

# Recovery Narratives: A tool for building client/family centered collaborative care

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# Faculty/Presenter Disclosure



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# Recovery Narratives

- What are recovery narratives?
  - Stories told by individuals and family members about their lives living & recovering with a mental illness
- Purpose of recovery narratives in health care
  - Stories told to and listened by health care professionals to assist practitioners to understand peoples' lived experiences with mental illness within a life context
  - Informal or formal process (ex. contact-based education)

# Description of Recovery Narrative Assignment at BU - DPN

- Completed in the 4<sup>th</sup> year course: Psychiatric Rehabilitation & Recovery
- Individuals living with a severe & persistent mental health challenge (volunteer) are paired with students
- Weekly contact (approx. 1 hr. per visit over a 3 month period)
- Students prepare a paper describing their understanding of the individuals' experiences

- **Students are expected to ask questions about individuals' experiences in the areas of:**
  - Course of illness to date & expectations for the future
  - Impact of mental illness & expectations for the future in:
    - Education/employment
    - Family and social relationships
    - Finding & maintaining housing
    - Substance use
    - Involvement with the legal system
  - Other health issues
  - Experiences with the health care system (hospital & community)
  - Income/poverty
  - Stigma
  - Recovery
  - Strengths


# Description of Research Project



## Purpose:

1) to evaluate the effectiveness of this assignment at reducing mental illness-related stigma among student psychiatric nurses

2) to evaluate the effectiveness of this assignment enabling students to move beyond emphasis on clinical syndromes and specific treatment methods to focus on understanding the client experience, identifying and building on client strengths, and supporting self-determination and recovery.


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- In collaboration with MHCC Opening Minds Project
  - Included quantitative and qualitative components
  - Methods:
    - Student surveys
    - Interviews with students and individuals

# Preliminary Qualitative Findings: Students




- Five themes:
  - They are Us – We are Them
  - Recovery narrative (RN) as a process for attitude change through development of a broader perspective
  - RN as a process for increasing opportunities to engage with individuals living with a mental illness to promote attitude change
  - RN as a process for impacting current & future practice
  - RN as a process on reflecting on feelings of acceptance & vulnerability





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- “That idea of our clients being us...our mothers, fathers, those around us; it helps reduce the ‘us & them’ feeling we might have...it reduces those barriers, you see them as a real person.”
  - “When you see somebody on a ward you’re just seeing them in the moment, and you don’t really think about how they were as a child...it (RN makes you see the whole story.”
  - “It (RN) taught me how to really listen...and not talk so much... and being non-judgmental and caring as we would care for ourselves.”

# Preliminary Qualitative Findings: Individuals



- Reported more than one reason for participating in RN: they enjoyed it; to help students learn and contribute to changing the health care system
- Majority viewed participating as therapy
- Built positive relationships with the students
- Reported some stress – but lead to growth
- Overall reported: telling their story a very positive experience

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- “It helps me understand my illness.”
  - “One of the things that I really enjoyed about this process was that it was every week for awhile. I had some kind of continuity. That was huge for me.”
  - “She was listening. That was a huge thing. It wasn’t like I thought other professionals weren’t listening, but, they also had their own agenda. They had stuff to tell me.”
  - “I really have started to be proud about where I am now because I was in such a dark place. And it’s really made me see my strengths. Like one day she asked me, what are my strengths. And I’ve never really thought about that. So it was good to see these are my strengths and this is where I’ve come from.”

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- These findings suggest:
    - Empathy levels in the psychiatric nursing students increased
    - They could better identify with the humanness of individuals rather than their mental illness


**Increased empathy could lead to more inclusive and collaborative health care professional practice – assisting the move towards a more family centered model of care.**

# Integration of Recovery Narratives in Clinical Settings for Individuals/Families

- Intake
- Throughout therapeutic processes
- Evaluation of treatment
- Development of formalized structured tools:
  - Pre-set questions on a form asked in a face-face interview
  - Collaborative development of a life line
- Informal:
  - Collaborative dialoguing
  - Video recordings

# Integration of Recovery Narratives in Clinical Settings for Families

- Meeting with family members for the purpose of hearing their journeys through mental illness
- Questions/dialogue can be adapted to fit their experiences ( i.e. Tell me about your experiences living with the mental illness of a family member; What have been the impacts on family roles and functioning? What are your family strengths?)
- Recovery narratives of individual and family members used conjointly to develop appropriate treatment and supportive processes

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