gauge the level of comprehension among course takers and determine if clarification or additional education is necessary.

You may begin a dialogue using the list of teaching points and prompts (questions) below.

ASK - What did you learn? What surprised you? What do you NOT agree with? What challenged your thinking? What else do you need to know to be effective?

Key Course Topics in Module 1: Many advances have been made in the past several decades by persons in recovery and national initiatives to promote recovery concepts and practices. These initiatives have fostered a better understanding of recovery, recovery-oriented practices, and the roles of the various professions in promoting recovery.

1 Review the teaching points



2 Examine your Structure and Delivery of Services and Supports for a Recovery Orientation



3 Apply the concepts

Important Module 1 Topics		Questions to Reinforce Learning
Recovery Movements		
<p>a. Recovery movements were principally advanced by people with lived experience with either mental health or substance use conditions, carers and advocates whose successful efforts culminated in the push for better research and development of service delivery systems that are respectful and include the persons served as decision makers</p> <p>b. Federal initiatives followed with:</p> <ul style="list-style-type: none"> i. the federal New Freedom Commission on Mental Health detailed a transformational roadmap to achieve the promise of excellence in mental health care in 2003; ii. SAMHSA's decade of work to develop recovery concepts and provide funding to support their efforts; iii. The Surgeon General's Report on Alcohol, Drugs, and Health: Facing Addiction in America (2016) is the first report to address substance use disorders and the wider range of health problems 		<p><i>What is meant by a "recovery movement"?</i></p> <p><i>What has taken place nationally that has spurred new recovery initiatives for persons with mental health and/or substance use conditions?</i></p>
Definition of Recovery		
<p>a. Recovery is a process of change whereby individuals improve their health and wellness, to live a self-directed life, and strive to reach their full potential.</p> <p>b. Distinctions have been made within the definition of recovery to differentiate between clinical recovery, functional recovery, personal recovery, and social recovery.</p> <p>c. The process of recovery is highly personal and occurs via many pathways.</p>		<p><i>What is a modern definition of recovery?</i></p> <p><i>How is recovery unique for each person?</i></p> <p><i>What comprises the various types or dimensions of recovery?</i></p>
Recovery-Related Values and Principles		
<p>a. SAMHSA has distinguished four areas that support a life in recovery: home, health, purpose, and community.</p> <p>b. SAMHSA promotes ten principles upon which the concept of recovery is based.</p> <p>c. Recovery is holistic, addresses the whole person and their community, and is supported by peers, friends, and family members.</p>		<p><i>What are SAMHSA's four dimensions that support a life in recovery?</i></p> <p><i>How many recovery-related values and principles can you describe?</i></p>
Recovery-Oriented Systems of Care and Recovery Management		
<p>a. A Recovery-Oriented System of Care (ROSC) is person centered and wellness-focused, and builds on the strengths and resources of the individual, his/her family and community to promote overall improvements in functioning</p> <p>b. People are provided with a diverse range of services and supports that assist them in not only initiating their recovery, but also sustaining it and rebuilding their life in the community.</p> <p>c. This type of system and program transformation is a significant undertaking; however, many resources to advance a ROSC are now widely available.</p> <p>d. Recovery management encompasses continual stewardship of personal, family and community resources to achieve the highest level of health and functioning of individuals and their families.</p> <p>e. Recovery management is based on the belief that full recovery is seldom achieved from a single episode of intervention or treatment.</p>		<p><i>What makes up a recovery-oriented system of care?</i></p> <p><i>How does a ROSC differ from a traditional system of care for persons with substance use conditions?</i></p> <p><i>What is "recovery management"?</i></p>

Recovery Capital

- a. Successful recovery is dependent upon the presence of both internal assets (qualities, characteristics and skills possessed by the person in recovery) and external assets (resources outside of the individual).
- b. There are three types of recovery capital: personal recovery capital, family/social recovery capital, and community recovery capital.

What are the three types of recovery capital?

Why is it important to assess an individual's recovery capital and how can this information best be used?

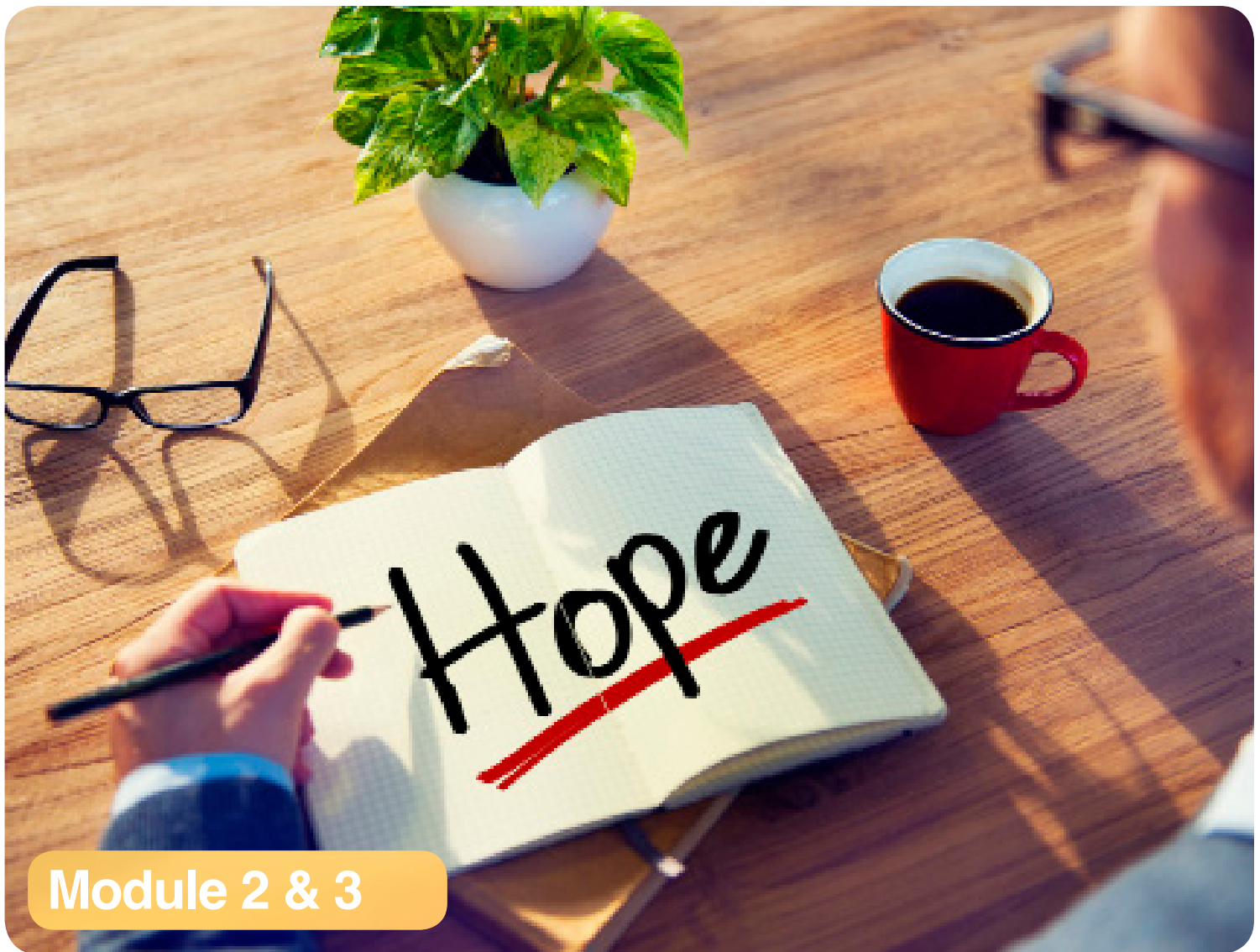
2. Examine your Structure and Delivery of Services and Supports for a Recovery Orientation

Once you are confident that the staff member has a general working knowledge and understanding of the teaching points, it is time to explore a little deeper. This is an opportunity to clarify values about recovery and recovery-oriented practices. It is also a good time to ask reflective questions that are intended to support individual practitioners' efforts to translate recovery principles into their daily practice.

Areas of Discussion:

- Discuss the types of barriers that have historically affected persons with mental health and/or substance use conditions and how these barriers potentially affected their recovery.
- Ask which of the recovery principles and values resonate most with the learner. Why are these important?
- Explore how well the learner understands the individual and personal nature of recovery, recovery capital, and recovery approaches.
- Ask how the learner's practice has been or can be more responsive to individuals' expectations, recovery goals and unique needs.
- Watch William White's video clip together on YouTube <https://www.youtube.com/watch?v=FtZkJPgXdnA> and discuss how the messages affect your organization or people personally (messages about: the changing ecology of recovery; move to recovery capital for individuals, families and communities; blending models of clinical intervention with the new model of recovery; combinations of clinical and non-clinical services; synergistic combinations and sequencing of interventions to facilitate recovery; move from a "program focus" to an expanding array of services).





Module 2 & 3

Now, revisit the three basic steps to guide the transfer of learning into practice from *Module 2. Strategies that Promote Recovery*, and *Module 3. Support Recovery and Recovery Support Services*. These two modules are closely linked in content in that they explore how behavioral health organizations and professionals can increase the use of recovery-oriented services along the full continuum of care.

- Module 2 specifically promotes strategies that help establish healing connections with people to support their recovery and wellness through engagement, engendering hope and belongingness, and supporting individual choice.
- Module 3 offers practical examples of specific recovery-focused services and supports that have been proven effective for persons with mental health and substance use conditions.

1 Review the teaching points



2 Examine your Structure and Delivery of Services and Supports for a Recovery Orientation



3 Apply the concepts

1. Review the Teaching Points

Important Module 2 & 3 Topics		Questions to Reinforce Learning
Making the Transition to a Recovery Orientation		
<p>a. Transitioning to a recovery-oriented practice involves both positive actions that promote recovery in addition to softening or avoiding issues that may hamper recovery.</p> <p>b. A recovery orientation also requires a redefinition of roles, such as redefining the role of the person in recovery from “patient” to full partner in the recovery process. The role of the professional shifts from “expert who treats behavioral health disorders” to also include “consultant and ally.”</p>		<p><i>What organizational shifts need to be addressed in order to transition to more recovery-oriented services and supports?</i></p> <p><i>What personal shifts need to be addressed in order to transition to more recovery-oriented services and supports?</i></p>
Engagement		
<p>a. Service providers need to embrace the practice of <i>engagement</i> as a foundational standard of care. This means successful engagement has to be a priority at every level of the service system.</p> <p>b. Engagement is built and sustained on the foundation of hope, mutual trust, respect, effective communication, and recognition of the strengths and resources that people experiencing behavioral health conditions bring to their recovery.</p>		<p><i>How is “engagement” defined today?</i></p> <p><i>Why is it important to make engagement a foundational standard of care?</i></p> <p><i>What does effective engagement encompass?</i></p>
Helping People Find Hope in Recovery		
<p>a. Hope is a door to the future, to potential, to possibilities, and a better life. Hope is the individual’s belief that recovery is possible.</p> <p>b. Research has validated that hope plays a central role in recovery. It is the catalyst for change, and the enabler of the other factors involved in “activating” recovery.</p> <p>c. Persons in recovery need hopeful messages and role models, particularly from peers.</p>		<p><i>Why is hope central to an individual’s recovery?</i></p> <p><i>What can behavioral health service providers do to instill hope for people in recovery?</i></p>
Social Inclusion and Belongingness		
<p>a. Recovery pathways are initiated and enhanced by positive social networks, the underlying changes in social identity associated with positive groups, and community engagement.</p> <p>b. Much of what is being recovered is a way of being in the company of others.</p> <p>c. Behavioral health service providers need to support people to regain their place in the community, take part in mainstream activities, and use opportunities for growth.</p>		<p><i>How would you describe the feeling of belongingness?</i></p> <p><i>Why is this so critical for recovery?</i></p> <p><i>What types of strategies can be used to increase social inclusion among persons served?</i></p>
Supporting People in Making Choices		
<p>a. An essential role for behavioral health service providers is to support informed choice, shared decision-making, and self-management among persons served. These are central to <i>person-centered planning</i>.</p> <p>b. Person-centered planning embodies the recovery movement as it places the individual at the heart of everything that is undertaken to facilitate the person’s recovery.</p> <p>c. There have to be intentional processes for collaborative and “productive interactions” about choices and decisions.</p> <p>d. Shared Decision-Making (SDM) is a best practice in behavioral and physical health that facilitates informed, meaningful, and collaborative choices about an individual’s health care services. It often involves tools that offer objective information – <i>decision aids</i>.</p> <p>e. Being truly person-centered often requires profound shifts in attitudes, policies and practices.</p>		<p><i>Why is there such a focus on informed decision-making?</i></p> <p><i>What is the role of behavioral health service providers in supporting choice and using shared decision-making techniques?</i></p> <p><i>What types of tools can be used for making meaningful and collaborative choices?</i></p>

Important Module 2 & 3 Topics continued		Questions to Reinforce Learning
Recovery Support Services (RSS)		
<p>a. Recovery support services are non-clinical services that assist individuals and families working towards recovery. They cover a broad range of needs and incorporate social supports, linkage to and coordination among allied service providers, and other resources to improve quality of life for people in recovery.</p> <p>b. While typically viewed as available post-treatment, recovery support services within the construct of a ROSC can be offered before, during, or even in lieu of treatment.</p>		<p><i>What are recovery support services?</i></p> <p><i>What do they include?</i></p> <p><i>When should they be offered?</i></p>
Types of Recovery Support Services		
<p>a. Mutual aid groups -- also known as self-help-groups -- are available in many formats, such as traditional 12-step, non-12-step, and online forums for persons in recovery to connect with others in similar situations.</p> <p>b. Integrated approaches to wellness (i.e. WRAP, WHAM) align with an individual's definition of quality of life, health and illness as part of supporting their recovery. Programs that approach health holistically help persons in recovery to get well, stay well, and prepare for times when they are feeling less well.</p> <p>c. <i>Supportive Housing</i> is an evidence-based housing intervention that combines permanent, affordable housing assistance with wrap-around supportive services.</p> <ul style="list-style-type: none"> • <i>Housing First</i> is a national approach to successfully connect individuals experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. • Recovery homes empower people by providing support as they transition towards living independent and productive lives. <p>d. <i>Supported Employment</i> is an evidence-based practice for vocational rehabilitation that emphasizes helping individuals obtain competitive work in the community and providing the supports necessary to ensure their success in the workplace.</p>		<p><i>Describe at least four evidence-based recovery support services that were presented in the course.</i></p> <p><i>Why was supportive housing highlighted in the course?</i></p> <p><i>What types of recovery support services impact wellness?</i></p> <p><i>How can persons in recovery access mutual aid groups?</i></p>
Peer Recovery Support Services		
<p>a. Peer-based recovery support services are delivered by people with the lived experience of recovery from substance use or a mental health condition. These non-clinical services help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling lives.</p> <p>b. Peer recovery support services may be offered before an individual enters treatment, while they are in treatment, after treatment, or even to those who choose not to enter the formal treatment system as a pathway to recovery.</p> <p>c. The role of a peer support worker complements, but does not duplicate or replace the roles of therapists, case managers, and other members of a treatment team.</p>		<p><i>What is the role of a recovery peer specialist?</i></p> <p><i>How are peer recovery support services offered?</i></p> <p><i>What are the benefits of peer-delivered services?</i></p>
Recovery Plan		
<p>a. Creating a personal, written recovery plan gives the person in recovery a blueprint to follow and provides a structured, reliable source of action steps to get or keep the person on track as he or she pursues recovery goals.</p> <p>b. By writing a formal, detailed plan, chances of sustaining recovery efforts are improved. Many templates exist for recovery planning.</p>		<p><i>Why should a recovery plan be a component of other service plans?</i></p> <p><i>How are they best developed?</i></p> <p><i>Name at least three tips for developing recovery plans that were presented in the course.</i></p>

2. Examine your Structure and Delivery of Services and Supports for a Recovery Orientation

The content in these two modules presents an opportunity to explore specific strategies and practices at the individual and organizational level to challenge current behavior and foster improvements for recovery-oriented services.

Areas of Discussion:

- What thoughts came to mind among staff as they learned about the principles and practices of being recovery-oriented? Did staff do any self-evaluation or get ideas about how program services can be more recovery-oriented? What are their ideas?
- Ask staff how open and willing they are to learn from the person in recovery as well as from their family and circle of support. Do they engage people as partners and offer professional expertise without assuming control or discontinuing support if their assistance is declined?
- Are deliberate and focused strategies being used to engage persons in recovery throughout the continuum of care? What is working well? What can be improved?
- What strategies do staff use to actively involve persons served in planning processes that incorporate informed choices and shared decision-making?
- Ask if staff understand the physical health challenges faced by people living with mental health and/or substance use conditions and the importance of addressing health and well-being from a holistic perspective.
- In what ways can staff collaborate with other networks or groups to provide referral pathways and create reciprocal agreements to improve service access (e.g., housing, income security, employment) that can contribute to recovery outcomes?
- How are recovery peer specialists being incorporated into the organization's service array? Are there opportunities to increase inclusion of peers?
- Are recovery plans a standard component of care plans? If not, how can you move in this direction?



Apply the Concepts

The critical juncture in training and supervision takes place when staff members have an opportunity to apply the knowledge and build skills in the field. Below are some considerations and suggestions for supervisors to discuss with staff members to impact values and skills, and help transition services towards a focused recovery orientation.

- Ask staff to give examples that illustrate their efforts to create a recovery-oriented culture in the service setting.
- Highlight the importance of recognizing variation in recovery paths for individuals and the need to stipulate recovery goals within standard clinical care. Help staff introduce a variety of recovery services and supports to augment traditional service plans.

- Discuss staff capabilities for assessment and collaborative service planning processes that highlight a person's strengths and assets, foster responsibility, support positive identity, and nurture hope.
- Determine if staff have received adequate training and coaching on effective communication techniques (e.g., motivational interviewing, reflective listening) that enable them to help persons served to articulate their goals, motivations, challenges and priorities.
- Review existing treatment/service plan templates to assess adequacy of sections to address recovery support areas such as physical health, social inclusion activities, housing, employment, etc.
- Offer specific and ongoing training that builds common understanding, shared language and knowledge about recovery, and promotes a consistent application of recovery principles, practices and supports.
- Discuss what learners and the organization do to create and maintain positive connections with referring agencies and service partnerships to be able to offer people a range of options.
- Encourage participation in local initiatives to promote recovery, reduce stigma, engender hope and positivity, foster resilience, and build capacity for recovery capital.
- Encourage staff to seek out sources of experiential knowledge from outside the organization, such as advocacy groups and committees of people with lived experience, mutual help groups and peer supporters, as well as feedback from consultations, service evaluations and participatory research.

Summary

The success of substance abuse and mental health services is directly tied to the abilities of the workforce to implement effective practices. This course identifies many knowledge needs, values, skills, services, and supports that are tied to recovery-oriented systems of care. It is the supervisor's role to help expand the capability of the persons they supervise to meet the recovery needs of persons in their care. Ongoing support, supervision, and consultation are key ingredients that reinforce behavioral health professionals' training in skills and specific service methods and ensure consistency over time.

Resources

A special handout was created for the *New Perspectives on Recovery* course that lists many print, video and digital/web-based resources that support the ongoing transition to a recovery orientation in service delivery. This can be accessed in the course main page. Log into the course at <http://fcbonline-ed.mrooms3.net/>.



This course and many other online, free courses are available at <http://fcbonline-ed.mrooms3.net/>

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