Optimism, Team Cohesion, and Recovery

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Service innovations for people with mental illness, substance use disorders

- **SAMI**: Substance Abuse & Mental Illness strategies for co-occurring disorders
  - **IDDT**: Integrated Dual Disorder Treatment the evidence-based practice
  - **DDCAT**: Dual Diagnosis Capability in Addiction Treatment an organizational assessment & planning tool
  - **DDCMHT**: Dual Diagnosis Capability in Mental-Health Treatment an organizational assessment & planning tool

- **ACT**: Assertive Community Treatment the evidence-based practice

- **MI**: Motivational Interviewing the evidence-based treatment

- **IPBH**: Integrated Primary & Behavioral Healthcare
  - **SE/IPS**: Supported Employment/Individual Placement & Support the evidence-based practice
  - **TRAC**: Tobacco: Recovery Across the Continuum a stage-based motivational model
  - **$**: Benefits Advocacy & Planning relationships supporting recovery

www.centerforebp.case.edu
A Technical-Assistance Center

Providing consultation, training, and evaluation for the implementation of integrated behavioral healthcare services
Learning Objectives

Participants will be able to:

1. Identify the thinking process and behavior of the optimistic provider.
2. Describe elements of the optimistic provider.
3. Describe aspects of a cohesive treatment team.
4. Describe steps for hiring and training optimistic providers.
Presentation Outline

I. What do people want in their recovery?
II. What is your level of optimism?
III. What about (our) attitudes toward people with serious mental illness and co-occurring substance use issues?
IV. Identifying elements of team cohesion
V. How might optimism be assessed and fostered?
What Do People Want in Recovery?

- **Commonly expressed goals of persons served**
  - Manage their own lives
  - Social opportunity
  - Activity / Accomplishment
  - Transportation
  - Spiritual fulfillment
  - Satisfying relationships
  - Quality of life
  - Education
  - Work
  - Housing
  - Health / Well-being

... to be part of the life of the community

Drake, 2000; Drake & Deegan, 2009; Salyers et al, 2012; Salyers, 2013
The Recovery Framework for treatment

Dimensions of Recovery

1. Health
2. Home
3. Purpose
4. Community

SAMHSA, 2001
OPTIMISM survey

**Conceptual definition:** the extent to which providers think that consumers on their team can achieve recovery and integration into the community

- 16 statements – 5 point likert-type response
- Response range: 1 (almost all) to 5 (none) – some more optimistic in “reverse”
- “I believe consumers I am (now) working with…”
  - Will not remain in the mental health system for the rest of their lives.
  - Will be able to function very well in the community.
  - Will find work that enables them to be economically self-sufficient.
  - Will be able to have satisfying friendships.
Take the survey!

Discussion:
Where are you at with your beliefs about recovery?
What About Recovery and “us”? 

What about stigma and us, the providers?
What about the providers?
How do we support such labels? What are the consequences of such labels – for the client? For "us"?
A self-fulfilling prophecy
A consideration

How do “we” (providers/practitioners) reinforce stigmatizing the people we aim to help?

What about (our) attitudes toward people with serious mental illness and co-occurring substance use issues?
How to help Recovery happen?

What does it take?

- Safe housing
- Organizational support for care
- Comprehensive treatment that includes work (meaningful activity) and increasing ability to self-care
- Social support
- A treatment team/staff that works well together (cohesive)
- Systems level advocacy
- Optimistic staff
- Strong leadership
- ??
Why explore optimism about recovery?

**Definition:** Optimism about recovery is the extent to which providers think that people (clients/consumers/patients) can achieve full recovery and integration into the community.

...optimism is “a learned behavior”

*Seligman, 1991*

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**Learned Helplessness**

a “giving up reaction-a quitting response that follows from the belief that whatever you do doesn’t matter”

*Seligman, 1967; 1975*

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**vs**

**Learned Optimism**

“Changing the destructive (negative) things you say to yourself when you experience setbacks that life deals all of us” is the central skill of optimism.

*Seligman, 1991*
OPTIMISM
What do you see?
DESPAIR

It’s Always Darkest just Before it goes Pitch Black.

www.despair.com
Why explore Provider Optimism About Recovery?

Attitude has been missing from the research on best practices.

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Research often focuses on client demographics, service models & structures – and we have we not been asking much about ….US?
the world of “Theory”

- **Social Learning theory**  
  (Bandura & Walters, 1963; Bandura, 1977)
  - New responses can be acquired through observational learning and imitation of models that are rewarded or not rewarded

- **Cognitive Behavioral theory**  
  (Mischel, 1973; 1979; Mischel & Shoda, 1995)
  - A range of cognitive-affective factors *mediate* a person’s behavior in a situation and account for *continuity* in *how* a person responds across situations
  - A full range of learning processes that includes the *outlook* of the “learner” & approach to a situation
  - Information and skills will not be expressed in behavior unless *expectations* about one’s self and the environment justify/support it

- **Ecological Systems Theory** — complex, dynamic *interrelationship* of individuals, family, environment, community, social structures, policies, that effect behavior (…remember homeostasis?)
interactive elements

1. **Thoughts** (Encodings – mental **constructs** about self (service provider), situation (e.g., an interaction with a client), others (clients, family members, supervisor, other providers)

2. **Expectations** - cognitive **assessment**: about our ability to perform in our interactions with others; ideas about consequences of such, and the meaning of the event/s

3. **Feelings** (Affect) - emotional **reaction** associated with (each) situation

4. **Goals and Values** - relative **importance** placed on the outcome of a situation

5. **Cognitive Competencies** - knowledge, skills, abilities

6. **Self-Regulatory Plans** – behavioral **strategies** to achieve one’s goals, including techniques for managing internal emotional states, **and** a plan of action

**Rinse and Repeat** – an ongoing process that **shapes expectation & behavior**
interactive elements

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2. **Expectation** (cognitive assessment: about our ability to perform in our interactions with others; ideas about consequences of such, and the meaning of the event/s)

3. **Feeling** (Affect - emotional reaction associated with (each) situation)
interactive elements

3. Goals and Values –

relative importance placed on the outcome of a situation
4. **Cognitive Competencies** –

   knowledge, skills, abilities

5. **Self-Regulatory Plans** –

   strategies to achieve one’s goals,
   including techniques for managing internal emotional states, and a plan of action
A relationship between elements

In an ongoing process that shapes expectation & behavior
Lots going on
Cognitive Behavioral elements

1. Thought
   - mental constructs
2. Expectation
   - cognitive assessment
3. Feeling
   - emotional reaction
4. Goals and Values
   - relative importance
5. Cognitive Competencies
   - knowledge, skills, abilities
6. Self-Regulatory Plans
   - strategies to achieve one’s goals

Results = specific behavior in specific situations
Illustration scenarios

- More optimistic
- Less optimistic
DISCUSSION

1. What is important about having optimism about recovery?
2. What is challenging about it?
3. Do you think we/you/others can “learn” to be optimistic?
   - How?
4. What can we do to hire people that are strongest advocates for recovery?
5. How can we foster optimism with our teams?
A focus on attitudes (perceptions) of providers

PLUS

how elements of team cohesion are related to optimism
BURNOUT

Attitudes Are Contagious. Mine Might Kill You.

www.despair.com
DON'T ASPIRE TO BE THE BEST ON THE TEAM.

ASPIRE TO BE THE BEST FOR THE TEAM.
TEAM COHESION

definition: extent to which service providers think that the team in which they work facilitates the achievement of goals that cannot be reached when individuals act on their own

- 42 statements

- “In my current team…………”
  - I consistently give feedback to others in my setting
  - Formal procedures/mechanisms exist for facilitating dialogue
  - Teamwork is important in my ability to help clients
  - My colleagues are committed to working together
  - My colleagues and I talk together about similarities and differences including role, competencies, and stereotypes

Bronstein, 2002
TEAM COHESION – cont’d

• “In my current team.............”
  • I consistently give feedback to others in my setting
  • Formal procedures/mechanisms exist for facilitating dialogue
  • Teamwork is not important in my ability to help clients
  • My colleagues are not committed to working together
  • My colleagues and I talk together about similarities and differences including role, competencies, and stereotypes

Bronstein, 2002
Elements of TEAM COHESION

Five independent subscales of team cohesion:

1. **Interdependence**
   - reliance of all members *on each other* to achieve goals & tasks

2. **Newly Created Activities**
   - *collaborative acts, structures* (policies/procedures) that amount to *more* then when members act independently

3. **Flexibility**
   - deliberate *role blurring* to reach productive compromise when needed

4. **Collective Ownership of Goals**
   - *share responsibility* for entire, constructive process of reaching goals

5. **Reflection on Process**
   - *attention to feedback* to develop & strengthen relationships & their effectiveness
Interdependent processes

- Interdependence
- Reflection on process
- New activities
- Collective ownership of goals
- Flexibility

TEAM
How might optimism be assessed and fostered?

**Assessing optimism at hiring**

- Use case scenarios during interview – questions:
  - What might you expect? Think? Feel? Do with this client/staff?
  - How would you handle this situation?
  - How and when would you access supervision?
  - How might you involve another colleague/team member?
- Shadow treatment team member and debrief with prospect

**Fostering optimism among/with staff**

- Team building/cohesion/leadership development
- Case review
- Shadowing
- Use process with questions above – CBT for providers
If you can’t explain it **simply**, you don’t understand it well enough.

– Albert Einstein
So...simply...

1. Be reflective daily.
2. Examine and align your thoughts, expectations, feelings and behavior with your values.
3. Foster an environment around you that exudes respect, compassion, and understanding of others (see Golden Rule).
4. Expect this of others (i.e., actively help them achieve this state - in a motivational way).
5. Rely on others in healthy ways to be a better “you”.
Final thoughts

Changing the destructive (negative) *things you say to yourself* when you experience setbacks that life deals all of us is the central skill of optimism.

Martin Seligman

We don't see things as they are. We see things as *we* are.

Anais Nin

What lies behind us, and what lies before us are tiny matters compared to what lies *within* us.

Ralph Waldo Emerson

I am always doing what I cannot do yet, in order to learn how to do it.

Vincent Van Gogh

What is to give light must *endure* the burning.

Victor Frankl
Dreams are made...
...from the seeds of optimism

Maybe one day we'll find the place where our dreams and reality collide.
Next Steps??

What are the “take-homes” for you?

What might you do differently?
Contact Us

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