

Support and Active Problem Solving—Keys to a successful recovery group

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A peer recovery group focuses on support and active problem solving within a safe environment. Recovery models are built on a foundation of mutual support. Active problem solving among peers adds the bricks and mortar to recovery-focused models. The additional value of personal experience generates hope as recovery skills are modeled and taught.

Problem solving is essential to recovery and will often focus on self-care. During group meetings an important question to ask is, “What are you doing to take care of yourself?” This question can launch a group into active problem solving. In spite of this, group members sometimes lack insight into their own efforts toward caring for self. However, at the very least, every group member has taken the challenging step of being present at the group. Support for having taken this step can provide positive reinforcement toward recovery.

Three essential values

Three essential values of a successful peer recovery group include the belief that the following are true:

- 1. Recovery is possible**
- 2. Recovery skills can be learned**
- 3. Many recovery skills are best taught by those who have integrated them into daily life**

1. Recovery is possible

Recovery in the context of bipolar disorder has been defined in many ways, but it is generally agreed that recovery involves a process of achieving a functional and satisfying life, in spite of symptoms or episodes of illness. I define recovery as “the process of actively seeking mental wellness in the context of experiencing bipolar disorder” (Mountain, 2003).

In recovery, the individual is actively engaged with clinicians, community, family and friends toward the goal of remaining a whole individual. The whole person has normal aspirations, hopes and dreams, as well as resilience to face the challenges of daily life. Another component of the whole individual is having healthy relationships with the people in one’s life. Meaningful contributions to self and others through work, volunteering or other activities in the community are also important. Finding the whole self in the context of

a mental disorder is the key to mental wellness.

Unfortunately, bipolar disorder has a way of derailing individuals and families to place their focus on illness to the extent that the whole individual is lost. Clearly there are times during the course of the illness when episodes or crises require the major focus to be on treatment and healing. The role of peer recovery groups in this context is to provide support and hope during the time it takes to get back on track.

The concept that recovery is possible leads to active management of symptoms and of episodes of depression, hypomania and mania. Recovery’s goal is not the absence of bipolar disorder or its symptoms; rather, it is “seeing” the whole person in order that creativity in the active management of symptoms plays its role toward restoring mental health.

2. Recovery skills can be learned

This principle guides peer recovery groups to identify their mission and to develop strategies to produce quality programs. For example, a group may decide to include education about recovery in its mission and may accomplish this by devoting a part of each meeting to education. The group may have speakers, show videos or encourage discussion focused on recovery.

Recovery does not just “happen”. It is the result of effective treatment combined with the application of recovery skills in the context of hope. For example, achieving the most effective

medication strategy requires the person with bipolar disorder to work as a partner with the prescriber. Skills such as identifying and describing symptoms and medication side effects can be learned in order to facilitate the process.

Other skills that have been well defined in therapeutic settings include problem solving, interpersonal skills, thinking (cognitive) skills and others. Learning to recognize and respond effectively to warning signs of worsening mood can be learned in a peer recovery model. Management skills are needed to recognize and anticipate triggers. Learning these initial skills can lead to further strategy-building skills to diminish the effects of triggers by planning healthy responses or prudent avoidance.

For instance, the boisterousness of a holiday party can trigger symptoms of mania. Advanced planning could include the strategy of attending the party for a short time early on when fewer people are present. Alternately, skipping the party altogether but asking someone to convey greetings to others may be the more appropriate choice.

3. Many recovery skills are best learned from those who have integrated recovery skills into daily life

Giftedness and creativity accompany the challenges of living with bipolar disorder. Individuals who have experienced the challenges of bipolar disorder provide unique perspectives and insights. Because they live

the disorder from the inside out rather than looking at it from the outside in, people who have bipolar disorder can provide valuable insights in recognizing and applying recovery skills.

A recovery-focused model encourages the contributions of all forms of treatment, including medication, psychotherapy and psychoeducation. Peer recovery groups, however, provide the additional value of personal experience. Individuals who have successfully integrated recovery skills into daily life are able to demonstrate recovery skills and to share from a peer perspective. Peers can challenge each other to see new ways to apply recovery skills in daily life.

Making peer recovery groups effective:

1. Evaluate the supportive function of the group. Make sure a safe environment encourages support in the context of hope.
2. Appreciate the role of active problem solving as a key feature of recovery-focused groups.
3. Encourage insights that lead to action. After sharing challenges and successes, ask the question, “What are you doing to take care of yourself?” Responses to this question can also help group leaders evaluate the recovery group’s effectiveness.
4. Use the three essential values described above to help define mission.

For more about recovery and bipolar, return to the homepage at www.beyondbipolar.com.

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Website Resources

American Psychiatric Association, www.psych.org

American Psychological Association, www.apa.org

Child and Adolescent Bipolar Foundation, www.cabf.org

International Society for Bipolar Disorders, www.isbd.org

National Alliance for the Mentally Ill, www.nami.org

Depression and Bipolar Support, Alliance www.dbsalliance.org

Stanley Medical Research Institute, www.stanleyresearch.org