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Psychiatry** **KING'S**  
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**LONDON**

# REFOCUS

Promoting recovery in mental health services



SECOND  
EDITION

# About Rethink Mental Illness

Rethink Mental Illness is a charity that believes a better life is possible for millions of people affected by mental illness. In 1972 one man bravely spoke about his family's experiences of mental illness in a letter to the Times and in the process brought together hundreds to talk about their experiences of mental illness and support each other. Today we directly support almost 60,000 people every year across England to get through crises, live independently and to realise they are not alone. Our website and helplines give information and advice to 500,000 more and we change policy for millions. We carry out research to make sure we deliver real results for people, young or old. Our services, support groups, and members cover every county in England, giving us local insight and helping us spread innovations nationally. All our work is governed by people who have lived through mental illness.

## About REFOCUS

This is the manual for the REFOCUS Intervention. It was developed as part of the REFOCUS Programme, a 5-year (2009-2014) programme of research funded by the National Institute of Health Research (Ref RP-PG-0707-10040), which aimed to support the development of a recovery orientation in adult mental health teams.

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This manual can be downloaded without charge from [researchintorecovery.com/refocus](http://researchintorecovery.com/refocus)

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## Introduction

The REFOCUS Programme (2009-2014) involved a range of studies that aimed to support mental health services to become more recovery-focused. The REFOCUS Intervention was developed as part of this programme.

The aim of the REFOCUS intervention was to increase the extent to which workers support the recovery of people using mental health services, through their relationships and working practices. A range of approaches to support implementation were developed. The original REFOCUS Intervention was published as a manual by Rethink Mental Illness in 2011.

The effectiveness of the REFOCUS intervention was evaluated in the REFOCUS Trial (ISRCTN02507940), which ended in 2014. The REFOCUS trial included a process evaluation which investigated the experience of receiving or delivering the REFOCUS Intervention. The REFOCUS Intervention was modified in light of these findings, and this 2<sup>nd</sup> edition of the manual has been written to reflect these modifications.

The basic structure of the intervention – recovery-promoting relationships and three working practices – is unchanged. The intervention content has been simplified, with less emphasis on, for example the history of the recovery movement, and a stronger focus on the link between coaching and the working practices. Implementation was identified as a specific challenge, so the major changes from the 2011 manual relate to supporting practice change, with some approaches dropped (e.g. Partnership Project, Supervision Form), some modified (e.g. reflection groups) and some added (e.g. Recovery and REFOCUS Workshop). Evidence is also emerging that the REFOCUS Intervention is applicable to in-patient settings, so the focus specifically on community services has also been reduced.

We hope this manual will be of use to workers across the mental health world who are working towards embedding a recovery approach into their practice. You can find more information on REFOCUS at [researchintorecovery.com/refocus](http://researchintorecovery.com/refocus)



## Executive summary

This is the revised REFOCUS Manual, which describes an intervention aimed at increasing the focus of adult mental health teams on supporting personal recovery. The intervention has two components:

- i) Recovery-promoting relationships, which focuses upon how workers relate to service users, and the
- ii) Working practices, which focuses upon what tasks and activities workers can do together to support recovery

### Recovery-promoting relationships

The working relationship between staff and people who use the service is central to personal recovery. Developing and supporting this relationship will involve:

- Developing a shared team understanding of personal recovery
- Exploring values held by individual workers and in the team
- Skills training in coaching

### Working practice 1 Understanding values and treatment preferences

To ensure that care planning is based around the person's values and treatment preferences, the intervention involves:

- Individuals who use the service discussing their values and treatment preferences with staff

### Working practice 2 Assessing and amplifying strengths

To ensure care planning is focused on amplifying a person's strengths and ability to access community supports, the intervention involves:

- Individuals who use services identifying their strengths with staff using the strengths assessment worksheet

### Working practice 3 Supporting goal-striving

To ensure care planning is oriented around personally valued goals and that staff support active goal-striving, the intervention involves:

- People who use the service identifying their personally valued goals with staff
- Staff supporting people who use the service in striving towards their goals

### Implementation strategies

Four implementation strategies are used:

- Recovery and REFOCUS workshop
- Working Practices training
- REFOCUS Coaching for Recovery training
- Support for practice change

# Chapter 1: Overview

This REFOCUS manual describes a pro-recovery intervention and how it can be implemented by staff working in adult mental health teams. The manual has been updated and the intervention modified in the light of the process evaluation findings from the REFOCUS Trial.

## 1.1 Purpose of the intervention

The primary aim of the intervention is to support the personal recovery of people who use services. This will involve striving towards their goals, with partnership support where needed from staff. The type of support and the way it is provided by staff will be guided by the person's unique strengths, values and treatment preferences.

## 1.2 The intervention

The intervention is provided to teams, and is in addition to standard care. The intervention has been designed to impact in two ways: *how* staff and teams work with people using mental health services, and on *what* staff and people using the service discuss and actually do. We call these 'recovery-promoting relationships' and 'working practices' respectively. So the intervention has two components:

### A. Recovery-promoting relationships

Training opportunities will be offered to teams to allow them to understand what personal recovery means in their context, to consider their own values and how these can support recovery, and to develop and practice the use of coaching skills. Activities for supporting practice change at an individual and team level are suggested.

People who use services can be active agents in shaping the content of conversations with mental health workers. Individuals will be supported to develop expectations that their values, strengths and goal-striving will be prioritised.

### B. Pro-recovery working practices

Understanding the person's values and treatment preferences underpin an individualised approach to care planning. Workers will be trained in understanding values and in encouraging people to express their values.

Amplifying a person's strengths and ability to access community supports is an important approach to supporting recovery. Workers will be trained in assessing strengths.

Identifying personally valued goals, developing intermediate steps, and striving towards these goals contributes to recovery. Workers will be trained to use existing care planning skills to support goal-striving.

These two components are inter-linked. The relationship is central – it's not just what you do, it's how you do it. The working practices will only support recovery when undertaken in the context of a recovery-promoting relationship.

Staff working in community mental health teams already have many of the skills in supporting personal recovery which are outlined in this manual. The intervention has been designed to allow workers to recognise and build on these existing skills and expertise. The intervention deliberately maps onto existing care planning processes and reinforces those parts of current practice which best support recovery. The contribution of staff who already have expertise in these areas is to support others in developing pro-recovery skills, by modelling best practice and supporting implementation.

Relationships are at the heart of the intervention. Recovery-promoting relationships involve staff and people using the service working together as partners. Within this relationship, staff use their clinical expertise as a resource for the individual as they try to find ways forward in their life. This can be

summarised as services being ‘*on tap, not on top*’<sup>1</sup>, and may involve staff and people using the service learning together about new ways of relating to each other. For staff, recovery-promoting relationships involve awareness about their own values and beliefs, knowledge about recovery, and skills in using coaching to relate to the person as an expert-by-experience. The early part of the intervention is focussed on developing these aspects, which underpin the practice changes.

The approach to recovery-promoting relationships is described in Chapter 2, which covers:

- Core knowledge about personal recovery
- Recovery-supporting personal values and beliefs
- Shared team pro-recovery values
- Coaching skills to underpin each working practice

In the context of a recovery-promoting relationship, three specific conversations / behaviours support recovery. These are called **working practices**.

### Working practice 1: Understanding values and treatment preferences

Recovery-orientated services are focused on an understanding of people’s values, beliefs and preferences, both in general and specifically in relation to treatment. This may involve learning more about their life story, support with the development of a personal narrative, and finding out about the individual’s values. This is needed for a person-centred approach to care planning and recognises

that individualised care planning takes place within a social context. Understanding the person’s values is described in more detail in Chapter 3.

### Working practice 2: Assessing and amplifying strengths

Recovery is supported by recognising and building on the individual’s strengths. This involves learning about the strengths and positive attributes of the person, as well as supports and positive connections in their life. Identified strengths might include any skills or knowledge gained through formal education, training or work experience, as well as personal strengths such as resilience, optimism, artistic skills, compassion, an interest in nature, a supportive family, a positive cultural identity, or knowing the local area.

The aim is to ensure a holistic understanding of the person, which identifies strengths as well as deficits. Assessing and amplifying strengths is described in more detail in Chapter 4.

### Working practice 3: Supporting goal-striving

This working practice maps onto the clinical process of care planning. It involves identifying the individual’s goals, and then supporting the individual as they work towards them. There is an emphasis on:

- Identifying personally-valued goals
- Planning actions orientated around the person’s values and strengths
- An orientation towards supporting the person to undertake actions with and without support from others

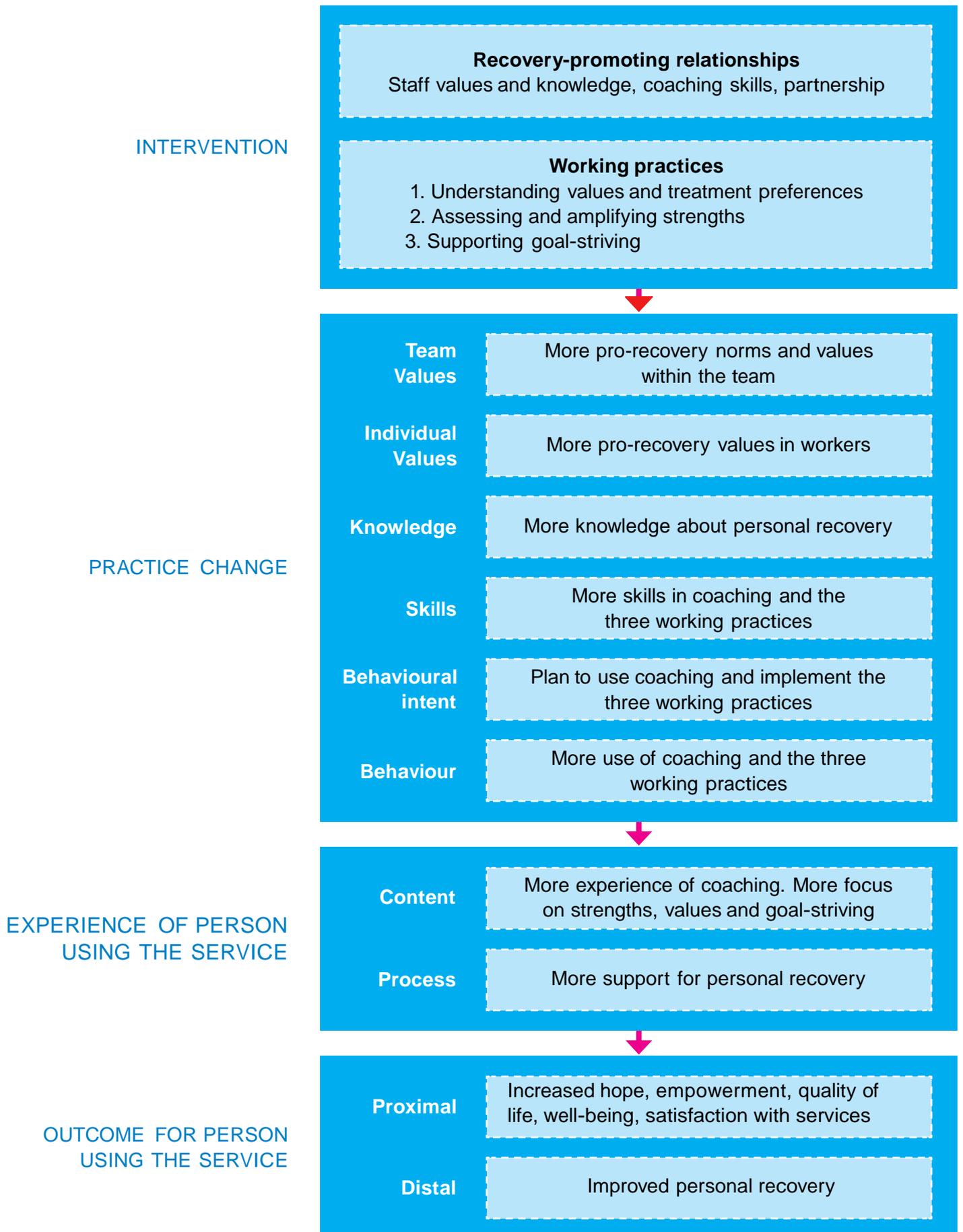
Supporting goal-striving is described in more detail in Chapter 5.

## 1.3 The REFOCUS Model

The intervention is based on the REFOCUS Model, which identifies the intended effects of the intervention. It has four parts: the intervention, the ‘practice change’ (i.e. the impact the intervention has on the team and staff), the impact on the experience of the person using the service, and the beneficial outcomes.

The REFOCUS Model is shown in Figure 1.

Figure 1: The REFOCUS Model



## Chapter 2: Recovery-promoting relationships

### 2.1 Relationships contribute to recovery

Relationships between people working in and using mental health services are an important contributor to recovery for many people. Recovery-promoting relationships reflect the worker's pro-recovery values, are underpinned by knowledge, and often use the specific interpersonal skill of coaching.

### 2.2 What the intervention involves

- Participation in Recovery and REFOCUS workshop
- Participation in the Working Practices training
- Participation in Coaching for Recovery training
- Development of approaches to support practice change

### 2.3 Values held by the worker

Values underpin all behaviours by workers. For example, assessment asks about some topics and not others, goal-planning prioritises what matters and any intervention, including a decision not to intervene, reflects values. Clinical actions often involve placing greater weight on one value over another. A consistent theme in pro-recovery services is that values are both explicitly identified and used to inform decision-making.

Three proposed values for recovery-orientated mental health services are shown in Box 1<sup>2,3</sup>. Developing relationships which promote recovery will be difficult if the people involved do not hold these values. However, holding to these values can also be challenging. Sometimes people with mental illness say they want things which are hard to understand or even seem harmful, or they say they do not want help even though their lives seem, to the worker, highly impoverished. The challenge is responding in a way that fits with recovery-supporting values.

It can be helpful to for workers to become more aware of their personal and professional values, identifying as far as possible shared recovery-supporting values within the team, and using these values to shape discussion, decision-making and action by the team. Holding these values will be particularly challenging in the context of people who do not have capacity.

### 2.4 Values held by the team

For individual staff to successfully work in a recovery-orientated way, this needs to be underpinned and supported by shared team values. These values need to explicitly promote recovery orientated practice and all members of staff need to be aware of them. These values are used to guide practice. Leadership will enhance the adoption of these shared team values.

The intervention aims to support the development and awareness of pro-recovery team values.

Values held by the team and individuals will be explored in the Recovery and REFOCUS workshop provided to the team.

## Box 1: Recovery-supporting values

### Value 1

#### The primary goal of mental health services is to support personal recovery

Supporting personal recovery is the first and main goal of mental health services. Providing treatment can be an important contribution towards this goal, but is a means not an end. Similarly, intervening in crisis or addressing risk issues may sometimes need to take precedence, but should be orientated around the primary goal of supporting recovery.

### Value 2

#### Actions by mental health professionals will primarily focus on identifying, elaborating and supporting work towards the person's goals

If people are to be responsible for their own life, then supporting this process means avoiding imposing clinical meanings and assumptions about what matters, and instead offering support which is consistent with the person's values as they work towards their life goals.

### Value 3

#### Mental health services work as if people are, or (when in crisis) will be, responsible for their own lives

It is not the job of mental health professionals to fix people, or lead them to recovery. The primary job is to support people to develop and use self-management skills in their own life.

## 2.5 Knowledge about recovery

Working in a recovery-supporting way involves knowing some things about recovery which include:

- What personal recovery means
- The distinction between personal recovery and clinical recovery
- That many people with a mental illness do experience personal recovery
- That recovery can take place within, partly outside or wholly outside the mental health service
- That there are many ways in which mental health services and workers can support recovery
- That stigma can be a barrier to recovery, so
  - language matters
  - beliefs that people with mental illness are fundamentally different from other people are a hindrance to supporting recovery
  - it is more helpful to emphasise the ways in which people with mental illness are similar to everyone else in society
  - other types of stigma that people who use mental health services are exposed to need to be similarly recognised and acted upon e.g. racism, being a recipient of welfare benefits

A recovery orientation is evidence-based, although not all the evidence may be familiar to workers. Many workers are familiar with evidence from large groups, such as randomised controlled trials and systematic reviews. The evidence from individuals – personal narratives about recovery – may be less familiar. So a key approach to developing recovery knowledge is being in contact with or learning about individuals who have personal experience of recovery. This includes hearing people's stories and reading recovery narratives.



## 2.6 Coaching

Coaching is a specific interpersonal style which supports recovery<sup>4,5</sup>. The advantages of a coaching approach are:

1. It assumes the person is or will be competent to manage their life. The capacity for personal responsibility is a given.
2. The focus is on facilitating the process of recovery to happen, rather than on the person. Coaching is about how the person can live with mental illness, not on treating the mental illness.
3. The role of the coach is to enable this self-righting capacity to become active, rather than to fix the problem for the person. This leads to strengths and existing supportive relationships being amplified, rather than deficits.
4. Effort in the coaching relationship is directed towards the goals of the person using the service, not the coach.
5. Both participants must make an active contribution for the relationship to work.

The use of coaching conversations presents challenges and requires clinical frontline staff to think about the way they work as individuals and as team members. Coaching is not therapy. It is about helping an individual “spring loose” their resourcefulness, build on strengths and make changes to reach personally valued goals. Coaching is a “live”, iterative process. It is helpful to contract with the person about their expectations of how they would like to work, the coaching structure and process, expectations of the member of staff who will be working with them, and the “rules of engagement”.

The use of coaching conversations requires staff to demonstrate exquisite listening, questioning and feedback skills, and to operate from a belief system that holds people as able to generate their own solutions and be personally accountable for achieving their desired goals.

Coaching is an interpersonal style which will ensure that the three working practices support an individual’s personal recovery. This will be covered in the REFOCUS Coaching for Recovery training. Throughout the training the Coaching for Recovery approach (outlined below) will be used to help staff apply the three working practices.

## REACH©- The Coaching for Recovery approach and six components

**Dynamic Contracting:** Dynamic contracting is making explicit the psychological contract i.e. gaining clarity about expectations, rules of engagement, agreeing how to work together, how to manage differences and conflict and detailed practicality of work to be completed. This is a dynamic process, not an individual event and therefore will need to be reviewed and updated as appropriate.

**Reflect** - This is an active process in which clinical and support staff can work with service users to enable them to review their progress and, within the sphere of their control, to take responsibility for action and change. This requires exquisite listening skills throughout the conversation and the skill to acknowledge a person's contribution.

**Explore** - This provides the opportunity to explore the issue/problem/task and the options. This requires the use of powerful questions that gets to the heart of the matter and challenges someone to move beyond their usual way of thinking.

**Agree Outcomes** – Agreeing outcomes is important to help focus the conversation and agree the desired results. This part of the conversation is essential as it will help the person and you clarify what the person wants to achieve. Goal setting is an integral part of agreeing outcomes.

**Commit to Action** - This part of the conversation may require you to challenge the person to help them spring loose their resourcefulness. A frank or tough conversation may require skills to confront and challenge. You may also find the skills of permission seeking and intruding helpful.

**Hold to Account** - This is the closing stage of the conversation and in agreeing how the person will be held to account you may need to give feedback. This is a two way open and honest communication that encourages a person to reflect, listen to and explore comments and modify their behaviour.



## Working Practices

In the next three chapters the working practices are described. These working practices are not something the worker has to get done before they can get on with their real job. Rather, understanding values, assessing and amplifying strengths and supporting goal-striving *is* the job of a recovery-supporting worker.



# Chapter 3: Understanding values and treatment preferences

## 3.1 Understanding values contributes to recovery

Mental health workers who support recovery orientate their actions around the values in life and treatment preferences of the person using the service. Only when the person's values are shared and inform decision-making will services be working with the person (not 'on' the person). Understanding values therefore contributes to ensuring that care planning is consistent as far as possible with the individual's values. The aim of this working practice is to be able to record information about values and treatment preferences on the clinical information system.

## 3.2 What the intervention involves

**Workers are asked to do two things:**

1. Learn about the values and treatment preferences of each person they provide services for
2. Use this information to inform care planning and goal-setting activities

## 3.3 Understanding values to inform the care plan

We all have values, attitudes and experiences which impact on who we are. Being understood as an individual is an important contributor to recovery. Avoiding assumptions about an individual's identity is important, particularly for people from minority communities such as Black and Minority Ethnic (BME) communities or gay, lesbian, bisexual and transgender individuals. In terms of treatment, having values and treatment preferences discussed, listened to and acted on all contribute to recovery.

An understanding of a person's values and treatment preferences is needed if care is to support personal recovery. The process of getting to know a person may involve talking about sensitive areas such as the experiences of stigma, discrimination, racism and

previous relationships with services. This process will take time and involve many conversations so trust can be built and boundaries changed to allow the discussion of these topics to take place. As people's values and treatment preferences may change over time, it cannot be a one-off conversation.

**What does understanding values involve?**

**The conversations may involve:**

- Learning more about the individual's life history – where does the person come from and what important influences have shaped their personality?
- Learning more about their rich identity – considering race, culture, ethnicity, gender, spirituality, sexual orientation, etc.
- Supporting the development of their personal narrative – what is their story about how they came to be where they are in their life?
- Understanding values – what matters to the person?
- Treatment preferences – what kind of help does the person want from both mental health services and other sources?

**The general principles in any conversation are:**

- Use coaching skills to support the development of new learning and understanding in you and the person
- Don't assume any particular aspect of the person is or is not important
- Be respectful of boundaries – the person may not want you to know everything about them
- Be open to all conversations – give individuals a chance to discuss areas, even if it may be a sensitive topic

Individuals (both people using the service and workers) vary in the approach that they find most helpful. Three possible approaches are now described: **conversational**, **narrative** and **visual**. A combination of the three approaches can be used, or other approaches that are appropriate



for the individual. Whatever approach is taken, it is important to explain why you are asking these questions or having these conversations. It is also important to actively encourage people to focus on what they would like you to know, and what they particularly value, rather than feeling they have to tell you everything.

### 1. Conversational approach

For some people, having an open conversation with the worker may be the preferred approach. We have developed an interview guide to help with this – the Values and Treatment Preferences (VTP) interview shown in Appendix 1. Questions in the VTP have been modified from other sources<sup>6,7</sup> and give a framework for conversations about areas which have been identified as important for people in their recovery journey. The VTP – like recovery-orientated care-planning – starts with personal values and then considers treatment preferences. It contains possible questions which would be used within a

conversation. The intention over time is to work through the topics covered in the interview guide, though not necessarily in the order given.

One helpful approach to start these conversations is that of respectful curiosity – *“I want to work with you in ways which fit with who you are and your values in life, so I’ll be interested to learn about whatever you decide to share with me”*.

### 2. Narrative approach

The second approach to understanding values is to support the person to write their story down and then share it with the worker. Since narratives may be developed wholly or partly outside of meetings, it is important to be clear that not all parts need to be shared with the worker. The person may want to write some bits either just for themselves or to share with family or friends.

One approach to start with is to give the person a blank copy of the VPT interview guide as a template. Alternatively, suggesting the following questions or themes may be helpful:

- Your life so far, including significant positive and negative life events
- What is important to you?, What things in your life do you value?
- How would you describe yourself to another person? E.g. your background, your values, beliefs and experiences
- How have your mental health experiences shaped your life?
- What makes your life meaningful?
- What has helped or would help you on your recovery journey?
- What things have had a negative effect on your wellbeing and recovery journey?
- How would you describe your mental health experiences, what have you learned from your experiences?
- I know people respect me when...

The Scottish Recovery Network has a section on their website for people interested in writing narratives ([www.scottishrecovery.net](http://www.scottishrecovery.net)). The website includes a number of narratives as well as writing tips. Other resources are listed in Appendix 2.

### 3. Visual approach

The third approach to understanding values is to support the person to create life maps. These are based on mind-mapping approaches, and have been developed as person centred planning tools that offer one way of finding out about an individual's values and treatment preferences. They can be completed in partnership with the individual and can use a variety of different media including photographs, pictures and words. They can also take many forms, including those suggested below. Some people find having a template a helpful way to start. Template life maps are available on websites listed in Appendix 2.

Common life maps (modified from elsewhere<sup>8</sup>) include Relationships, Background, Who am I?, Preferences, Choices, or Respect maps. Some or all of these may be combined in a single map, or the focus may be on just one area or map at a time.

#### **Relationship Map**

The relationship map can be divided into sections such as family, friends, community, and mental health staff or providers. People can place pictures or words of individuals who are important or close to them on the map.

#### **Background Map**

This map focuses on what life has been like for the person. Many people find it helpful to include a timeline usually from birth to the present time and record events and experiences which they feel have been significant. The timeline may include positive experiences and achievements as well as times of trauma, loss and grief.

#### **Who am I? Map**

This map may be used to find out about areas of a person's identity which are important to them and their treatment. Individuals may wish to include sections for ethnicity, gender, culture, spirituality etc. as well as other areas important to them. The VPT interview guide may be a useful tool for some people to help identify important areas to include.

#### **Preferences Map**

This map describes the person's personal preferences, interests and gifts. It may be linked to many of the other maps, particularly the Background and Who am I? maps. People should be encouraged to include what they like as well as dislike. Although this may be related to mental health services, this doesn't have to be the case.

#### **Choices Map**

One way to draw the Choices map is to divide a page into two, with one half representing the decisions the person makes in their life, with the decisions made by other people in the opposite half. This map could also be used to demonstrate areas in which individuals would like more control over their life, and the barriers they may face (re)gaining this control.

#### **Respect Map**

One question that may be included in this map is "I feel respected when...". It may also be used to highlight times when the person has and hasn't felt respected and to illustrate what the person respects and values about themselves and others. Some people may also chose to include barriers to respect in their maps.

## Chapter 4: Assessing and amplifying strengths

### 4.1 Assessing and amplifying strengths contributes to recovery

Health is more than the absence of illness, therefore supporting recovery involves more than treating mental illness. It involves identifying and amplifying an individual's strengths.

What is a strength? The term means internal and external resources available to the person. An **internal resource** is something positive about the person, such as personal qualities, characteristics, talents, knowledge, skills, interests and aspirations. Strengths may include any skills or knowledge gained through formal education, training or work experience, as well as personal strengths such as hope, feeling empowered, being optimistic, having compassion, being a good listener, having artistic skills, having an interest in nature, having a positive cultural identity, being fit, having survived tough times, having strategies that have previously worked for the individual or having experienced periods of well-being. **External resources** are anything which helps or could help the person *in their life*, and includes respected role models, a supportive family, having enough money, being well-connected in the local area, having a friend, having somewhere to go in crisis, having a good relationship with neighbours, undertaking voluntary or paid work, having a decent place to live, and involvement in collective activities (e.g. singing in a choir). External resources may also include **service resources** – which are ways in which mental health and other services can help the individual, either in the way they work with people (e.g. holding hope for the person) or in the content of care (e.g. offering effective treatments).

The purpose of assessing strengths is to develop a holistic understanding of the person. Addressing problems such as symptoms through using service resources e.g. medication, cognitive-behavioural therapy etc. may support many people's journey of recovery. However the evidence from many sources (e.g. well-being and mental capital research, positive psychology, syntheses of recovery narratives, randomised controlled trials of consumer-operated services) is consistent that supporting the person to

live life as well as possible involves more than just treating illness. It also – and for some people mainly – involves supporting the person to grow and develop.

### 4.2 What the intervention involves

Workers are asked to do **two** things:

- Learn about the strengths of the person they provide services for
- Use this information to inform care planning and goal-setting activities

### 4.3 Undertaking a strengths assessment

A good assessment (adapted from elsewhere<sup>9</sup>) is:

- **Complete** – each life domain has rich and detailed information
- **Individualised and specific** – gives a clear picture of who the person is
- **Reflects the full identity** of the person, including where relevant culture, spirituality, sexuality and gender
- **Partnership-based** – there is clear indication of the person's involvement, including personal comments, information written by the person, and in their own words
- **Includes external resources** – rather than just internal resources or service resources in *each* area, i.e. considers the person in their life, not in isolation
- Captures the person's **skills, talents, accomplishments and abilities** – what they know about, care about and have a passion for in each life domain
- **Updated** – clear when last updated and sufficiently current to be useable

Assessing strengths involves (adapted from elsewhere<sup>10</sup>):

- Listening to the person's understanding of the facts
- Believing the person
- Discovering what the person wants
- Assessing different dimensions of a person's strengths
- Using the assessment to discover uniqueness
- Using language the person can understand
- Making assessment a joint activity between the worker and the person using the service
- Reaching a mutual agreement on the assessment
- Avoiding blame and blaming
- Avoiding cause-and-effect thinking
- Assessing, not diagnosing

The strengths of a person can be assessed in a number of ways. Training will be provided in one particular approach – the Strengths Worksheet – but other approaches can also be used.

The Strengths Worksheet is a tool to help workers to identify and use the strengths, resources, talents and abilities of the person (shown in Appendix 3). The tool covers six life domains: Daily living situation, Financial, Occupational, Social Supports, Health, and Spiritual / Cultural. It is supplemented with a Strengths Worksheet checklist with example questions and prompts for each domain (shown in Appendix 4). To help you assess strengths an additional staff exercise is included in Appendix 5.



# Chapter 5: Supporting goal-striving

## 5.1 Supporting goal-striving contributes to recovery

Supporting goal-striving contributes to recovery if:

- The goals are identified by the person
- The goals are identified as important to the person, rather than the system
- The responsibility for goal achievement is the *person's responsibility* or a *shared responsibility* between the person and the worker.

Recovery is supported in two ways when individuals work towards their goals. First, and most obviously, achieving personally valued goals is a positive experience. Second, and perhaps even more importantly, the process of goal-striving brings many benefits:

- Hope is increased through the experience of trying to improve life
- Agency is increased through learning how to make progress towards goals
- Resilience is increased through overcoming the inevitable set-backs
- Empowerment is increased through learning how to be in the 'driving seat' of one's life

## 5.2 What the intervention involves

**Workers are asked to:**

- **Learn** about the **personally valued goals** of the people they support
- **Build** upon the person's **strengths**
- **Work in partnership** with the person in support of these goals
- **Review** these goals regularly with the person

## 5.3 Goal-striving principles

Mental health workers have substantial experience in care planning, and these skills are used in supporting goal-striving. Six principles identify the possible points of difference from traditional care-planning approaches:

### 1. Goal-striving is supported by coaching

Coaching is a helpful way of working which avoids making decisions for the person. The GROW Model<sup>11</sup> offers a useful framework that prompts the coach about seeking clear outcomes and about the steps needed for change to take place.

**G**oal for coaching style interaction – where do I want to be? What do I want to happen? Start with a vision of what it will be like when you have reached the goal, and then get more specific.

**R**eality – what is the situation now? Ask specific questions about who, what, where, how much.

**O**ptions – What's possible? – what options exist to get closer to the goals?

**W**rap-up – Gain commitment, clarity and support and 'wrap-up' by agreeing next steps and how these will be taken forward.

### 2. The person's goals are the primary focus of action planning

Some plans may address goals needed for other reasons (e.g. addressing risk or child protection issues), but the focus should be integrating these actions while supporting personally valued goals.

### 3. Approach goals are more achievable and sustainable than avoidance goals

An approach goal involves a positive change towards a better life, whereas an avoidance goal involves avoiding something negative happening. This is partly reflected in how goals are expressed – "I want to reduce my medication" (avoidance goal) versus "I would like use other strategies besides medication to manage my illness" (approach goal). Or "I want to lose weight" versus "I want to dance again". It is also about how the goal is developed

– having a vision of a better life is more useful in supporting hopeful goal-striving than focussing on trying to stop bad things happening.

#### 4. Goal-striving is based on the person's values and treatment preferences

There are many ways to work towards goals. The plan should clearly reflect the individual's values – their way of working. For example, the pace of progress, the level and type of support from others, the extent to which mental health workers feature, will all vary from person to person. Specifically, it may be that the worker and person using the service develop goal steps which do not involve any action from mental health workers.

#### 5. Goal-striving builds on strengths

Building on existing internal and external resources is a powerful approach to supporting recovery. It sends the message that the person is not deficient and in need of fixing, but rather has the capacity over time to self-manage. The person's strengths should be visible in the care plan as a resource to be used and amplified. For example, for someone attending a college course, a goal building on this strength may be "I would like to continue to build my confidence in meeting new people at college".

#### 6. Actions should focus on supporting the person to do as much as possible for themselves

Care plans may involve:

- **Independent action** – the person doing things for themselves
- **Joint action** – doing things with other people, especially family or friends or community resources, but also including actions with the mental health worker
- **Passive action** – workers doing things for the person

Passive actions by workers may inadvertently hinder the development of self-management skills. The job of the worker is to support the person to learn, over time, the skills to do things either for themselves or with support from others.

Making progress through joint and independent actions leads to increased hopefulness, confidence and resilience. Action by workers is of course sometimes needed, but the more workers can support independent or joint action, the better.

### 5.4 The process of supporting goal-striving

As in standard care planning processes, this involves the steps of identifying goals, planning actions, and then implementing the plan.

#### 1. Identifying goals

Some people will be able to identify their personal goals easily. For others, identifying valued goals will be more difficult. Some people will not be familiar with the idea of having goals, or may not feel that they are able to set goals. People who use mental health services may feel they cannot achieve any goals, for example due to hopelessness, discrimination they have faced and internalised, or perhaps even the low expectations of mental health services in the past.

Asking people to identify goals can bring up issues about control in life, and remind the person of times when they feel they have failed. The process of helping to identify goals needs to be done sensitively and may involve many sessions and the development of a trusting relationship. The relationship is therefore key for people to feel able to express what often are very personal dreams and hopes for the future.

#### Ways to start this conversation include:

- What would make your life better?
- Thinking about the strengths you have identified, is there something you would like to build on?
- How would you feel about trying something new? What might that be?
- Is there something you've always wanted to try or do, but never had the chance to? Would now be the time to try it?

## 2. Planning actions

Once the goal(s) have been identified, the next step is to work together as partners to identify steps towards those goals. This will involve:

- The person themselves prioritising the goal(s) to focus on
- Identifying their strengths which are relevant to the goal(s)
  - Identifying how their values and treatment preferences will impact on the action plan
- Breaking goals down into discrete manageable steps specify who will do what and when, either informally or using the SMART (Specific, Measurable, Attainable, Realistic, Timetabled) approach
- Supporting the person to undertake independent or joint actions rather than accepting passive actions

## 3. Implementing the plan

Active support from the worker may be needed.

## 4. Reviewing progress

Notice and reinforce any progress that has been made. Use coaching to problem solve any difficulties. Re-visit the goals and plans.

**To reiterate, the resulting care plan will:**

- a) Focus on personally-valued goals;
- b) Reflect the person's values and treatment preferences;
- c) Build on the person's strengths; AND
- d) Involve independent and joint action rather than passive action.

## Chapter 6: Implementation stages

There are many ways in which the REFOCUS Intervention could be provided. Based on the process evaluation from the REFOCUS Trial, we recommend a four-stage approach to implementing REFOCUS.

1. Recovery and REFOCUS Workshop
2. Working Practices training
3. REFOCUS Coaching for Recovery training
4. Development of approaches to support practice change

Stages 1 to 3 are externally provided, and should take place in order and as close together in time as possible. Stage 4 is generated by the team / service, and should be developed early in the process of implementing REFOCUS.

We now describe each stage in more detail.

### 6.1 Summary of implementation strategies

#### 1. Recovery and REFOCUS Workshop

Time: 1 day

For: Workers, service users and carers from the team or service that will be implementing REFOCUS

Facilitated by: Recovery expert

Learning objectives

- To understand empirically-supported conceptual frameworks for recovery and recovery support
- To have a broad overview of evidence-based pro-recovery interventions
- To know about the aims and content of the REFOCUS Intervention
- To reflect individually and as a team on recovery-related values and attitudes
- To notice and value existing relevant expertise and experience in workers

## 2. Working Practices training

Time: 1 day

For: All workers from the same team / service

Facilitated by: one trainer with professional experience, one trainer with lived experience

Learning objectives

- To understand the theory and aims of the three working practices
- To have role-play experience of introducing and using each working practice
- To understand that the working practices lead to action to support recovery – so collecting information is a means not an end in itself
- To understand that person-centred support is the goal, so individualised rather than invariant practice is the aim
- To be able to identify barriers and solutions around using the working practices in routine practice

## 3. REFOCUS Coaching for Recovery training

Time: 2 days training (with option of additional half day recall sessions, if desired)

For: All workers from the same team / service

Facilitated by: Experienced coaching trainers

Purpose: Coaching skills training to develop a recovery-promoting relationship and use the working practices . This involves training participants in the core coaching competencies of:

- Contracting
- Exquisite listening
- Using powerful questions
- Skills to challenge and confront
- Goal setting
- Feedback

Providing participants in a clinical setting with an understanding of the importance of:

- Recognising the difference between coaching, mentoring and directing.
- Focusing and holding attention on priorities.
- Using the **REACH**<sup>®</sup> coaching model to have effective coaching style conversations, hold to account and creatively achieve agreed outcomes.

And encouraging participants to:

- Integrate coaching skills with occupational competencies to support effective skills-transfer in the workplace.
- Integrate coaching skills into their repertoire of clinical skilling so as to work effectively with the REFOCUS intervention's three working practices.

### Learning objectives

- To demonstrate how a coaching approach supports the implementation of recovery focused practice
- To equip clinical and support staff with knowledge of the core competencies required for working effectively with a coaching style
- To develop the participant's capacity and enable them to embed a coaching style within their clinical practice
- To build the capacity and capability of teams, services and the organisation to successfully implement the REFOCUS Intervention's three working practices through the development of a coaching ethos

## 4. Support for practice change

Time: ongoing

Sustained practice change is needed. Each team / service implementing REFOCUS will need to develop a clear plan for how to build on existing pro-recovery strengths and embed the REFOCUS intervention into practice.

Suggestions include:

- Internally or externally facilitated reflection groups
- Action learning sets
- Audit
- Booster training sessions
- Recovery Champions
- The Team Recovery Implementation Plan (TRIP)<sup>12</sup>, developed by ImROC and downloadable at: [www.imroc.org/resources](http://www.imroc.org/resources)

More information about implementing REFOCUS, the Coaching for Recovery participant and trainer manuals<sup>13</sup>, and identifying trainers can be found at:

[www.researchintorecovery.com/refocus](http://www.researchintorecovery.com/refocus)

# Appendices

## Appendix 1: Values and Treatment Preferences (VTP) interview guide

Name of person using the service: \_\_\_\_\_

Name of worker: \_\_\_\_\_

### VALUES

**For each area ask: What would be helpful for me to know? What is important to you?**

#### **Cultural identity including race, culture and ethnicity**

How would you describe your ethnicity? Prompts: language, parent's background...

Tell me a little bit about your self and your culture Prompt preferred diet, social life, cultural behaviours, beliefs, involvement with cultural group

#### **Religion / spirituality**

Is spirituality or religion important to you? Prompts: how, in what ways?

What is your spiritual / religious background?

How do your beliefs affect your feelings towards your mental health experiences?

#### **Gender**

Does being a <man / woman> affect the way you would like to be treated by mental health services?

Prompts: how? e.g. gender of staff, type of treatment?

#### **Sexuality**

Is there anything you would like to discuss about your sexuality or that you feel is important to you?

Prompts: does this impact on how services treat you?

**Social roles including the family, peers and community**

Tell me about your community, What role do family, friends and peers play in your life? What social roles do you have? Prompts: role in the community, social networks, caregiver, parent, peers with and without similar experiences

**Meaning of 'mental illness' experience**

People understand mental health experiences in different ways e.g. an illness, an emotional crisis, as physical illness or as a spiritual experience etc. Could you tell me what you call this experience? What do you think has caused your experience?

**Previous experiences of services**

What has been helpful or unhelpful about your experience of using mental health services?

**Stigma and discrimination**

Do people treat you differently because of mental health issues?

Have you experienced other forms of stigma or discrimination (such as racism or sexism)?

Prompts: how has this affected you? Does it have an impact on the service you receive?

**Other important parts of your identity**

Anything else you would like to add? e.g. creative, dancer, runner, student, electrician, teacher etc.

**Treatment preferences**

In what ways do the above influence your treatment preferences? For each area above, what support if any would you like? How would you like workers to work with you?

## Appendix 2: Additional resources for understanding values

Understanding the values of others is underpinned by an understanding of one's own values. Here are two exercises for workers which can help individuals to recognise and consider their own personal values. The exercises below may be done individually or in a group.

### Understanding Values Staff Exercise<sup>14</sup>

Imagine you are an unseen observer in a training course in a country with a cultural heritage very different from your own. In this course a lecturer describes to the local people how people from your country behave. In their description they refer to:

- Eating patterns
- Preferred diets
- Typical social life
- Major cultural preoccupations (e.g. typical conversations amongst acquaintances)
- Specific tell-tale mannerisms or behaviours that distinguish your cultural group

First note what you feel the lecturer might say about each of these areas. Second note down on a scale of 1 to 5 the closeness of the descriptions to your own behaviour or experience with 1 representing the closest match and 5 the furthest.

### Electronic resources

#### Personal narratives

- [www.scottishrecovery.net](http://www.scottishrecovery.net) – Details of the narrative project and example narratives, alongside extensive information about ways to promote recovery.

#### Life maps

- [www.docstoc.com/docs/947552/FREE-Mind-Map-Templates](http://www.docstoc.com/docs/947552/FREE-Mind-Map-Templates) – mind mapping templates
- [www.mindmapinspiration.co.uk](http://www.mindmapinspiration.co.uk) – examples of completed mind maps.

### Staff Personal Awareness Exercise<sup>15</sup>

#### Aim

Increased awareness of one's own values and beliefs

#### Instructions

Think about or discuss the following questions for

- i) ethnicity
  - ii) culture
  - iii) spirituality
  - iv) gender
  - v) sexuality
  - vi) social roles
- How would you describe you in terms of i) to vi)?
  - What do you see as the advantages and disadvantages of your experience?
  - How do you think people using the service perceive you in terms of i) to vi)?
  - How do you think this may affect your relationships?

## Appendix 3: Strengths worksheet

Name of person using the service: \_\_\_\_\_ Name of worker: \_\_\_\_\_

Currently What's going on today? What's available now?	Desires and aspirations What do I want?	Personal and social resources What have I used in the past?
<b>Daily living situation</b>		
e.g. Where are you living now? What things do you like about your current living situation? How do you get around?	e.g. Do you want to remain where you are, or would you like to move? If you could change anything about your living situation what would it be?	e.g. Where have you lived in the past? What was your favourite living situation? Why?
<b>Financial</b>		
e.g. What are your current sources of income, and how much money do you have each month to spend?	e.g. What do you want to happen regarding your financial situation?	e.g. What was the most satisfying time in your life regarding your financial circumstances?
<b>Occupational e.g. educational, vocational, leisure</b>		
e.g. What kind of things do you do that make you happy, and give you a sense of personal satisfaction?	e.g. What kind of activities or things would you like to do or be involved in?	e.g. What are the most satisfying activities that you have ever been involved in?

<b>Currently</b> What's going on today? What's available now?	<b>Desires and aspirations</b> What do I want?	<b>Personal and social resources</b> What have I used in the past?
<b>Social Supports</b>		
e.g. Who do you spend your time with? Who do you feel close to? What do you like to do?	e.g. Is there anything you would like to be different in your social life? Are there any areas of your life you would like to have more support in?	e.g. Have you ever belonged to any groups, clubs and/or organisations? What did you enjoy about them?
<b>Health</b>		
e.g. What kinds of things do you do to take care of your health? Is being in good health important to you? Why or why not?	e.g. Are there things you would like to change regarding your health? Is there anything you would like to learn more about to improve or change your health?	e.g. How do you know when you're not doing too well? What is most helpful during these times in the past?
<b>Spiritual and cultural</b>		
e.g. What meaning, if any, does spirituality play in your life? Are there any strong beliefs held by your family? What do you think of this?	e.g. Would you like to feel more connected to your spiritual beliefs?	e.g. What do you value most in life, have you always felt that way? What gives you strength to carry on in times of difficulty?
Anything else you would like to add		

## Appendix 4: Strengths worksheet checklist

This checklist give some example prompt questions for areas to discuss in completing the Strengths Worksheet. The checklist has been adapted from elsewhere<sup>9</sup>, and is not a definitive list of areas. Individuals have unique talents, interests and abilities which may not be covered by the below.

### Daily living

#### Current situation:

- Where the person lives and for how long
- Does the person live with anyone else?
- Advantages of the person's living arrangements e.g. quiet neighbourhood, close to town
- Transport options
- Pets or animals
- Personal possessions available to the person (e.g. internet, exercise bike etc.) – this can be used to identify what is wanted
- Areas of the home or neighbourhood that the individual is proud of or enjoys
- Daily living tasks that the person enjoys doing or is good at (e.g. cooking, food shopping etc.)

#### Desires and aspirations:

- Where would the person like to live?
- Do they like living alone / with others?
- Desired changes to the living situation
- Ideal living situation
- Anything that would make the individual's living situation easier (e.g. appliances, better transport options etc.)?
- Most important aspect of the living situation (e.g. being near friends, good transport links, having a pet)

### Personal and social resources:

- Past living arrangements
- What did the person like about past living arrangements?
- Favourite accommodation and living situation
- Anything from past living situations which the person would like to have now

### Financial

#### Current situation:

- Sources of income
- Bank account, Savings account etc?
- Does the individual budget and manage their money, how?
- How do they pay the bills?
- Spending money left over

#### Dreams and aspirations:

- Would the individual like to change their financial situation?
- What is important about their financial situation (e.g. extra money to be able to eat out, go on holiday etc.)
- Additional benefits the person may be entitled to

### Personal and social resources:

- Past income sources, (e.g. did they work in the past, get additional benefits)
- Resources in the past that they are not using now (e.g. savings account, accountant / advisor)

## Occupational e.g. work, leisure, education

### Current situation:

- What does the person do for fun, hobbies? How does the person relax and enjoy themselves?
- Different types of activities e.g. paid employment, volunteer work, college and educational activities, helping others, job searching, involvement with services, care giving etc.
- Education (achievements, likes, dislikes).
- What does the individual like about their occupations (educational, vocational and leisure).
- What is important to the person about their current occupations.
- Interests, skills and abilities related to their activities.
- Weekend activities (do they go out at the weekend).
- When does the person get bored and what do they do when they are bored?

### Dreams and aspirations:

- Does the person want to work, go to college, do more / different activities?
- If the person could do anything what would that be (career, leisure, educational).
- Is the person satisfied with what they are doing?
- What enjoyable things would the person like to be doing?
- Have they ever wanted to try something?

### Personal and social resources:

- Past work, leisure and education experience.
- What type of activities have they enjoyed in the past, with whom?
- What kind of services (voluntary and involuntary) have they found helpful?

## Social supports

### Current situation:

- Who do they spend time with? Friends, family, who are they close to?
- Organisation, clubs or groups they participate in.
- What things does the individual do with others?
- Pets.
- Types of social support available e.g. family, friends, significant others, mental health workers, religious leaders and members of religious groups, self-help organisations etc. How do people support the individual?
- Likes and dislikes about being with others.
- What does the person do when alone, do they like being alone?
- Where, outside the home does the person feel at ease?

### Desires and aspirations:

- Any changes the individual would make to their social life.
- Areas of life the individual would like more support in, what type of support?
- Groups, organisations or clubs they would like to belong to?

### Personal and social resources:

- Important people in the individual's life (family, friends etc.).
- Places that the individual used to enjoy going to.
- Groups or clubs the individual was a part of.

## Health

### Current situation:

- Mental health e.g. people individual currently sees, medication, treatments.
- How does the person manage stress.
- How does the individual cope with the illness.
- Physical health e.g. doctors, dentist, any medication.
- Diet and eating habits.
- Exercise.

### Dreams and aspirations:

- Areas the individual would like to work on.
- What is important to the individual, anything they would like to change?

### Personal and social resources:

- Resources used in the past to manage physical and mental wellbeing.
- What resources were helpful? Why?
- Has the individual completed a Physical Health Check?

## Spirituality and Culture

In this case, spirituality doesn't just refer to an organised religion, instead it relates to any beliefs or practices that give a person's life meaning and purpose, e.g. by generating hope, comfort or connections. Individuals can belong to more than one cultural group, so the conversation should include the different cultures the person identifies with, identifying how strongly they identify with each.

### Current situation:

Is there anything which brings comfort, meaning and purpose to the individual's life?

What gives the person strength in times of difficulty.

- Individual's beliefs, What does the individual have faith in?
- Any rituals the person engages with, Important occasions for the individual.
- Family roles and practices, e.g. mother as main care giver, extended family etc.
- Languages spoken.
- Certain types of food enjoyed by the individual.

### Dreams and aspirations:

- Any changes the individual would make, e.g. go to church more often, visit parents' home country.
- Connections with others from the same cultural groups.

### Personal and social resources:

- Past spiritual or religious beliefs?
- How has a person's spirituality or cultural practices / beliefs supported them in the past?
- Celebrations, rituals that the person use to observe or celebrate

## Appendix 5: Additional resources for assessing and amplifying strengths

It can be helpful for workers to identify their own strengths, to give them practice and insight into the experiences of people using services being asked to identify strengths. The exercise below, modified from elsewhere<sup>8</sup>, is designed to help with this.

### Exercise for workers

#### **What is my identity?**

This might include age, gender, race, culture, ethnicity, job titles and important roles in your life.

#### **What are my hobbies, interests and passions?**

List all the areas of life you care about and have interests in.

#### **What are my skills, talents and resources?**

List the things that you can do, what you are good at, and what you enjoy. What kinds of resources or equipment do you have access to?

#### **What are my gifts?**

What do people say about you? Why do they like you? What attracts people to you? If you were not here, what would be missing in your absence?

#### **What support do I have in my community?**

What is my community – which group(s) am I 'at home' with? What kinds of help do I get from my community? How do I help my community?

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