CLINICAL PRACTICE GUIDELINES FOR SONOMA COUNTY MENTAL HEALTH PLAN

INTRODUCTION

The overall goal of these clinical practice guidelines is to establish solid clinical frameworks for evidence- based and community-defined mental healthcare practices that will improve member outcomes, increase clinical efficacy and sustainability, and build foundational skills and mindsets that allow member-centered work grounded in evidence-based practice.

These clinical foundations are mutually complementary and can (and should) be used in conjunction with each other. These overarching frameworks allow the provider to tailor individual interventions and treatment plans to the member's needs, while still working within guidelines that provide direction on clinical techniques, case conceptualization, and desired outcomes.

Sonoma County supports and expects the use of:

- Trauma-Informed Care
- Harm Reduction
- Cultural Humility & Cultural Responsiveness
- Recovery-Oriented Person-Centered Treatment

TRAUMA-INFORMED CARE

Goal

To provide services and an environment in which members and providers experience safety, trust, support, collaboration, empowerment, and equity.

Definition

The United States Substance Abuse and Mental Health Services Administration (SAMHSA) says that Trauma-Informed Care in behavioral healthcare settings "includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. TIC views trauma through an ecological and cultural lens and recognizes that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic. TIC involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to retraumatize individuals who already have histories of trauma. TIC upholds the importance of consumer participation in the development, delivery, and evaluation of services."

Principles

Core Principle	Explanation
Safety	Throughout the organization, members and staff feel physically and psychologically safe.
Trustworthiness & Transparency	Decisions are made with transparency, consistency, respect, and fairness so as to build and maintain trust.
Peer Support	Individuals with lived experiences of trauma are integrated into the organization and viewed as integral to member care.
Collaboration & Mutuality	Power differences between staff and members and among organizational staff are leveled to support shared decision- making.
Empowerment	Member and staff strengths are recognized, built on, and validated, including a belief in resilience and the ability to heal from trauma.
Cultural Humility & Responsiveness	Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical systemic trauma are recognized and addressed.

TREATMENT PRINCIPLES FOR PROVIDERS AND ORGANIZATIONS[1]

1. **Promote Trauma Awareness and Understanding.** Recognize the prevalence of trauma and its possible role in your member's life.
2. **Recognize That Trauma-Related Symptoms and Behaviors Originate from Adapting to Traumatic Experiences.** View your member's responses to the impact of trauma as adaptive—regard the member's presenting difficulties, behaviors, and emotions as responses to surviving trauma.

[1] Adapted from "Trauma-Informed Care in Behavioral Health Services KAP Keys for Clinicians" from SAMHSA, https://store.samhsa.gov/sites/default/files/sma15-4420.pdf

3. **View Trauma in the Context of the Member's Environment.** Consider the context in which the trauma(s) occurred.

4. **Minimize the Risk of Re-traumatization or Replicating Prior Trauma.** Take practical steps to reexamine treatment strategies, program procedures, and organizational polices that could cause distress or mirror common characteristics of traumatic experiences.

5. **Create a Safe Environment.** Be responsive in adapting the treatment environment to establish and support the members' and staff's sense of physical and emotional safety.

6. **Identify Recovery from Trauma as a Primary Goal.** Remember that your member is less likely to experience recovery in the long run if treatment for mental and substance use disorders does not address the role of trauma.

7. **Support Control, Choice, and Autonomy.** Create opportunities for empowerment; doing so may help reinforce your client's sense of competence, which is often eroded by trauma and prolonged traumatic stress reactions.

8. **Create Collaborative Relationships and Opportunities for Participation**. Remember to shift the perspective from, "We, the providers, know best" to the more collaborative, "Together, we can find solutions." Programs that incorporate peer support services reinforce a powerful message—that provider–consumer partnership is important, and that consumers are valued.

9. **Familiarize the Client with Trauma-Informed Services.** Explain the value and type of trauma- related questions that may be asked as part of the intake process, educate clients about trauma to help normalize traumatic stress reactions, and discuss the rationale behind specific interventions.

10. **Incorporate Universal Routine Screenings for Trauma.** Universal screening provides a steady reminder to be watchful for past traumatic experiences and their potential influence on a client's interactions and engagement with services. As stated above, explain the value and type of trauma-related questions that may be asked, and inform clients how this information could be useful in their treatment. You may also invite clients to complete such screenings on their own or with trusted support people and then share the information with you if they choose.

11. **View Trauma Through a Sociocultural Lens**. Understand that culture influences the interpretation and meaning of traumatic events and the acceptability of symptoms, support, and help-seeking behaviors.

12. **Use a Strengths-Focused Perspective: Promote Resilience.** Focus on the client's strengths. Shift the focus from, "What is wrong with you?" to, "What has happened to you? What has worked for you?"

13. **Foster Trauma-Resistant Skills.** Focus on developing self-care skills, coping strategies, supportive networks, and a sense of competence.

14. **Show Organizational and Administrative Commitment to Trauma-Informed Care.**

15. **Develop Strategies To Address Secondary Trauma and Promote Self-Care**. Remember that the demands of providing care to trauma survivors cannot be ignored; secondary trauma is a normal occupational hazard for behavioral health service providers.

16. **Provide Hope - Recovery Is Possible.**

Where To Learn More

- "Trauma Informed Systems 101" through Trauma Transformed's learning management platform (available early 2025)
- Relias Courses
    - A Client's Experience of Trauma-Informed Care
    - Addressing Behavioral Health Needs of Veterans
    - Addressing Racial Trauma in Behavioral Health
    - Addressing Trauma and Stressor Related Disorders
    - An Introduction to Trauma-Informed Care
    - An Overview of Trauma Disorders in Adults for Paraprofessionals
    - An Overview of Trauma-Informed Care for Non-Clinical Staff
    - Assessing and Screening for Suicide Risk
    - Assessment and Intervention for Trauma in Early Childhood (0-4)
    - Behavioral Health Leaders: Implementing Trauma-Informed Leadership
    - Disaster Behavioral Health: Public Health Emergencies, Trauma, and Resilience
    - Effective Intervention in the Aftermath of a Suicide
    - Engaging Family Members in Crisis Planning

    - Impact of Psychological and Physical Trauma
    - Implementation of Trauma-Informed Care Systems
    - Overview of How Behavioral Health Disorders are Impacted by Trauma
    - Self-Care Strategies for Frontline Professionals
    - The Influence of Trauma on Substance Use
    - Trauma-Informed Care Delivery for Clinicians and Peer Support Specialists
    - Traumatic Stress Disorders in Children and Adolescents
    - Treating Posttraumatic Stress Disorder
    - Understanding Trauma in Early Childhood (0-4)
    - Understanding Trauma-Informed Care
    - Working More Effectively with LGBTQ+ Children and Youth
    - Working with Children and Adolescents Exposed to Violence and Disasters
- "Trauma-Informed Care in Behavioral Health Services" from SAMHSA: https://store.samhsa.gov/product/tip-57-trauma-informed-care-behavioral-health-services/sma14- 4816
- "Trauma-Informed Care in Behavioral Health Services KAP Keys for Clinicians" from SAMHSA: https://store.samhsa.gov/sites/default/files/sma15-4420.pdf

Evidence to Support Its Use

The United States Substance Abuse and Mental Health Services Administration (SAMHSA) includes Trauma- Informed Care in Behavioral Health Services as a Treatment Improvement Protocol (TIP), which are the products of a systematic and innovative process that brings together clinicians, researchers, program managers, policymakers, and other Federal and non-Federal experts to reach consensus on state-of-the-art treatment practices. TIPs are the result of careful consideration of all relevant clinical and health services research findings, demonstration experience, and implementation requirements, and are considered a consensus on best practices.

HARM REDUCTION

Goal

To support clients in reduced substance use and other risky activities.

Definition

SAMHSA says that “harm reduction is an evidence-based approach that is critical to engaging with people who use drugs and equipping them with life-saving tools and information to create positive change in their lives and potentially save their lives. Harm reduction is a key pillar in the U.S. Department of Health and Human Services' Overdose Prevention Strategy. Harm reduction is a practical and transformative approach that incorporates community-driven public health strategies — including prevention, risk reduction, and health promotion — to empower people who use drugs (and their families) with the choice to live healthy, self-directed, and purpose-filled lives. Harm reduction centers the lived and living experience of people who use drugs, especially those in underserved communities, in these strategies and the practices that flow from them.”

Principles[2]

CORE PRINCIPLES

1. **Harm Reduction is led by people who use drugs (PWUD) and with lived experience of drug use.** Work is led by PWUD and those with lived and living experience of drug use. Harm reduction interventions that are evidence based have been innovated and largely implemented by PWUD. Through shared decision-making, people with lived experience are empowered to take an active role in the engagement process and have better outcomes. Put simply, the effectiveness of harm reduction programs is based on the buy-in and leadership of the people they seek to serve.
2. **Harm Reduction embraces the inherent value of people.** All individuals have inherent value and are treated with dignity, respect, and positive regard. Harm reduction initiatives, programs, and services are trauma informed, and never patronize nor pathologize PWUD, nor their communities. They acknowledge that substance use happens, and the reasons a person uses drugs are nuanced and complex. This includes people who use drugs to alleviate symptoms of an existing medical condition.
3. **Harm Reduction commits to deep community engagement and community building.** All communities that are impacted by systemic harms are leading and directing program planning, implementation, and evaluation. Funding agencies and funded programs support and sustain community cultural practices, and value community wisdom and expertise. Agencies and programs develop through community-led initiatives focused on geographically specific, culturally based models that integrate language revitalization, cultural programming, and Indigenous care with dominant-society healthcare approaches.
4. **Harm reduction promotes equity, rights, and reparative social justice.** All aspects of the work incorporate an awareness of (and actively work to eliminate) inequity related to race, class, language, sexual orientation, and gender-based power differentials. Pro-health and pro-social practices that have worked well for specific cultural and/or geographic communities are aligned with organizing and mobilizing, providing direct services, and supporting mutual aid among PWUD.

[2] Adapted from "Harm Reduction Framework" by SAMHSA, https://www.samhsa.gov/sites/default/files/harm- reduction-framework.pdf

5. **Harm reduction offers the most accessible and noncoercive support.** All harm reduction services have the lowest requirements for access. Participation in services is always voluntary, self- directed, and free from threats, force, and the concept of compliance. Any data collection requires informed consent and participants should not be denied services for not providing information.
6. **Harm reduction focuses on any positive change, as defined by the person.** All harm reduction services are driven by person-centered positive change in the individual's quality of life. Harm reduction initiatives, programs, and services recognize that positive change means moving towards more connectedness to the community, family, and a more healthful state, as the individual defines it. There are many pathways to wellness; substance use recovery is only one of them. Abstinence is neither required nor discouraged.

TREATMENT PRINCIPLES

- **Respect autonomy.** Each individual is different. It is important to meet people where they are, and for people to lead their own individual journey. Harm reduction approaches, initiatives, programs, and services value and support the dignity, personal freedom, autonomy, self-determination, voice, and decision making of PWUD.
- **Practice acceptance and hospitality.** Love, trust, and connection are important in harm reduction work. Harm reduction approaches and services hold space for people who are at greatest risk for marginalization and discrimination. These elements emphasize trusting relationships and meaningful connections and understand that this is an important way to motivate people to find personal success and to feel less isolated.
- **Provide support.** Harm reduction approaches, initiatives, programs, and services provide information and support without judgment, in a manner that is non-punitive, compassionate, humanistic, and empathetic. Peer-led services enhance and support individual positive change and recovery; and peer-led leadership leads to better outcomes.
- **Connect with community.** Positive connections with community, including family members (biological or chosen) are an important part of well-being. Community members often assist loved ones with safety, risk reduction, or overdose response. When possible, harm reduction initiatives, programs, and services support families in expanding and deepening their strategies for love and support; and include families in services, with the explicit permission of the individual.

- **Provide many pathways to well-being across the continuum of health and social care.** Harm reduction can and should happen across the full continuum of health and social care, meeting whole- person health and social needs. In networking with other providers, harm reduction services work to build relationships and trust with health and social care partners that embrace supporting principles. To help achieve this, organizations practicing harm reduction utilize education and encourage policies that facilitate interconnectedness between all parties.
- **Value practice-based evidence and on-the-ground experience.** Structural racism and other forms of discrimination have limited the development and inclusion of research on what works in underserved communities. Harm reduction initiatives, programs, and services understand these limitations and use community wisdom and practice-based evidence as additional sources of knowledge.
- **Cultivate relationships.** Relationships are of central importance to harm reduction. Harm reduction approaches, initiatives, programs, and services are relational, not transactional, and work to establish and support quality relationships between individuals, families, and communities
- **Assist, not direct.** Harm reduction approaches, initiatives, programs, and services support people on their journey towards positive change, as they define it. Support is based on what PWUD identify as their needs and goals (not what programs think they need), offering people tools to thrive.
- **Promote safety.** Harm reduction approaches, initiatives, programs, and services actively promote safety as defined by the people they serve. These efforts also acknowledge the impact that law enforcement can have on PWUD (particularly in historically criminalized and marginalized communities) and provide services accordingly.
- **Engage first.** Each community has different cultural strengths, resources, challenges, and needs. Harm reduction approaches, initiatives, programs, and services are grounded in the most impacted and marginalized communities. It is important that meaningful engagement and shared decision making begins in the design phase of programming. Equally important is bringing to the table as many individuals and organizations as possible who understand harm reduction and who have meaningful relationships with the affected communities.
- **Prioritize listening.** Each community has its own unique story that can be the foundation for harm reduction work. When we listen deeply, we learn what matters. Harm reductionists engage in active listening — the act of inviting people to express themselves completely, recognizing the listener's inherent biases, with the intent to fully absorb and process what the speaker is saying.

- **Work toward systems change.** Harm reduction approaches, initiatives, programs, and services recognize that trauma; social determinants of health, such as access to healthcare, housing, and employment; inequitable policies; lack of prevention and early intervention strategies; and social support have all had a responsibility in systemic harm.

Where To Learn More

- Relias Courses
    - Harm Reduction in Substance Use
    - Biopsychosocial Model of Substance-Related and Addictive Disorders
    - Assessment and Treatment of Methamphetamine Use Disorder (includes both harm reduction and cognitive-behavioral approaches)
- Harm Reduction Framework from SAMHSA: https://www.samhsa.gov/sites/default/files/harm- reduction-framework.pdf
- National Harm Reduction Coalition Online Training Institute: https://harmreduction.org/our- work/training-capacity-building/online-training-institute/

Evidence to Support Its Use

At the federal level, the Biden-Harris Administration has identified harm reduction as a federal drug policy priority. SAMHSA describes harm reduction as "an evidence-based approach that is critical to engaging with people who use drugs and equipping them with life-saving tools and information to create positive change in their lives and potentially save their lives." Harm-reduction strategies are shown to substantially reduce HIV and Hepatitis C infection among people who inject drugs, reduce overdose risk, enhance health and safety, and increase by five-fold the likelihood of a person who injects drugs to initiate substance use disorder treatment. In line with this, harm reduction is one of the four strategic priorities of the U.S. Department of Health and Human Services (HHS) Overdose Prevention Strategy.

At the state level, the harm-reduction framework is required by our MHSA Full-Service Partnerships, as described by the *Full Service Partnership Tool Kit*. Skills in harm-reduction therapy are also a required part of licensure as a mental-health therapist in California; clinical interventions to reduce harm are a required competency for Marriage and Family Therapist and Clinical Social Worker licensure. Providing support and training in harm-reduction therapy is therefore a supervisory ethical requirement for our system of care.

Harm-reduction therapy is supported at the federal and state level as the standard of care for clients who have issues with substance use.

CULTURAL HUMILITY & CULTURAL RESPONSIVENESS

Goal

To meet the principal CLAS standard of providing effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Definition

“Cultural humility involves an ongoing process of self-exploration and self-critique combined with a willingness to learn from others. It means entering a relationship with another person with the intention of honoring their beliefs, customs, and values. It means acknowledging differences and accepting that person for who they are,” according to Katherine Yeager and Susan Bauer-Wu, who brought the concept forward in 2013.

The National Association of Social Workers “promotes and supports the implementation of cultural and linguistic competence at three intersecting levels: the individual, institutional, and societal. Cultural competence requires social workers to examine their own cultural backgrounds and identities while seeking out the necessary knowledge, skills, and values that can enhance the delivery of services to people with varying cultural experiences associated with their race, ethnicity, gender, class, sexual orientation, religion, age, or disability [or other cultural factors].”

Principles[3]

CORE PRINCIPLES

1. The focus of cultural competence, in practice, has historically been on individual providers. However, counselors will not be able to sustain culturally responsive treatment without their organization's commitment to support and allocate resources to promote these practices.

2. An understanding of race, ethnicity, and culture (including one's own) is necessary to appreciate the diversity of human dynamics and to treat all clients effectively.

3. Incorporating cultural competence into treatment improves therapeutic decision-making and offers alternative ways to define and plan a treatment program that is firmly directed toward progress and recovery—as defined by both the counselor and the client.

4. Consideration of culture is important at all levels of operation—individual, programmatic, and organizational—across behavioral health treatment settings. It is also important at every treatment phase: outreach, initial contact, screening, assessment, placement, treatment, and continuing care and recovery support.

5. Achieving cultural competence in an organization requires the participation of racially and ethnically diverse groups and underserved populations in the development and implementation of culturally responsive practices, program structure and design, treatment strategies and approaches, and staff professional development.

6. Public advocacy of culturally responsive practices can increase trust among the community, agency, and staff. The community is thus empowered with a voice in organizational operations.

[3] Adapted from "Improving Cultural Competence Quick Guide for Clinicians" from SAMHSA, https://store.samhsa.gov/sites/default/files/sma16-4931.pdf

TREATMENT COMPETENCIES

Cultural responsiveness is not a discrete skill set or set of knowledge, but requires ongoing self-evaluation on the part of the provider. Culturally responsive providers are aware of their own cultural groups and of their values, assumptions, and biases regarding other cultural groups, and they strive to understand how these factors affect their ability to provide culturally effective services to clients.

Culturally responsive providers develop and use the following skills:

- Self-Knowledge, including
    - Awareness of one's own cultural background
    - Understanding the process by which racial, ethnic, and cultural identity develops
    - How one's own cultural worldview influences interactions both inside and outside of providing services
    - Awareness of one's own stereotypes, prejudices, and history
    - Understanding of the impact of a provider's role and status within the client-provider relationship
- Knowledge of Other Cultural Groups, including
    - Communication patterns
    - Values
    - Gender roles
    - Clinical presentations of distress
    - Counseling expectations
    - Behavioral norms and expectations in and outside the counseling session (e.g., touching, greetings, gift-giving, level of formality between counselor and client)
- Cultural Knowledge of Behavioral Health

TREATMENT SKILLS

To provide culturally responsive care, providers need to:

- Develop a positive attitude toward learning about multiple cultural groups.
- Invest in ongoing learning and the pursuit of culturally congruent skills.
- Demonstrate commitment to cultural competence by behaviors that reflect attitudes of:
    - Respect
    - Acceptance
    - Sensitivity
    - Commitment to equality
    - Openness
    - Humility
    - Flexibility
- Frame issues and provide interventions in culturally appropriate ways.

Where To Learn More

- Relias Courses
    - A Multicultural Approach to Recovery-Oriented Practice
    - An Overview of the Social Determinants of Health
    - Cultural Awareness and Humility
    - Cultural Competence and Healthcare
    - Cultural Competence for Supervisors
    - Cultural Considerations Related to Suicide
    - Cultural Diversity and the Older Adult
    - Cultural Humility and Implicit Bias in Behavioral Health
    - DEI: An Introduction to Multicultural Care
    - DEI: Multicultural Care for the Clinician
    - DEI: Multicultural Care for the Organization
    - Diversity, Equity, and Inclusion for the Healthcare Employee
    - Implicit Bias for the Healthcare Professional
    - Implicit Bias in Healthcare
    - Improving Behavioral Health Equity: Children, Adolescents, and Emerging Adults
    - Improving Behavioral Health Equity: Immigrant and Refugee Populations

- Improving Behavioral Health Equity: Individuals Living in Rural or Remote Communities
- Improving Behavioral Health Equity: Individuals Living in Poverty
- Improving Behavioral Health Equity: Individuals with Asian American Identities
- Improving Behavioral Health Equity: Individuals with Black or African American Identities
- Improving Behavioral Health Equity: Individuals with Hispanic and Latine Identities
- Improving Behavioral Health Equity: Individuals with Intellectual or Developmental Disabilities
- Improving Behavioral Health Equity: Individuals with Marginalized Ethnic Identities
- Improving Behavioral Health Equity: Individuals with Physical Disabilities
- Improving Behavioral Health Equity: Individuals with Tribal, Indigenous, or Native Identities
- Improving Behavioral Health Equity: People Who Are LGBTQ+
- Improving Behavioral Health Equity: People Who Are Transgender and Nonbinary
- Improving Behavioral Health Equity: Spiritual and Religious Diversity
- Improving Behavioral Health Equity: Veterans
- Improving Behavioral Health Equity: Women
- Influence of Culture on Care in Behavioral Health for Paraprofessionals
- Introduction to Cultural Variations in Behavioral Health for Paraprofessionals
- Overcoming Barriers to LGBTQ+ Affirming Behavioral Health Services
- Psychotherapy Skills: Addressing Cultural Differences with Humility
- Racial Equity 101, Part 1
- Racial Equity 101, Part 2
- Strategies and Skills for Behavioral Health Interpreters
- Substance Use Treatment and Relapse Prevention for Marginalized Populations
- Understanding and Minimizing Cultural Bias for Paraprofessionals
- Working More Effectively with LGBTQ+ Children and Youth
- Your Role in Workplace Diversity

- "Standards and Indicators for Cultural Competence in Social Work Practice," from NASW: https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/Standards-and- Indicators-for-Cultural-Competence-in-Social-Work-Practice
- "Improving Cultural Competence: TIP 59" from SAMHSA: https://store.samhsa.gov/sites/default/files/sma14-4849.pdf
- "Improving Cultural Competence Quick Guide for Clinicians" from SAMHSA: https://store.samhsa.gov/sites/default/files/sma16-4931.pdf

Evidence to Support Its Use

Culturally responsive care is required through our contract with DHCS and are monitored during Triennial audits. Using the framework of cultural humility decenters the idea of "normal populations" and "marginalized populations" and allows us all to examine our experiences, identities, and beliefs so that we may better develop partnerships with others.

RECOVERY-ORIENTED PERSON-CENTERED TREATMENT

Goal

To support individuals improving their health and wellness, living a self-directed life, and striving to reach their full potential.

Definition[4]

SAMHSA defines recovery as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" and identifies four major dimensions that support a life in recovery: health, home, purpose, and community.

Hope, the belief that these challenges and conditions can be overcome, is the foundation of recovery. A person's recovery is built on their strengths, talents, coping abilities, resources, and inherent values. It is holistic, addresses the whole person and their community, and is supported by peers, friends, and family members.

The process of recovery is highly personal and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches. Recovery is characterized by continual growth and improvement in one's health and wellness and managing setbacks. Because setbacks are a natural part of life, resilience becomes a key component of recovery.

The Four Major Dimensions of Recovery are:

- Health: Overcoming or managing one's disease(s) or symptoms and for everyone in recovery making informed, healthy choices that support physical and emotional well-being.
- Home: Having a stable and safe place to live.
- Purpose: Conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.
- Community: Having relationships and social networks that provide support, friendship, love, and hope.

[4] From "Recovery and Recovery Support," SAMHSA, https://www.samhsa.gov/find-help/recovery

Principles[5]

- **Informed Consent.** A foundational principle in all healthcare and required by medical law and ethics, informed consent involves patient agreement to treatment including the provider's full disclosure of all pertinent information. This includes disclosure of the risks and benefits of treatments, options and choices for treatment approaches, the patient's role in treatment, their right to refuse treatment and a clear appreciation and understanding by the patient of the facts, implications, and consequences of an action.
- **Person-Centered Planning.** Moving beyond treatment or care planning, person-centered planning is a set of collaborative approaches to assist an individual to plan their services and supports by identifying their self-defined, individualized goals. Person-centered planning is directed by the person to discover and act on what is important to their values, preferences, relationships, and other factors that respect their chosen pathways to recovery. It is driven by the individual receiving care, with whomever they choose, which may include family members, friends, advocates, or others to develop a plan based on community living and improved quality of life.
- **Shared Decision Making.** Shared decision-making builds on informed consent, whereby the person and provider are acknowledged for their expertise with both contributing to the medical decision- making process. In this approach, providers explain treatment options and alternatives and help the patient choose the option that best aligns with the person's preferences as well as their unique cultural and personal beliefs. Choices are then included in the person-centered plan. Shared decision- making aids can assist the patient to work with the provider to choose the best treatment option.
- **Relationship Building.** Effective recovery-oriented and trauma-informed services and treatment are based on respectful and trusted relationships that meaningfully establish a therapeutic alliance that can lead to healing and problem solving. Developing effective relationships requires engaging with the person to understand the "story" of their journey, their strengths, values, preferences, family, and social factors.

[5] From "Recovery-Oriented, Person-Centered Behavioral Treatment," SAMHSA, https://store.samhsa.gov/sites/default/files/recovery-oriented-fact-sheet-pep24-08-003.pdf

- **Respectful Communication.** The foundation of effective working relationships is honest and trust- based communication. By their communications and actions, providers should demonstrate that they value and respect the individual being served. Jargon should be avoided as well as judgmental and authoritative approaches.
- **Trauma-Informed.** Effective care seeks to recognize and respond to trauma experienced by those being served. Trauma is often a common precursor to mental health and substance use conditions. Interventions such as seclusion and restraint can break trust, are often unsafe and, in fact, can re- traumatize individuals seeking help. Trauma-informed care seeks to provide a care environment that focuses on safety and trust.
- **Least Restrictive.** The *L.C. vs. Olmstead* U.S. Supreme Court decision stipulated that people with disabilities, including those with behavioral health conditions, have a right to a life in the community. Recovery-oriented care promotes individuals to pursue independence and community integration. Institutional and coercive care are to be avoided whenever possible and individuals and families are provided with the services needed to live in home and community-based settings.
- **Engagement.** Engaging the person and their chosen supporters, or family into care and recovery are key for people starting and maintaining their journeys of healing. Peer and family support can assist recovery by providing hope and role models who demonstrate that recovery is possible. Peer support includes being consistently and compassionately present with and for the person and believing in their capacity for recovery. Developing respectful, trust-based relationships is critical to creating an environment in which the person can talk openly and honestly to activate recovery. Other approaches such as motivational interviewing can be helpful.
- **Resilience and Strengths-Based.** Care providers must identify and build on the strengths, skills, resources, and knowledge of the person being served and their families. This includes recognizing and valuing the resilience of people to manage and persevere in the face of major life challenges.
- **Culturally Centered.** Understanding culture is critical in promoting effective healing practices for individuals, families, and communities. Providers must practice cultural humility and learn about the history, beliefs, language, practices, and values of those they serve. Care delivery should be congruent with and build on the person's cultural preferences.

- **Wellness Focused and Whole Person Care.** Recovery is holistic and integrative of the multiple options for a person's life that promote healing and wellness. This includes a focus on the 4 pillars that support recovery: health, home, purpose, and community, as well as the 8 dimensions of wellness: emotional, physical, occupational, social, spiritual, intellectual, environmental, and financial.
- **Harm Reduction.** Care providers must meet individuals "where they are" and promote practices that can assist an individual in their present situation based on their needs and preferences. This includes providing harm reduction services to help save lives.
- **Peer and Family Support.** Peer and family support are essential to recovery-oriented care. Having shared lived experience: peers and families can provide authentic mutual support, systems navigation, education, and more. Peer support specialists work with care providers (or not) to promote whole person care. Providers should understand, recognize, and respect the roles and responsibilities of peers to work with peer provided recovery support services.
- **Recovery-Oriented System of Care.** A Recovery -Oriented Systems of Care is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve recovery and improve wellness, and quality of life for those served.

Where To Learn More

- Relias Courses
    - A Multicultural Approach to Recovery-Oriented Practice
    - Approaches to Person-Centered Planning in Behavioral Health
    - Etiology, Symptoms, and Recovery-Focused Interventions for Schizophrenia
    - Peer Support in Substance Use Recovery
    - Recovery Principles and Practices in Behavioral Health Treatment
    - Recovery-Oriented Community Inclusion and Social Determinants of Health
    - Self-Advocacy and Recovery for Persons with Mental Health Disorders
    - Supporting Persons with Serious Mental Illness toward Recovery
    - Understanding Psychosocial Rehabilitation and Recovery-Oriented Practice
- "Recovery-Oriented, Person-Centered Behavioral Treatment" from SAMHSA: https://store.samhsa.gov/sites/default/files/recovery-oriented-fact-sheet-pep24-08-003.pdf
- Peer Recovery Center of Excellence: https://peerrecoverynow.org/
- National Empowerment Center: https://power2u.org/

Evidence to Support Its Use

An editorial in *The Psychiatrist*, published by Cambridge University Press in 2018, reviewed several studies on the effectiveness of empowerment and the recovery model. They conclude, "The recovery model refers both to subjective experiences of optimism, empowerment and interpersonal support, and to the creation of positive, recovery-oriented services. Optimism about outcome from schizophrenia is supported by the research data. One of the most robust findings in schizophrenia research is that a substantial proportion of those with the illness will recover completely and many more will regain good social functioning. Much recent research suggests that working helps people recover from schizophrenia and advances in vocational rehabilitation have made this more feasible. A growing body of research supports the concept that empowerment is an important component of the recovery process and that user-driven services and a focus on reducing internalized stigma are valuable in empowering the person with schizophrenia and improving the outcome from illness."