

MORE INFORMATION

Neami would be very happy to hear your views about the Collaborative Recovery Model or to answer any queries you may have. If you would like any additional information or a hard copy of any literature about the Model please send an email to admin@neami.org.au or call the Service Development Team at Neami Head Office on 03 9481 3277.

COLLABORATIVE RECOVERY MODEL

An information booklet

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University of Wollongong



INTRODUCTION

This booklet will explain a little about the Collaborative Recovery Model and how Neami uses this approach in its work with consumers and carers. Over many years Neami has been in the process of refining our practice model and we believe that the Collaborative Recovery Model supports a range of positive outcomes for consumers. The implementation of the model has resulted in a consistent and clearly articulated model of practice within our services. It also provides a common platform from which outcomes can be assessed.

The information in this booklet is largely drawn from the website of the Illawarra Institute of Mental Health: <http://www.uow.edu.au/health/iimh/research/UOW103546.html>.

WHAT IS RECOVERY?

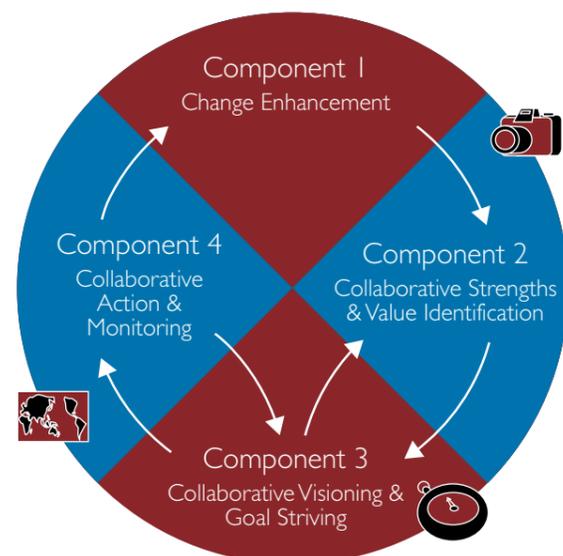
The concept of recovery was developed by consumers as a way of describing the personal journey that takes place for people with mental health problems as they work toward a renewed sense of identity, meaning and purpose. Embedded in this concept is the belief that this is a unique journey for each person and therefore it needs to be a self-directed process.

"Recovery is not cure, stabilisation or maintenance – it is a self-directed process of reclaiming meaning and purpose in life. The goal is to become the unique, awesome, never repeated human being that we are called to be (Patricia Deegan 2001)"

WHAT IS THE COLLABORATIVE RECOVERY MODEL?

The Collaborative Recovery Model (CRM) was developed over a number of years at the University of Wollongong and incorporates evidence of practices that have previously assisted people living with enduring mental illness. Influences include Positive Psychology, psychosocial rehabilitation principles, motivational interviewing and the Stages of Change model.

CRM is consistent with the values of the recovery movement and is now being implemented in organisations in most states of Australia.



The model has two guiding principles:

Recovery is an Individual Process

Recovery is described as a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life even with 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).

Collaboration and Autonomy Support

Research consistently shows there is a correlation between the strength of the working relationship between a person who is recovering and people who are assisting this process and mental health outcomes (e.g. Martin, et al., 2000).

Components of CRM

The model has four key components.

The first component, **Change Enhancement**, involves exploring and supporting the individual in building interest and commitment to their own recovery journey. The model recognises that each individual is different and that change is a very individual process. The second component focuses on identifying the **Strengths and Values** of the individual and the ways these can be tapped into to support the individual's journey. The third component involves **Setting Goals** to support the individual to further express their strengths and values in their day to day lives. The fourth component takes this to the level of developing an **Action & Monitoring** plan including the supports the person will need to achieve their goals.

Guiding Principle 1
Recovery as an individual process

Guiding Principle 2
Collaboration and Autonomy Support

STAGES OF RECOVERY

Research suggests that there are clearly identifiable stages of recovery and that it is important to tailor the response to where people are at. It is also important to assist consumers to understand the recovery process and to fully inform and engage them through a working alliance. Often the experience of an enduring mental illness can leave people without hope and fearful to try new things. Understanding this as a stage in the journey of recovery, referred to in CRM as the Moratorium stage, is an important element of the model. Over time it is anticipated that the individual will move through the subsequent stages:

Awareness – considering alternatives, aspiration without direction, taking notice

Preparation – tentative goals, reliance on others, developing resource networks

Rebuilding – achievement, feeling productive, determined

Growth – Optimism, contentment, sense of self-worth

BENEFITS OF CRM

The Collaborative Recovery Model has been designed to have the following benefits:

- Generic skills that can be used flexibly
- Approaches that are relevant across case management and psychosocial rehabilitation contexts
- Emphasis on issues of autonomy, hope, responsibility and individual experience which are central to the concept of recovery
- Skills based components that have an evidence base
- An emphasis on measurement, consistent with the need for mental health services to generate evidence.

WORKING WITH THE WHOLE SYSTEM

The Collaborative Recovery Model engages with all four parts of the consumer's support system – consumer, carer/friends/family, staff member/s and organisation. All parts of the system need to be recovery focused in order to effectively support the individual on their journey. Mental illness affects everyone in that system and therefore it is essential for all parts of the system to engage with the recovery process on their own behalf as well as in support of the individual. At Neami we have incorporated the strengths and values based principles of Collaborative Recovery into all aspects of our service delivery including a strengthened emphasis on coaching in staff supervision.

THE COLLABORATIVE RECOVERY MODEL LIFEJET

The Collaborative Recovery Model uses the LifeJET protocols to assist people to identify their individual journey of recovery. These tools are employed by Support Workers with consumers depending on where the person is at in their journey.



The Camera: To bring into focus important values and strengths – identifying what is important to the individual



The Compass: To identify an individual's longer term vision or direction for their recovery journey and to track progress towards achieving identified goals



The Map: To plan the next steps, anticipating any barriers and identifying the people and things that can assist along the way

SUMMARY OF THE EVIDENCE BASE

The Collaborative Recovery Model has been a process of development by the Illawarra Institute of Mental Health for a number of years. In 2002 a 5 year trial of the model, the Australian Integrated Mental Health Initiative- High Support Stream Project (known as AIM-HI) commenced at 12 sites, both clinical and non-clinical and in three states of Australia. The project has since been accompanied by a number of further research projects. The summary of the findings from this research suggests the following:

- Collaborative Recovery Model (CRM) training improves staff attitudes to recovery
- CRM training improves the quality of care plan/goal setting documentation
- Training transfer is low unless supported organisationally
- Consumers/patients can identify (blindly) differences between services trained in CRM and those not
- Stages of psychological recovery can be measured (just like symptoms)
- Goals set by consumers vary across the stage of psychological recovery
- Between session tasks completed by consumers is related to mental health outcomes
- Positive approaches (e.g. goals, strengths, gratitude) are popular with consumers