PROMOTING RECOVERY, WELLNESS, AND SELF-MANAGEMENT IN MENTALLY ILL OFFENDERS
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Recovery</td>
</tr>
<tr>
<td>2.</td>
<td>Wellness</td>
</tr>
<tr>
<td>3.</td>
<td>Self-Management</td>
</tr>
<tr>
<td>4.</td>
<td>CARF Standards</td>
</tr>
<tr>
<td>5.</td>
<td>Resources</td>
</tr>
<tr>
<td>6.</td>
<td>References</td>
</tr>
</tbody>
</table>
Learning Objectives

1. Review the standards for the Commission on the Accreditation of Rehabilitation Facilities (CARF) pertaining to recovery and wellness for persons served.

2. Identify the recovery challenges that mentally ill offenders face and discuss how mental health services can assist in the recovery process.

3. Explore the concept of wellness, both for offenders and correctional staff.

4. Define the concept of self-management and the role it plays in offender recovery and wellness.
health, mind, prosperity: He's not recovered from his stroke. © recover from strain, etc © Trade soon recovered from the war.

▶ recoverable /-rəbl/ adj the
(RECOVER 1): recoverable damage

re-cover /ˈriːkʌvə(r)/ v [T] (RECOVER 1): recoverable damage

(recover 1): recovery (RECOVER 1): recovery of the missing recovery vehicle, ie one for recovery with velvet) recovery
Defining Recovery for Mentally Ill Offenders

- “Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life...while striving to achieve his or her full potential.” – SAMHSA

- “Recovery is a way of living a satisfying, hopeful, and contributing life even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.” – Anthony, 1993

- “An amelioration of symptoms and other deficits associated with the disorder to a sufficient degree that they no longer interfere with daily functioning, allowing the person to resume personal, social, and vocational activities within what is considered a normal range.” – Davidson, O’Connell, Tondora, Lawless, & Evans, 2005
Defining Recovery for Mentally Ill Offenders

Although there are many definitions of recovery from mental illness, there are common goals that are shared by all persons:

- Learning how to overcome real and/or perceived limitations stemming from mental illness in order to lead a fulfilling life.
- Becoming skilled in the management of symptoms that limit functionality.
- Developing a reliable set of coping skills that will allow recovery to progress despite the physiological and social challenges associated with mental illness.
Factors Impacting Recovery

What factors impact the recovery of mentally ill offenders?

- Poverty
- Housing
- Isolation
- Unemployment
- Social identity
- Effects of involuntary treatment and hospitalizations
Poverty

The impact of poverty is largely mitigated while an offender is serving their sentence. However, once an offender returns to the community, the impact of poverty becomes more pronounced. The offender is faced with obtaining resources to assist with his or her recovery, many of which are likely to be beyond their economic means, such as:

- Mental health treatment
- Medications
- Nutritious foods
- Support services
- Transportation
- Educational opportunities
Despite offering educational and job skills training at facilities, offenders will likely face greater struggles in securing stable employment when returning to the community. Many offenders may lack a relevant work history or skills to use as a reference when applying for jobs in the community, for which undiagnosed, misdiagnosed, and/or untreated mental illness may have been a key determinant.

Continued unemployment will negatively affect an offender’s ability to secure the resources necessary to avoid the impacts of poverty.
Housing

Obtaining appropriate housing is the most expensive resource for offenders returning to the community. Although there are public assistance programs available for low-income individuals, offenders are less likely to be able to access this assistance due to their criminal histories. The stress associated with finding safe and stable housing can lead to significant set-backs in an individual’s recovery.
The prison system may negatively impact recovery in the following ways, leading to increased feelings of isolation in offenders:

- Lack of contact with family and friends may result in the loss of an offender’s natural supports, both real and perceived.

- Difficulty in obtaining supports through groups with other offenders sharing similar diagnoses due to:
  - Waitlists
  - Scheduling conflicts
  - Placement criteria
Identity Issues

Loss of social identity, sense of self, and purpose in life are all factors that impact an offender’s recovery, both while in prison and upon their return to the community.

Upon entering the prison environment, an offender has to reconcile the change in identity from free citizen to prisoner. All of their prior roles such as parent, sibling, employee, etc., are pushed aside and their new role as a PRISONER becomes the focus of their daily lives and routines.

When returning to the community, the offender is faced with having to reconcile the role of prisoner, along with the associated stigmas of mental illness, as they work to establish a new role in society.
Involuntary Treatment

Offenders that have a history of involuntary treatment for their mental illness may face additional barriers to their recovery. Some common perceptions and attitudes about persons receiving involuntary treatment may include:

- The offender is a management problem.
- The offender will never be able to adequately manage their symptoms.
- The offender cannot manage their mental illness without significant oversight and support from providers.
- It’s too risky to hire a person who has a poorly controlled mental illness. They might hurt themselves or someone they work with.
- If they were hospitalized once, they will be again. We can’t afford to hire someone who may be so unreliable.

These beliefs are especially damaging when the offender applies them to their own recovery.
Recovery Assumptions

- Recovery can occur without professional intervention.
- A common denominator of recovery is the presence of people who believe in and stand by the person in need of recovery.
- A recovery vision is not a function of one’s theory about the causes of mental illness.
- Recovery can occur even though symptoms reoccur.
- Recovery changes the frequency and direction of symptom.
Recovery Assumptions continued:

- Recovery from the consequences of the illness is sometimes more difficult than recovering from the illness itself.

- Recovery from a mental illness does not mean that one was not “really mentally ill”.

\[\text{Handwritten note:}\quad \text{you don't just choose recovery, you have to keep choosing recovery over and over again}\]
## Categories of Recovery

<table>
<thead>
<tr>
<th>Category definition</th>
<th>Contextual meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acute physical conditions (Short-term conditions such as flu, broken bones, or other injuries)</td>
<td>1. Return to a normal condition (prior to the illness or injury).</td>
</tr>
<tr>
<td>2. Involvement in a Trauma Scenario – Can be either personally experienced or witnessed</td>
<td>2. The <em>act</em> or <em>process</em> of recovering – May take months, years, or a lifetime.</td>
</tr>
<tr>
<td>3. Substance-use disorders</td>
<td>3. Something gained or restored – The ability to function and live a fulfilling life without using.</td>
</tr>
<tr>
<td>4. Severe mental illness</td>
<td>4. Learning how to incorporate mental illness into daily life.</td>
</tr>
</tbody>
</table>

(Davidson, O’Connell, Tondora, Lawless, & Evans, 2005)
1) **Renewing Hope and Commitment** – Belief in the possibility of a renewed sense of self and purpose accompanied by desire and motivation

2) **Redefining Self** – Conceptualizing mental illness as just one part of a person’s overarching identity

3) **Incorporating Illness** – Acknowledge and accept the limitations imposed by an illness; learning how to discover talents, gifts, and life goals despite the illness

4) **Being Involved in Meaningful Activities** – Expanding and occupying normal, functional roles and making worthwhile contributions to one’s community

5) **Overcoming Stigma** – Developing resilience to and actively fighting stigma

(Davidson, O’Connell, Tondora, Lawless, & Evans, 2005)
Common Elements of Recovery

6. **Assuming Control** – Taking responsibility for one’s transformation from a disabled person to a person in recovery; making choices based on available opportunities that will allow for continued success.

7. **Becoming Empowered and Exercising Citizenship** – Demanding the same rights and the ability to take on the same responsibilities as other citizens.

8. **Managing Symptoms** – Learning to cope with the setbacks associated with illness by being an active participant in treatment.

9. **Being Supported by Others** – Understanding that recovery is not done alone, but by utilizing supports such as friends, family, providers and peers.

(Davidson, O’Connell, Tondora, Lawless, & Evans, 2005)
10 Fundamental Components of Recovery - SAMHSA

1) **Self-Direction**: Individuals define their own life goals; determine their own path to recovery by optimizing autonomy, independence and control over available resources.

- Mental health clinicians can help prepare mentally ill offenders to take on this role, both inside the MDOC and upon their return to the community by assisting them with developing measurable and achievable goals and measuring progress on a consistent basis.
2). Individualized and Person-Centered: There are multiple pathways to recovery based on a person’s unique strengths, needs, preferences, experiences (including past traumas), and cultural backgrounds. Recovery is different for every person in terms of intensity, scope and duration.

- Mental health staff work with prisoners to develop a treatment plan that is based on the individual’s unique set of strengths, needs, abilities and preferences (SNAP).
3) **Empowerment:** In the community, mental health consumers have the authority to choose from a variety of options and participate actively in their decisions in an effort to gain control of their destiny and the organizational and societal structures in their lives.

- While in the prison system, offenders have very few, if any, opportunities to make choices regarding their care. Correctional health providers can assist offenders by teaching ways in which an offender can prepare to self-advocate once they return to the community, such as:
  - Make lists of questions to ask providers about symptoms, medications, and related side-effects.
  - Develop a guide that the offender can utilize to track contacts with providers and other supports in their area.
  - Teach offenders how to set reasonable expectations for themselves, as well as their providers, for responding to identified needs.
4) **Holistic**: Recovery encompasses an individual’s whole life, including mind, body, spirit and community. All aspects of life are embraced, including housing, employment, education, mental health and healthcare treatment services, spirituality, creativity, social networks and community participation.
5) **Non-Linear:** Recovery is not a step-by-step process, but one that is based on continual growth, occasional setbacks, and learning from experience. It begins with an initial stage of awareness in which a person realizes that positive change is possible.
6) **Strengths-Based**: Focus on valuing and building upon multiple capacities, resiliencies, talents coping skills and self-worth to leave behind stymied life roles and build new, positive life roles.
7) **Peer Support**: Mutual support plays an invaluable role in recovery by providing a sense of belonging, supportive relationships and community.

- Linkages to peer supports offer offenders an opportunity to connect with others who have similar experiences yet have had successes on their road to recovery. Oftentimes, peer supports can identify and sympathize with a mentally ill offender’s struggles easier than their families, friends or providers because they have been in similar situations and have experience in overcoming recovery barriers.
8) **Respect:** Community, systems, and societal acceptance and appreciation of persons with mental illness are crucial in achieving recovery. Self-acceptance and regaining belief in one’s self are especially vital to the recovery process.
9) **Responsibility:** Patients have a personal responsibility for their own self-care throughout their journey to recovery. It is important that patients 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—persons with mental illness CAN and DO overcome the barriers and obstacles that they are confronted with.
Five Stages in the Recovery Process

1. Impact of Illness
   • The person is overwhelmed by the disabling power of the illness. The role of services at this stage is to decrease emotional stress through the reduction of symptoms.

2. Life is Limited
   • The person has given into the disabling power of the illness. Providers work to instill a sense of possibility, or hope, that will assist in rebuilding a positive self-image.

3. Change is Possible
   • The person served begins to question the extent to which their illness can disable them. This stage is typically associated with the first step of the recovery process. Service providers assist with empowering the person served to participate in the recovery process.

4. Commitment to Change
   • The person served begins to actively challenge the disabling power of their illness. With the help of their providers, they can identify their personal strengths and needs.

5. Actions for Change
   • The person is moving beyond the limitations of their illness. Providers are assisting in the development of supports for maintaining and expanding strengths in order to obtain needed skills, supports, and resources available within their current environment or community.
Health Issues Common in Persons with Serious Mental Illness

- Poor diets (high in fat, low in fiber)
- Obesity
- Metabolic Syndrome
- Lack of exercise/sedentary lifestyles
- Low rates of preventive health care
- Medication non-compliance

(McKibbin, Kitchen, Wykes, & Lee, 2014)
Think about how these factors influence or impact the mentally ill offender population.
The Individual

• Poor knowledge of overall health in the following areas:
  • Metabolic disease
  • Interaction between mental and physical health
  • Benefits of a healthy lifestyle
  • How to make modifications to engage in healthy behaviors
    • EX: Clients blame weight gain on medications rather than poor diets and sedentary lifestyle.

Points to Ponder

• Mental health professionals can help offenders by encouraging healthy choices at every opportunity.
  o Discuss how unhealthy food options available through the prisoner store may negatively impact wellness.
  o Encourage the prisoner to take advantage of as many exercise options as possible. If out of cell options are not available, teach simple stretches and strength-building techniques that can be done at any time.

(McKibbin, Kitchen, Wykes, & Lee, 2014)
Social Environment

• Social environments, such as family and friends, can contribute to unhealthy behaviors
  • The health habits of the people that patients reside with are often adopted.
  • Family and friends may not be supportive of healthy habits—they may even convince patients to abandon efforts.
• Providers in the community recommend using every visit with clients to engage them in conversations about their health
  • Diet
  • Medication regimens
  • Importance of establishing daily routines

(McKibbin, Kitchen, Wykes, & Lee, 2014)
Some structured services present additional barriers to patients as they attempt to develop or maintain healthy lifestyles.

- Transportation programs that are inaccessible and/or expensive can prevent patients from keeping their appointments with providers.
- Healthy food options are also more expensive (and often more labor-intensive); items available at local food banks are typically non-perishable, which can equal fat, sugar and preservatives.
- Physical activities and equipment presents the same challenges with regard to cost and accessibility.

(McKibbin, Kitchen, Wykes, & Lee, 2014)
Societal Beliefs and Values

• Acknowledge the role that stigma plays in a patient’s health efforts.

• Providers without mental health expertise may discount or play down physical health symptoms of persons with mental illness.

• Interventions about maintaining health are varied in terms of duration, consistency, quality, and reward.

• The role of cognitive functioning in a patient’s ability to self-advocate.

(McKibbin, Kitchen, Wykes, & Lee, 2014)
Employee Wellness

- Working with the mentally ill offender population can be physically and emotionally draining on staff

Know when and how to help yourself!!!
Employee Wellness (con’t)

- Connect with Others
- Be Physically Active
- Get Enough Sleep
- Create Joy and Satisfaction
- Eat Well
- Take Care of Your Spirit
Employee Wellness (con’t)

- At some point in our lives we will face times that are incredibly stressful
- Ways to deal better
  - Write it out
  - Tackle your problem
  - Shift your thinking
  - Get support
Employee Wellness (con’t)

- Get Professional Help If You Need It
- If the problems in your life are stopping you from functioning normally, then it may be time to seek help
- Getting help is **not** a sign of weakness

- MDOC Employee Service Program
  - **Lansing Office**
    Capitol Commons Center
    400 South Pine
    Suite 103
    Lansing, MI 48909
    800-521-1377 / 373-7630
  - **Detroit Office**
    Cadillac Place
    3068 West Grand Blvd.
    Suite 4-300
    Detroit, MI 48202
    313-456-4020
SELF MANAGEMENT

The work of Creer and colleagues defined self-management as the role of patients in becoming active participants in their treatment.

Based on the concept of ‘self-efficacy’, which is one’s confidence in their ability to deal with health problems.

(Sterling, von Esenwein, Tucker, Fricks, & Druss, 2010)
Self-Management

What it IS

☐ An emphasis on the natural shifting of perspectives that patients have about their illness[es] regardless of their physical health.

☐ The central role that patients play in managing chronic conditions.

What it ISN’T

☐ A way to shift the blame onto patients for poor health outcomes.

☐ Diminishing the role of providers in the patient’s recovery

(Sterling, von Esenwein, Tucker, Fricks, & Druss, 2010)
The Role of the Patient in Self-Management

Core Capabilities

1) Engage in activities that promote and protect health and reduce risk.
2) Monitor and manage symptoms and signs of illness.
3) Manage the impacts of illness on functioning, emotions and interpersonal relationships.
4) Make informed decisions.
5) Adhere to appropriate treatment regimens – follow care plans and manage medications.
6) Work with health care providers to attain the best possible care by effectively navigating the health care system.

(Sterling, von Esenwein, Tucker, Fricks, & Druss, 2010)
Goals of Self-Management

- Long-term wellness and recovery
- Control of illness through education and training in disease management skills
- Problem-solving skills
- Enhance decision-making ability
- Resource utilization
- Partnerships with providers
- TAKING ACTION!!

(Sterling, von Esenwein, Tucker, Fricks, & Druss, 2010)
Currently, Mental Health Services has accreditation for each of its Outpatient (OPT), Residential Treatment (RTP), and Adaptive Skills (ASRP) programs, which account for 30 teams located at 24 MDOC prisons.

CARF standards uphold behavioral health staff receiving training and education on recovery, wellness, and resiliency to persons served by accredited programs as a best practice.

- Outpatient Treatment 3.Q.11.
- Residential Treatment 3.T.1.i.
CARF Standards

- **Human Resources 1.I.5.b.(6)**
  Training that addresses promoting wellness of the persons served

- **Medication Use 2.E.2.b.(15)**
  Training and education regarding wellness management and recovery planning

- **Nonviolent Practices 2.F.2.g.**
  Training in recovery/wellness relationships and practices
For additional resources on recovery, wellness, and self-management, please visit the following websites:

- [www.samhsa.gov](http://www.samhsa.gov)
- [www.nami.org](http://www.nami.org)
- [www.nih.gov](http://www.nih.gov)
- [www.mpsonline.org](http://www.mpsonline.org)
- [http://www.disabilityresources.org/MICHIGAN.html](http://www.disabilityresources.org/MICHIGAN.html)
REFERENCES


To Complete this Training .................

- This completes the Recovery and Wellness in Mentally Ill Offenders presentation.

- To receive training credit you must also complete the Recovery and Wellness in Mentally Ill Offenders Post Test.
  - This is located on the same page where you selected this presentation. Click on the Recovery and Wellness in Mentally Ill Offenders Post Test link and follow the on-screen instructions.