

Putting Recovery Concepts into Practice:  
Christa Osuna, LCSW

Utilizing SE Resources in PSR:  
Joseph Navarra, M.S.Ed, NCC

Ask a Veteran:  
National VMHC Panel

P. 1 Recovery Reminders:  
Jason Katzenbach, Ph.D.

P. 2 Concealable and Stigmatized Aspects of Self:  
Ross Melter, Psy.D.

P. 4

P.5

P. 6



Inside this  
Issue:



## Putting Recovery Concepts Into Practice

### Christa Osuna, LCSW

In 2004, The National Consensus Conference on Mental Health Recovery organized by SAMHSA, outlined 10 core principles creating a foundation for recovery orientated care. Practically speaking, how does one incorporate these concepts into their clinical work? To begin a partnership with Veterans, think about ways of instilling **hope** for recovery. Hope is like the gas that runs the engine in a car. If we don't have hope, we are stuck in a rut. To further hope, ask Veterans; "Who supports you?", or "What are the good things that you have in your life?" Also ask what life would be like if they achieved their goal(s) or learned to manage their symptoms. Letting the Veteran know about success stories of people with lived experience in the mental health system can be very powerful as well. **Peer Support** is an effective way to encourage hope and understanding. A small spark of optimism that one can recover can create a flame of hope.

Veterans are often are stigmatized both internally by having a negative self-concept as well as externally by societal misconceptions of what it is like to have a diagnosis of mental illness. One way to focus on **strengths** and reduce stigma is to ask the Veteran what is right about them versus what is wrong or needs fixing. Asking them what they are good at or what they have accomplished can build rapport. Using a visual aid such as a pie chart to illustrate the different roles that they have in their life such as son, brother, and Veteran, can help them to be aware that they are more than their diagnosis. Recovery is also **person-centered** which means Veterans are partners in their care and encouraged in **self-direction**. Treatment is individualized for each person and no longer is "one-size fits all". By offering choices, providing education, and shared-decision making, we **empower** and encourage **responsibility** for Veterans. Showing **respect** and not assuming that we know what's best for persons served also reduces stigma. We can build trust with the Veterans we serve by letting them know that they are the experts on themselves, not us.

**Holistic** care focuses on addressing the basic needs of the Veteran; connecting them to the community, and encouraging family involvement. Inspiring **responsibility** means fostering independence and teaching coping tools for managing one's symptoms. A Veteran once put it succinctly by saying; "You laid the tools out for me and it was up to me to pick them up and use them". Building recovery oriented care involves having a plan for when things are not going well such a WRAP (Wellness Recovery Action Plan) or a Personal Empowerment Plan (PEP). Instead of viewing hospitalizations as a failure, they can be seen a "tune up" or a "time out" giving them an opportunity to get the care that they need. Recovery is **Non-linear**, and set backs are expected. Finally, encouragement and a belief that people can recover is so important in the work that we do. "Life is a lot like surfing, if you get caught in the impact zone you've got to get back up because you never know what may be over the next wave" –Bethany Hamilton.

## 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:

**Christa Osuna, LCSW** is the PRRC Coordinator at VA Loma Linda HCS, and previously served as Local Recovery Coordinator. Christa completed her Masters in Social Work at the University of Southern California and has both clinical and managerial experience with San Bernardino County Department of Behavioral Health and its contracted agencies. Her pursuits are practicing and teaching wellness and balanced lifestyles.

## Utilizing Supported Employment (SE) Resources in Psychosocial Recovery

Joseph Navarra MEd, NCC & Sean P. Morris, VRS

Compensated Work Therapy (CWT) is a Department of Veterans Affairs (VA) vocational rehabilitation program that endeavors to match and support Veterans with mental and/or physical disabilities in competitive jobs, and to consult with business and industry regarding their specific employment needs (Department of Veterans Affairs, 2015).

CWT programs strive to maintain highly responsive long term quality relationships with business and industry promoting employment opportunities for Veterans with physical and mental disabilities. Many of our individual programs are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and are members of the Psychiatric Rehabilitation Association (PRA). Typically CWT programs are located within VA medical centers in most large metropolitan areas and many smaller communities.

Review the [CWT Locations](#) page to find site specifics (Department of Veterans Affairs, 2015).

Under the umbrella of CWT are three distinct programs designed to meet the Veterans' individual level of interest and skillset. We offer: Transitional Work Experience, Supported Employment, and Community-based Employment Services. Today we will focus on SE, Supported Employment.

\* Veterans Health Administration (2015, May 15). Retrieved December 21, 2015, from <http://www.va.gov/health/cwt/>

### About the Author:



**Joseph Navarra MEd, NCC** is the Lead Vocational Rehabilitation Specialist for the Canandaigua, NY Veterans Administration Medical Center. He has a Master's Degree in Counselor Education with a focus and dedication to vocational and career services. He uses a community treatment model in working with Veterans in transition and recovery. Mr. Navarra has experience working as a clinician with at risk adolescents as well as the Veteran population. He began working at the VA in 2010.

**Sean P. Morris, VRS** is a Vocational Rehabilitation Specialist working at the Canandaigua VA in the MHICM/PRRC. Along with a degree in Human Services he also has over 20 years' experience in Supported Employment. He also holds certification in Human Resources and has experience working as a Recruiter.

### What is Supported Employment?

Supported Employment programs help people find competitive jobs based on the person's preferences and abilities. Supported employment is based on six principles:

- Eligibility is based on consumer diagnosis with a Severe Mental Illness and a desire to work.
- Supported employment is integrated with treatment. Employment specialists coordinate plans with the treatment team: psychiatrists, primary care providers, therapists, etc.
- Competitive employment is the goal: to obtain community jobs available to the general public earning at least minimum wage and including part-time and full-time employment.
- Job search begins soon after a consumer expresses interest in working. There are no prerequisites to complete extensive pre-employment assessment or training or intermediate work experiences (like prevocational work units, transitional employment or sheltered workshops).
- Follow-along supports are continuous. Individualized supports to maintain employment continue as long as consumers want the assistance.
- Consumer preferences are important. Choices and decisions about work and support are individualized based on the person's preferences, strengths and experiences.

*Continued from page 2*

The purpose of Supported Employment is to provide assistance in locating and maintaining competitive employment that matches the Veteran’s interests and preferences. We assist them in job development, developing good work skills as well as fine tune interviewing skills and provide on-going support both before any potential interview as well as after being hired. The services are available to the Veteran as long as he/she feels it necessary.

Supported Employment principles include Zero Exclusion, which means that individuals are not precluded because of the lack of prior work history or documented sobriety. Rapid engagement is allowing staff to search for employment as early as the second or third visit. On-going assessment is continuous and based on competitive work experiences, rather than in artificial or sheltered settings.

### Bonus! Supported Employment Word Search

O E V I T R O P P U S F M C P U R  
V G R C V Y E G X G Q U L O R X W  
E G D O I T M S V A T Y H A E I N  
R U U O N I U J Y E C V T C F N A  
C U V R T L S O Q E R H G H E D R  
O W T D E I E B J E I A N H R E E  
M S M I R B R C P R E G E S E P T  
E F O N V A G D E V R T R K N E E  
B P S A I N H Q I P W N T Y C N V  
B O T T E I F T P X D E S P E D I  
Y L I E W A I O V L C M M N R E E  
J E S K P T W K R L H T X G E N N  
D V C O E S X F T B O A Q B T C G  
X E W P A U L N L S I E A W A E A  
H D M X Y S K N G H C R D O I D G  
B O E T A V I T O M E T G Z N Q E  
C S T F O J A P P L I C A T I O N

JOB

MOTIVATE

SUPPORTIVE

INTERVIEW

COACH

RETAIN

ENGAGE

RESUME

APPLICATION

COMPETITIVE

TREATMENT

VETERAN

CHOICE

STRENGTH

SUSTAINABILITY

PREFERENCE

INDEPENDENCE

COORDINATE

DEVELOP

HIRE

CHOICE

## Ask a Veteran

We asked members of Veterans Mental Health Councils (VMHC):

**“What is the Single Most Helpful Thing a Provider Has Told You?”**

Here’s what they said:

- Believe in myself. I was doubting my entire being at one time. My provider helped me see that I could overcome all the bad things that happened to me while serving my country and to believe in myself. I did that one day at a time, and today I am so happy to be able to experience life sober, mentally happy and clean from my addiction to prescription medication of over 35 years. **(Erie VMHC)**
- I believe you. **(Huntington VMHC)**
- When I did my Cognitive Processing Therapy, I was working with a psychologist. The most helpful thing that she told me was a reminder of my own self-worth. **(Canandaigua VMHC)**
- What do you think is going on? I am interested in what you think. **(Huntington VMHC)**
- Don’t give up. **(Huntington VMHC)**
- These words were spoken to me, not by one, but many providers. “Do not isolate. Get out of yourself and socialize, but be careful of who and where you socialize with. Help others.” Isolation for many is the only time they feel safe, but in fact, it is not safe. One has too much time to think and for many of us, those thoughts aren’t pleasant. I tell people, “when I’m alone, I’m in bad company.” So I stay busy volunteering in many different organizations (NAMI, Homeless Veterans Program, American Legion, DAV, Council of Social Agencies, Red Cross, Veterans Support Council), mostly to help other Veterans. I know this isn’t for everyone, but it helps me stay out of me. **(Sheridan VMHC)**



**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 members of Veterans Mental Health Councils in Erie (PA), Huntington (WV), Canandaigua (NY), Sheridan (WY), and Salisbury (NC) VA Medical Centers.

- Look in the past only to remember how you got here... other than that keep you’re your eyes focused on the future and where you are going. **(Salisbury VMHC)**
- What do you think is the most important thing going on now, what is the most important thing in your life you would like to improve? **(Huntington VMHC)**



# Recovery Reminders

Jason Katzenbach, Ph.D.

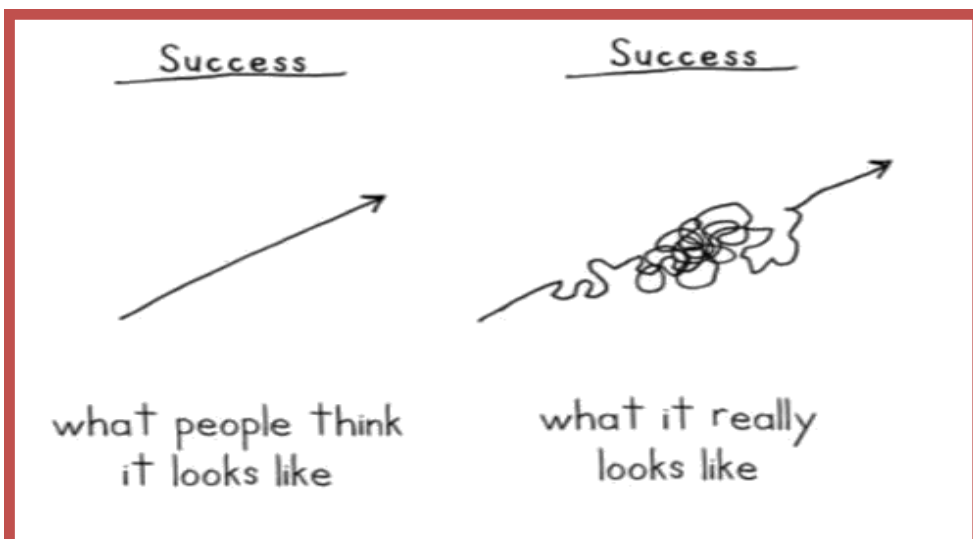
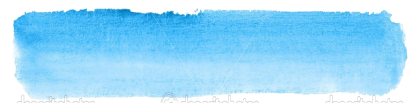
- The scope of how we help people should go beyond that of reducing the symptoms of "mental illness". We should be asking ourselves, "How can I help this person to live in a more healthy way?" rather than how to simply reduce or eliminate a checklist of symptoms.
- Be thoughtful about how your documentation might influence other providers on an individual's care team. Be sure to include information that will aid in treatment but be thoughtful about writing in a way that does not bias the treatment team or provide intimate details of that individual's life that are not critical to the overall treatment picture.
- Remember that the individual in front of you is a whole person who has needs in multiple areas beyond mental health including the physical, social, occupational, community, and well-being needs in their lives
- Keep in mind that we are all in the same boat. The person in front of you is no different than you. They just have a different set of barriers to their overall health.



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.

Contributors to this edition of Recovery Reminders include:

- Jason Katzenbach, Ph.D. Psychologist; Primary Care MH VA Puget Sound Health Care System American Lake Division



A visual recovery reminder:



**“What do you do?”: Concealable and Stigmatized Aspects of Self**

Ross Melter, Psy.D.

*Note: underlined text below represents clickable hyperlinks*

“I can’t meet new people because they’re going to ask what I do. I’m not working right now and they’re going to think that’s weird... I’m just in treatment. They’re going to think I’m crazy.”

I hear these kinds of statements with some degree of regularity in working with individuals in recovery from serious mental illness (SMI). The wording or anxiety-provoking situation changes, but what remains constant is the underlying message – *It’s unsafe to disclose my status as a person in recovery from SMI*. This message is not unfounded. We know that there is a [fundamental misunderstanding](#) of mental illness in our culture, and that the stigma surrounding mental illness [adversely affects psychosocial functioning](#).

The decision to conceal or disclose information about ourselves is difficult. This challenge becomes exacerbated when the information in question carries a high degree of stigma. It can seem as though concealing stigmatized aspects of ourselves offers protection from potential embarrassment, shame, or discrimination. However, it’s important that we also consider the consequences to concealing such information. [Pachankis \(2007\)](#) describes some of the most salient consequences to concealing stigmatized aspects of self, including cognitive, affective, behavioral, and self-evaluative consequences. He identifies 3 important distinctions between concealable stigmas (such as a mental illness) and visible stigmas:

1. “... Individuals who conceal a stigma can never fully internalize feedback from others as feedback about one’s genuine self.”
2. “... Individuals who conceal a stigma forfeit the benefits of protection provided by other stigmatized group members. As a result, cognitive reattribution for one’s stigma-related difficulties cannot readily occur, thereby leaving the individual to assume personal responsibility for his or her distress.”
3. “...Distress occurs not only from the consequences of possessing a stigma but also from the fears that the stigma will be discovered and punished. The impact of this fear of discovery on behaviors such as avoidance is unique to concealing a stigma.”

**About the Author:**



**Ross Melter, Psy.D.** is a PRRC Psychologist at the VA Puget Sound Health Care System; American Lake Division. He received his Psy.D. in clinical psychology from the Wright Institute in Berkeley, CA. Dr. Melter completed his predoctoral internship at the San Bernardino County Department of Behavioral Health (DBH) and postdoctoral fellowship at the VA Palo Alto Health Care System with emphasis in Psychosocial Rehabilitation (PSR). Dr. Melter’s professional interests include stigma reduction, recovery from serious mental illness, community integration, self-advocacy and concealable disabilities.



*Continued from page 2*

Conversely, [Corrigan and Rao \(2012\)](#) highlight the potential benefits of disclosure. They write, “Research has interestingly shown ‘coming out of the closet’ with mental illness is associated with decreased negative effects of self-stigmatization on quality of life, thereby encouraging people to move towards achieving their life goals. When people are open about their condition, worry and concern over secrecy is reduced, they may soon find peers or family members who will support them even after knowing their condition, and they may find that their openness promotes a sense of power and control over their lives.”

One of the most helpful things we can do for our stakeholders is to open lines of dialogue about concealing stigmatized aspects of self-identity. The choice to disclose one’s status as a person in recovery from serious mental illness is highly personal and depends on a number of factors including situation, interpersonal preferences, and perceived risk. Every interpersonal exchange does not call for disclosure, nor does it call for concealment. The goal then may be *flexibility* – how can we empower individuals in recovery from SMI to disclose this aspect of their identity if and when they choose to do so?

### About the Author:



**Ross Melter, Psy.D.** is a PRRC Psychologist at the VA Puget Sound Health Care System; American Lake Division. He received his Psy.D. in clinical psychology from the Wright Institute in Berkeley, CA. Dr. Melter completed his predoctoral internship at the San Bernardino County Department of Behavioral Health (DBH) and postdoctoral fellowship at the VA Palo Alto Health Care System with emphasis in Psychosocial Rehabilitation (PSR). Dr. Melter’s professional interests include stigma reduction, recovery from serious mental illness, community integration, self-advocacy and concealable disabilities.