

Spiritual Diversity in Recovery:  
Jon Moore, Ph.D.

Increasing Access to WRAP:  
VISN 5 MIRECC

Recovery Reminders:  
LRC Panel

P. 1 Ask A Veteran:  
Atlanta VAMC PRRC

P. 3 VISN 3 Recovery Advocates Workgroup Turns 10:  
Ann Feder, LCSW

P. 5

P.6

P. 7



Inside this  
Issue:



## Spiritual Diversity in Recovery

Jon Moore, PhD

What kind of things came to mind just now as you read the word “spiritual” in the title? Perhaps the word has more of a positive, emotional connotation to it, or maybe you equated it to a religious concept that’s familiar to you. Maybe I’m way off and it brought up something else entirely. Spirituality has been called a “fuzzy” concept and scholars have struggled greatly to unpack what it actually means in any coherent way. For many, spirituality has nothing to do with any sort of religious ideology. It manifests so uniquely between the individuals you serve that you might find it difficult to bring it up and explore it effectively in a way that respects another person’s idiosyncrasies.

Nonetheless, spirituality can be a vital force in one’s recovery and may particularly augment a person’s positive mental health levels. Some initial [research](#) (I’m shamelessly self-promoting here with that link, by the way) shows that one’s self-defined form of spirituality may be more impactful on a person’s psychological well-being than factors like having strong friend/family support. Not only that, this positive spirituality effect exists just as strongly for people regardless as to whether they identify as agnostic, atheist, Buddhist, Christian, etc.

So, what can you do with this information? On the next page are some spiritual themes that are worth exploring with consumers. Your task as a helping professional is to identify what spiritual areas are being neglected currently and work with the person in recovery on reducing the discrepancy between their ideal form of spirituality and their current spiritual behaviors by collaboratively setting and completing goals that fulfill their spiritual values. The following themes are a combined scholarly summation of the spiritual elements that tend to appear most consistently across different cultures and individuals. Think of these as four spirituality ingredients that each person may have in varying degrees.

### Recovery Update

is a collaboration by providers within the Veterans Health Administration, as well as mental health providers and recovery resources in the community. This periodic newsletter is intended to disseminate Psychosocial Recovery (PSR) information, news and developments. If you would like to contribute to Recovery Update or have questions regarding this publication, please contact:

Ross Melter, Psy.D. ([ross.melter2@va.gov](mailto:ross.melter2@va.gov))  
PRRC Psychologist  
VA Puget Sound HCS  
American Lake Division



### About the Author:

**Jon Moore, PhD** ([jonathan.moore3@va.gov](mailto:jonathan.moore3@va.gov)) works as a psychologist at the VA Puget Sound HCS, American Lake Division. Jon provides clinical services and conducts program evaluation research within several residential programs at his facility. Outside the VA, Jon serves his local community at his independent practice and uses his courtesy research appointment at the University of Oregon to research topics like spirituality, dogmatism, and cognitive bias.

*Continued from page 1*

## Utilizing Elements of Spiritual Diversity in Recovery-Oriented Practice: Themes to Consider

### Theme 1: Purpose/Identity

*Can the person in recovery articulate a clear self-identity? What are they doing to build self-awareness? How do they finish sentences like “I am...” or “What drives me is...” or “I am compelled in life to...”*

### Theme 2: Environment/Nature

*How important is connecting with nature? What areas, scenic views, or outdoor activities revitalize them? Where do they go when they need to re-center, reorient, or reset? Is being a good preserver and steward of the environment something that’s important to their perspective?*

### Theme 3: Community

*What is the person in recovery doing to help or show kindness to others? What are some ways to showcase a respect for the community members around them? What can they do for others that they wish someone else would have provided for them during a time of need?*

### Theme 4: Transcendence

*How do they define what is sacred or divine? Is there an entity or higher power they are cultivating a relationship with? How well are they living in accordance with what they deem sacred?*



### About the Author:

**Jon Moore, PhD**

([jonathan.moore3@va.gov](mailto:jonathan.moore3@va.gov)) works as a psychologist at the VA Puget Sound HCS, American Lake

Division. Jon provides clinical services and conducts program evaluation research within several residential programs at his facility. Outside the VA, Jon serves his local community at his independent practice and uses his courtesy research appointment at the University of Oregon to research topics like spirituality, dogmatism, and cognitive bias.

Remember, there is no universal form of spirituality. Person 1 might find all four themes as important in their life, Person 2 may find only one or two themes as vital to them, and Person 3 may not endorse any. Keep in mind that it’s much more important to attune yourself with where the consumer is at and to get curious about their perspective than it is to follow any sort of format or thematic framework (including this one). After you’ve achieved a decent understanding of their spiritual values, then it’s time to identify behaviors and goals that act in service of their currently unfulfilled and neglected values in order to supplement recovery.



## Increasing Access to Wellness Recovery Action Planning to Empower Veterans Engaged in Mental Health Service

Melanie Bennett, Richard Goldberg, Ralf Schneider (VISN 5 MIRECC)

Wellness Recovery Action Planning (WRAP) is a peer-led illness self-management intervention that "...guides participants through the process of identifying and understanding their personal wellness resources and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness" (SAMHSA, 2013). It is a model sponsored by The Copeland Center for Wellness and Recovery (<https://copelandcenter.com/>). Trained facilitators lead WRAP groups in which participants create an individualized recovery plan that outlines maintenance strategies for staying well, identifies symptoms and crisis triggers, and delineates ways to cope during and following a psychiatric crisis (Copeland, 1997). Research has shown support for the efficacy of WRAP in both reducing psychiatric symptoms such as depression and anxiety, as well as increasing feelings of hopefulness, self-perceived recovery, quality of life, and engagement in self-advocacy (Cook et al., 2009; Cook et al., 2012a; Cook et al., 2012b; Fukui et al., 2011; Jonikas et al., 2011). WRAP also provides peer support and modeling to participants, as the intervention is facilitated by individuals who are themselves in recovery from mental illness and who use their own WRAP as part of their daily recovery (Copeland, 2002).

The Veterans Health Administration (VHA) has specified a commitment to providing evidence-based, recovery-oriented mental health services for Veterans with serious mental illness (U.S. Department of Veterans Affairs, 2004). WRAP is just such an intervention, however VA Peer Specialists who are interested in becoming WRAP facilitators typically must seek training outside of VA. Over the last three years, we have engaged in an effort to increase access to WRAP for Veterans with serious mental illness receiving mental health services at VA. Providing training within VA can increase implementation while producing facilitators who are trained to provide WRAP with fidelity. We partnered with the Copeland Center to adapt the WRAP Facilitator Training Program to the needs and structure of VA through a pilot development and implementation project. Adaptations include: (1) incorporating use of distance learning to assist in providing prerequisite workshops on the background of WRAP and mental health recovery, (2) assisting Peer Specialists to complete their own recovery plan prior to beginning the training, and (3) providing six months of post-training consultation with an Advanced Facilitator that includes weekly calls to assess use of group facilitation skills and fidelity to the WRAP model along with a one-time in-person site visit by the Advanced Facilitator to get real-time and detailed feedback on strengths and areas needing improvement.



### About the Author:

Melanie Bennett is the Associate Director for Education Core at the VA Maryland Healthcare System Capitol Health Care Network (VISN 5) Mental Illness Research, Education, and Clinical Center (MIRECC). Ralf Schneider is the VISN 5 MIRECC Coordinator and Richard Goldberg is the Center Director. The mission of the VISN 5 MIRECC is to support recovery and enhance community functioning of veterans with serious mental illness (SMI). The Center's integrated programs of research, education, and clinical training and consultation focus on the development, evaluation, and implementation of recovery-oriented, evidence-based services for these veterans. The Center provides national training in SST through our administration of the VA Evidence Based Practice roll-out of Social Skills Training (SST), and offers regular conferences to educate clinicians, Peer Specialists, veterans with serious mental illness, family members, and community service providers on topics related to working with individuals with SMI. One focus of the Center's Education Core has been providing training opportunities for the VA Peer Specialist workforce through a continuing education webinar series and training in evidence-based practices such as WRAP. All MIRECC investigators conduct research on the development of psychosocial interventions for veterans with SMI aimed at improving health, functioning, community engagement, and recovery.



*Continued from page 3*

Our first round of training using this adapted model included 14 Peer Specialists from VA Medical Centers in Baltimore and Salisbury, North Carolina. Participants first completed background readings and discussion via conference call and were guided in the development of their own WRAP plans. During the in-person portion of the training, Peer Specialists were steeped in an understanding of the values and ethics of WRAP and completed experiential activities to foster development of group facilitation skills. Strong emphasis was placed on the creation of a safe learning environment as a way to model the environment that Peer Specialists will need to create when they facilitate WRAP groups. Peer Specialists learned and practicing ways to convey recovery beliefs and principles throughout the WRAP process.

We were eager to learn ways to support implementation of WRAP groups for Veterans. To this end, trainees provided information on their satisfaction with the training, their achievement of milestones such as how long it took to get their first group started, their experience as WRAP group facilitators, and their suggestions for improvement. Most of the facilitators conducted at least three multisession WRAP groups; several trainees conducted even more. Trainees started WRAP groups in a variety of VA settings including Psychosocial Rehabilitation and Recovery Centers, a recovery day program, an outpatient mental health clinic, a substance use recovery setting, a homelessness program, a trauma recovery program, and inpatient mental health and substance use units. Sites differed on how quickly they were able to implement their first WRAP group; settings that were more supportive of WRAP had quicker times to implementation. Trainees identified many personal and professional benefits to facilitating WRAP groups: providing an evidence-based practice added to their role as a Peer Specialist in VA, co-facilitating with other Peer Specialists provided an atmosphere of mutual learning, and assisting others with WRAP enhanced their own recovery. As described by one trainee: “(it is) something that’s good for your own recovery, first of all. And then taking what you learn and sharing it with Veterans...What a gift to give back to them...It’s really a gift to yourself that you’re passing on to Veterans”.

We are getting ready to start our second round of WRAP facilitator training. We look forward to training more VA Peer Specialists and to adding to our knowledge base about ways to increase access to WRAP for Veterans across the country.



### About the Author:

Melanie Bennett is the Associate Director for Education Core at the VA Maryland Healthcare System Capitol Health Care Network (VISN 5) Mental Illness Research, Education, and Clinical Center (MIRECC). Ralf Schneider is the VISN 5 MIRECC Coordinator and Richard Goldberg is the Center Director. The mission of the VISN 5 MIRECC is to support recovery and enhance community functioning of veterans with serious mental illness (SMI). The Center's integrated programs of research, education, and clinical training and consultation focus on the development, evaluation, and implementation of recovery-oriented, evidence-based services for these veterans. The Center provides national training in SST through our administration of the VA Evidence Based Practice roll-out of Social Skills Training (SST), and offers regular conferences to educate clinicians, Peer Specialists, veterans with serious mental illness, family members, and community service providers on topics related to working with individuals with SMI. One focus of the Center's Education Core has been providing training opportunities for the VA Peer Specialist workforce through a continuing education webinar series and training in evidence-based practices such as WRAP. All MIRECC investigators conduct research on the development of psychosocial interventions for veterans with SMI aimed at improving health, functioning, community engagement, and recovery.



# Recovery Reminders

## National LRC Panel

- Recovery is not dictated, it's supported.
- The most valuable member of your treatment team is the Veteran.
- Practice what you preach, it helps understand our clients journey.
- Everyone needs recovery from something.
- The Veteran owns the recovery plan (treatment plan). When documenting, be sure it is in their own words and inclusive of their self-identified goals.
- Interdisciplinary teams are an integral piece to successful recovery. We must effectively communicate with all applicable parties to obtain the best outcome for the Veteran. In essence, the right hand needs to know what the left hand is doing to smoothly facilitate a warm hand-off.
- Keep the Veteran's goals in the forefront (can you share a Veteran's goals as easily as his/her diagnosis?)
- Do your notes/documentation include Veterans existing strengths?
- Let go of Shame- check on your own stigma.
- Remember that we all need to focus not just on future unmet goals, but on the progress that has already occurred.
- Remember to set big goals but know that it may take many small steps, the journey of 1000 miles starts with a single step.
- Never underestimate the power of listening, and the power of compassionate support. We often make much more of a difference than we realize.
- Just like the Veterans we serve, we are human and will mess up. Take a breath, learn and grow from it.



Recovery Reminders is a recurring section in Recovery Update, in which providers suggest considerations or questions that clinicians may wish to ask themselves when working with consumers to ensure recovery-oriented care.

This edition of Recovery Reminders features contributions from a national panel of Local Recovery Coordinators (LRCs) including:

- Julia M.H. Rose, LMSW  
(Coralville, IA)
- Mary Kaye N. Johnson, Psy.D.  
(San Antonio, TX)
- Shanyn Aysta, Psy.D., VHA-CM  
(Salisbury, NC)
- Chuck Weinberg, LICSW, BCD  
(Huntington, WV)
- Cathleen Kealey, BSN, RN-BC  
(Miami, FL)
- Heather Shangold, Ph.D., VHA-CM  
(Lyons, NJ)



## Ask a Veteran

We asked Veterans at the Atlanta VAMC  
Psychosocial Rehabilitation and Recovery Center (PRRC) :

**“What advice would you give someone  
who is just starting in their recovery journey?”**

Here’s what they said:

- Come to your meeting. Be true and honest to yourself. Never give up. Be open—everyone here is in the same boat as you.
- Learn what each class is about.
- To be patient, get a true feel of the program. Have a positive attitude- all should fall into place.
- Come to your classes. Don’t make any excuses. Be realistic. Acknowledge you have a problem. Stay focused and it will work if you are willing.
- Relax and try to comprehend what is being taught.
- Love yourself first, be positive.
- You made the right move. Give it a chance to set in.
- Dedicate yourself to this work of self-betterment.
- Attend class religiously and participate!
- Suit up, show up, keep coming, be open-minded, let people know what’s going on with you, stay positive. Take advantage of everything you can.
- Try to work on issues you are avoiding first, to get a feel for change and new hope.
- Hey, you finally woke-up! You realized something about your life wasn’t quite right. Now get around positive people who are on a similar journey as yourself; that have insight to what you are going through. Be open-minded for solutions. Look for the answers (solutions) not the problem.
- I will tell them to take it minute by minute. You are not alone. This is a wonderful road that you are traveling on because you have just begun your journey of opening up and talking a new language. A language of hope, love and peace.
- Your recovery begins when you surrender to your addiction and know that your life is unmanageable.
- Hang in there because PRRC program is very helpful and you will meet people that have similar situations just like you. The staff is so knowledgeable, nice and professional!



**Ask a Veteran** is a recurring section in Recovery Update, in which Veterans are asked questions about their path to recovery. This issue of Ask a Veteran features responses from veterans at the Atlanta VAMC Psychosocial Rehabilitation and Recovery Center (PRRC)



## Recovery Advocates Workgroup Turns 10!

### VISN 2 Downstate LRC Panel

The VISN 3 (2South) Recovery Advocates Workgroup celebrates its 10 year anniversary! Since the introduction of mental health (MH) recovery, VISN 3 has made transforming mental health care a priority for its facilities. Recovery is: “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMHSA, 2011.) This patient-centered approach was groundbreaking and leads the way for all services to adopt the model of including Veterans in their healthcare decisions.

Establishing the Recovery Advocates was the first step in formally moving the VISN toward recovery-oriented care. One of the first of its kind, the workgroup’s membership included individuals from multidisciplinary backgrounds, researchers, executive leadership and Veterans from each of the five healthcare systems. The workgroup’s objectives were to develop initiatives that promote the transformation process through education, clinical leadership, Veteran empowerment, and family engagement. Over the past 10 years, the Recovery Advocates have implemented various educational opportunities for staff and Veterans, including MH Recovery summits, continuing education trainings, and annual events in honor of MH Awareness Month and MH Illness Awareness Week. In addition, they developed two web-based Recovery trainings that are now the blueprints for nation-wide TMS trainings. The Recovery Advocates also collaborated with the Yale Program of Recovery and Community Health of Yale School of Medicine to further enhance transformation efforts at each facility.

The group’s most significant accomplishment is the partnership between staff and Veterans in creating a system where Veterans are central to their treatment as well as having a voice in organizational planning. While we pause to celebrate the past, we also look forward to implementing Recovery-centered care in all aspects of treatment. The painting below, created by a Veteran at the James J. Peters VAMC (Bronx), won the first prize in our VISN 3 MH Recovery Poster competition in 2010.



#### About the Author:

This article was jointly written by 4 Local Recovery Coordinators in VISN 2 Downstate (John Tatarakis, NY Harbor; Barry Goggin, Northport; Melanie Nobile, VANJ- East Orange Campus; Heather Shangold, VANJ –Lyons campus) and by Ann Feder (VISN 2 Downstate MH Care Line Manager). All five have been and continue to be active members of the VISN 2 Downstate Recovery Advocates group.

