Knowing a Recovery Culture When You See One: A Guide for Recovery Leaders

Adapted from Mark Ragins, MD. Available at http://www.village-isa.org/Ragin's%20Papers/knowing_a_recovery_culture_when.htm.

Four Broad Elements of a Recovery Culture:
Staff are treated in the same way they are to treat consumers/clients/peers.

Hope	The first step to recovery is having a vision of hope without limits. This leads to equal relationships wherein we can be helpful and supportive in both directions. Validation changes behavior, encourages positive risk taking, and more self-knowledge & direction. 1. Stories and celebrations of hope are spread by both staff and consumers. 2. Hires employees and uses volunteer "prosumers" to fill the program with living examples of hope. 3. Consumer and staff goals focus on growth/resilience/recovery capital instead of stability or risk avoidance, building on strengths/resources and overcoming obstacles, stigma & discrimination.
Authority	Distribution of authority to consumers and staff promotes empowerment, self-responsibility, risk-taking, and learning from mistakes or obstacles. 1. Decentralized decision making gives line staff real authority. Staff have budgets they are responsible for choosing how to spend. 2. Consumer voice is solicited at every level of the program's decision making processes from staffings, staff meetings, and Board of Directors meetings. 3. Consumer driven needs are an overt, highly respected contribution so that decision flow "up" instead of "down." 4. Planned risk taking, not care taking or reckless/unsafe/unhealthy abandonment is encouraged to promote consumer and staff growth. 5. The Code of Organizational Practices and Ethics creates "adisciplinary" opportunities and cross-training for mutual support roles and behavior. 6. Staff and consumers assume multiple roles and kinds of relationships (coach, guide, mentor, etc.) to help each other without either "that's not my job" or "that's your job" defensiveness. 7. Staff and consumers feel important, valued and validated by those with "positional authority." Everyone is viewed as an expert with "personal authority."
Healing	Recovery programs focus on healing and growth rather than symptom relief or stabilization. 1. First priorities are always engagement, welcoming, and relationship building. 2. The program accepts people just as they are, and provides an emotionally and physically safe environment. 3. Respectful "recovery" language (nonclinical and not prejudicial) is pervasive so that people can read their own charts and overhear staff discussing them and feel accepted and understood. 4. The program has an emotionally rich environment that includes frequent displays of caring and connection. 5. Staff are energized by the knowledge of why they work in this field, by the opportunity to practice and improve their gifts, and by knowing their impact.
Community Integration	Meaningful roles come from "real world" integration. 1. Staff and consumers are mobile and actually work together in the community on "real life" issues. 2. Community accountability is demonstrated by providing "socially responsive" access to quality of life services for food, clothing, housing, education/vocational, medical/dental, and employment needs. 3. Staff and consumers focus on community coalition building and "giving back" for acceptance. 4. Advocacy against stigma and discrimination occurs regularly.

Brauchtworks Consultation & Training; www.brauchtworks.com