

**What is Behavioral Health Recovery Management?  
A Brief Primer**

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**Definition**

Behavioral Health Recovery Management (BHRM) is the stewardship of personal, family and community resources to achieve the highest level of global health and functioning of individuals and families impacted by severe behavioral health disorders. It is a time-sustained, recovery-focused collaboration between service consumers and traditional and non-traditional service providers toward the goal of stabilizing, and then actively managing the ebb and flow of severe behavioral health disorders until full remission and recovery has been achieved, or until they can be effectively self-managed by the individual and his or her family. BHRM draws its principles from the biopsychosocial model of treatment, the health care consumer movement, and the strengths-based model of service delivery.

**Relationship to “Treatment”**

Within the BHRM model, professionally-directed treatment becomes one of many possible pathways to recovery and a preferred pathway for those experiencing high severity, multiple co-occurring problems or low levels of natural support. When formal treatment is needed, the treatment provided is based on evidence-based practices derived from randomized clinical trials, clinical field experiments or inter-disciplinary professional consensus. The use of evidence-based treatment and recovery support services is a foundation of recovery management.

Recovery management differs from traditional treatment by:

- 1) lowering the threshold of service entry for individuals and families impacted by behavioral health disorders, e.g., working with the existing level and sources of motivation for change even if they are not ready for participation in service programs as they are currently designed,

- 2) redefining the role of the person in recovery from “patient” to full partner in the recovery management team,
- 3) redefining the role of the professional from one of an expert who treats behavioral health disorders to that of a long-term consultant and ally,
- 4) viewing treatment as a multi-tiered intervention designed, operated and evaluated in collaboration with individuals/families in recovery that also addresses stigma and destructive stereotypes that constitute barriers to treatment and community integration,
- 5) shifting the service emphasis from crisis stabilization to promoting the identification and achievement of goals consistent with the developmental needs of the individual and the family<sup>1</sup>,
- 6) re-engineering assessment to achieve a process that is global rather than categorical and continual rather than a service intake function,
- 7) emphasizing sustained monitoring, self-management, stage-appropriate recovery education and recovery support services, linkage to the natural resources of communities of recovery, and, if necessary, early re-intervention,
- 8) assessing recovery as a multi-dimensional process of personal growth, self-management, empowerment, and self-determination that transcends the biomedical dimensions of recovery,
- 9) evaluating service events based not on their short-term effects but on their combined effects on the course of the individual/family’s recovery career<sup>2</sup>, and
- 10) evaluating recovery programs in terms of a dynamic interaction among persons/families in recovery, service providers and the community over time.

### **Distinguished from “Disease Management”**

Recovery management grew out of and shares much in common with “disease management” (DM). The selection of the term “recovery management” (RM) emphasizes a focus on the experiences, needs and aspirations of the individual/family rather than a focus on managing costs, which some DM models have come to emphasize. In RM, the individuals/families experiencing the disorder are assisted in managing this condition (rather than being “managed” for the benefit of other parties). The primary goal of such management is increased quality of life for the individual and family. Cost reductions achieved by this model are desirable and anticipated, but are not its primary purpose; nonetheless, RM is concerned with the effective utilization of services and the reduction of expensive, acute interventions such as hospitalization and the use of emergency services.

### **Elements of Recovery Management**

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<sup>1</sup> Where individual and family goals conflict, every effort is made to mutually reconcile such differences.

<sup>2</sup>Recovery career is the total span of experience after one shifts from a disease career and a treatment career toward the self-management of a severe behavioral health disorder. The recovery career concept takes a long view of interventions, assuming that events that have short-term effects on the course of a disorder may not have equally potent long-term effects, and that experiences that may not have short-term effects may generate potent (cumulative or synergistic) long-term effects.

There are seven elements to a comprehensive program of recovery management:

- 1) Client Empowerment (enfranchising persons in recovery to participate in the planning, design, delivery and evaluation of behavioral health services and to advocate for pro-recovery policies and programs in the wider community),
- 2) Needs Assessment (identifying the needs and strengths of individuals/families experiencing severe behavioral health disorders with a particular emphasis on eliciting first-person voices of consumers and family members),
- 3) Recovery Resource Development (creating the physical, psychological and social space within a community in which recovery can occur; creating a full continuum of treatment and recovery support services; linking personal, professional and indigenous community resources into recovery management teams; and guiding the individual/family into relationship with a larger community of shared experience.),
- 4) Recovery Education and Training (enhancing the recovery-based knowledge and skills of people/families in recovery, service providers, and the larger community,
- 5) On-going Monitoring and Support (continuity of contact and support over time)
- 6) Evidenced-based Treatment and Support Services (developing services that remove barriers to recovery and enhancing “recovery capital”<sup>3</sup>; “trading out” less effective treatment and recovery support services for approaches that have a greater foundation of scientific support; pursuing a recovery research agenda to elucidate the structures/pathways, styles and stages of long-term recovery), and
- 7) Recovery Advocacy (advocating for social and institutional policies that counter stigma and discrimination and promote recovery from severe behavioral health disorders).

### **Zones of Recovery Management**

The Recovery management model is based on the recognition that recovery most often occurs through incremental progress within five zones of personal experience. These zones are the physical, psychological, relational, lifestyle and spiritual. RM models recognize the ebb and flow of progress within and across these zones and uses progress in one zone to prime improvement in other zones.

### **Stages of Recovery Management**

The seven elements of recovery management span three phases in the recovery process: 1) engagement and recovery priming (pre-recovery/treatment), 2) recovery initiation and stabilization (recovery activities/treatment), and 3) recovery maintenance (post-treatment recovery support services).

### **Levels of Recovery Management**

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<sup>3</sup>Recovery capital is the total amount of internal and external resources one can bring to bear on the initiation and maintenance of recovery. The term was coined by Granfield, R. and Cloud, W. (1999) *Coming Clean: Overcoming Addiction without Treatment*. New York: New York University Press.

RM can range from a low level of service involvement (e.g., an annual recovery checkup or a quarterly phone call to monitor health status) to a high level of service involvement (e.g., recovery home with high intensity monitoring and recovery coaching).

### **Providing Hope for Recovery**

The final and most important dimension of recovery management is the introduction of research-grounded hope that a significant percentage of people with severe forms of mental illness (e.g., schizophrenia, bipolar disorder, major depression) and substance use disorders (e.g., alcohol, opioid, or cocaine dependence) can and do achieve full and partial recoveries from these debilitating conditions. Recovery from severe behavioral health disorders is possible and likely. The task of recovery management is to instill the hope and vision of such recovery, and to help facilitate the recovery process.