



RECOVERY STAFF DEVELOPMENT

Background and rationale

At the heart of the transition to a recovery model and a recovery orientation is a shift in philosophy and approach from one that is based on acute interventions for addressing illness and pathology to one that is based on a continuity of care model and on strengths. Within a recovery paradigm, the role of the alcohol and drug worker shifts to:

- Inspiring the belief that recovery is possible
- Providing the interventions that enable people to make the most of recovery opportunities
- Linking clients in to recovery champions and recovery communities
- Providing the ongoing support and linkage work to enable the client to maintain recovery progress

This model is a fundamental shift from a traditional treatment approach based on the specialist treatment centre model of healthcare and requires workers to be actively engaged and knowledgeable about the communities they work in, be an active resource and asset in that community and to see their role as less of the expert therapist and more as the guide and therapeutic partner on an ongoing journey.

It is generally recognized that the transition of a treatment system to a recovery orientation takes between 5 and 10 years, and this change can be demanding and stressful for workers who may have to change not only aspects of their practice, but may find that their values and belief systems are challenged by this approach.



Recovery awareness and engagement sessions

The starting point is full day recovery awareness sessions which are divided into two clear sections – the first providing the rationale and the evidence for a recovery approach; and the second involving the workers in tasks and exercises that encourages them to adopt a recovery model in their day to day work, with activities around:

- Strengths mapping
- Recovery care planning
- Assertive linkage to community groups

Dynamic and interactive in approach, these one day sessions introduce the rationale for a recovery model, challenge myths and build a recovery consensus discuss the evidence base for recovery, and explain how recovery approaches can be applied in everyday client work – and separate sessions can be arranged for managers to address organizational and systems questions about adopting and implementing a recovery approach and model.

This session also introduces the notion of recovery champions and the need for continuity of care models to identify and support individuals who can become community recovery navigators and supports. This session closes with individuals signing up to becoming Recovery Champions – in other words, workers are asked to volunteer to engage in community activities outside of their daily professional requirements – a model that was highly successful in our work in Barnsley, Bradford and York, where alcohol and drug professionals played a core role in the emergence of Recovery Forums and Consortia that helped to drive a shared recovery agenda with people in recovery and their family members.



The purpose of these sessions is to motivate workers to engage in the recovery agenda and in two of the areas we have done this work, more than 50% of clinical staff have signed up to engage in further recovery activities or support. Feedback received from staff on these sessions has been outstanding. The aims of the approach are to:

- to overcome myths and stereotypes about a recovery model
- to provide information on the principles of recovery and how they can be applied in daily practice
- to instruct workers in the process of recovery care planning and assertive linkage
- to help and support workers to become part of the local recovery community

There are also more in-depth follow-up sessions that can be delivered on a modular basis around manualised recovery interventions about:

- strengths building approaches and techniques
- recovery care planning and review
- linking with community resources
- planning for client re-engagement with the community

These more in-depth sessions are typically based on the techniques of node-link mapping and use the Treatment Process Model developed by Dwayne Simpson with particular emphasis on the third phase of the model about community engagement.

ACT Recovery would work with the DAAT to identify likely demand and need for these more in-depth recovery training sessions based on the needs identified in the initial sessions.



To assess the impact of the recovery awareness and training sessions, we would use a range of pre- and post-training evaluation methods based on established instruments including the Assessment of Recovery Attitudes Questionnaire (ARAQ) and a mapping exercise on community recovery resources. This can be repeated subsequently to assess changes in recovery-related practices, particularly with regard to effective community linkage.

This programme of work provides:

- Engagement and motivation of all staff in the value of recovery based approaches
- Consistent level of understanding and awareness across all staff
- Identification of potential recovery champions and the foundation for taking the 1st steps in developing a recovery system
- Foundations for a programme of specialist recovery training for workers
- A systematic approach to evaluation and monitoring