

RECOVERY ORIENTED PSYCH REHAB: CHOOSING A VALUED ROLE

Adapted from :

Recovery Promoting Competencies Toolkit (2016)

M. Farkas, D. Hutchinson, R. Forbess, M. Restrepo Toro, Z. Russinova

MARIANNE FARKAS

<MFARKAS@BU.EDU>

CENTER FOR PSYCHIATRIC REHABILITATION

BOSTON UNIVERSITY

NYAPRS PROS ACADEMY

NOV 17-18 2016

YOUR EXPERIENCES

- In your experience, what makes a decision a good decision ? What makes a decision a bad decision?
- What *steps* have you taken to make a *good* choice when you have had to make an important decision in your life? ie How did you do it?
- What techniques have you used to help your clients make good decisions?
- What goes wrong, if and when they make unsuccessful decisions?
- What makes the issue of choice so difficult in mental health services?



WHY IS CHOICE SO IMPORTANT TO RECOVERY?

- All recovery definitions recognize the individual as the *central actor* in the recovery process:
- It is the *individual* “ who improves his or her health and wellness.”
- It is the *individual* develops a new sense of meaning in life.

You have **BRAINS** in your **HEAD**.
You have **FEET** in your **SHOES**.
You can **STEER** yourself any
DIRECTION you **CHOOSE**.
~ Dr. Seuss

BASED ON THIS DEFINITION, WHAT ARE THE PRINCIPLES BEHIND THE SKILLS OF FACILITATING CHOICE?

Principle # 1

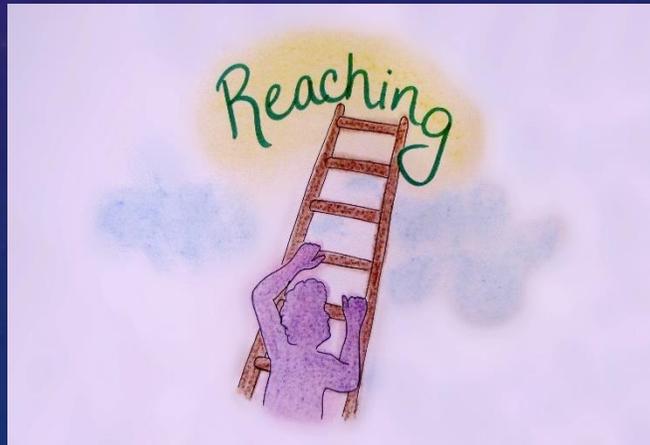
Recovery is promoted when...



Client experience:

Choosing is viewed as a teachable skill.

I am capable of growth.



PRINCIPLE #2

Recovery is promoted when...

The client is supported to use their own life experiences as the basis for making important decisions.



Client experience:

My experiences and perspective are valid.



PRINCIPLE #3

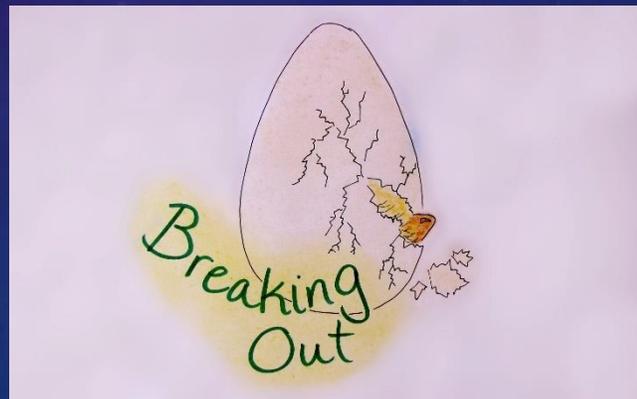
Recovery is promoted when...

The client is supported to make personally meaningful and informed choices -- independent of whether the provider agrees with the choice.



Client experience:

I have control over my own life and respect from my provider.



WHY IS THE CONCEPT OF “CHOICE” SO DIFFICULT?

- Providers primarily deliver services when people are at their worst
- Providers might see people (when not in crisis) who appear to have little motivation to change
- Providers may have offered choices, to a person who responded in what seemed to be a totally unrealistic, or inappropriate way.

ARE PEOPLE “TOO ILL TO CHOOSE”?

General view

- Allowing people to choose, risks loss of a job, home, relationships, finances, physical health, and occasionally even life itself.
- Humanity dictates taking control

Recovery oriented view

- Recovery oriented providers look for ways to engage a person in identifying what interventions , by whom in what way work well *when he or she is functioning better*, for those times a person may not be able to speak for him or herself

ARE PEOPLE “TOO UNMOTIVATED” TO CHOOSE?

General view

- Providing the person an opportunity to make choices may support their inertia and lack of motivation
- What if they just “don’t want to”!

Recovery oriented view

- Recovery oriented providers sees motivation as a function of the fit between a person and his or her environment;
- Understand that many people find it difficult to make important changes in their lives
- help people begin to believe in a future

ARE PEOPLE “TOO UNREALISTIC” TO CHOOSE?

General view

- Allowing people to choose is self defeating and not therapeutic because they often respond with goals that are unachievable, given their skills and situation

Recovery oriented view

- Recovery oriented providers find opportunities to help people learn about themselves ,their domain of interest;
- understand what they experienced relative to their own values and standards;
- use decision-making tools that focus on comparing one option with another in terms of the person’s *own standards*

IN SUMMARY, WHAT DO PROVIDERS NEED TO FACILITATE CHOICE?

- **Change attitudes to notion of choice and barriers to choice** (e.g. choice is a function of opportunity, experience, hopefulness, future orientation)
- **Change strategies and competencies to facilitate choice**

PSYCHIATRIC REHABILITATION PROCESS- REVIEW

Diagnosis (D)	Planning (P)	Intervention (I)
Am I prepared to work on role goals really? (Readiness)	Which skills and supports will I start with?	What do I do to learn what I absolutely don't know? (DST)
So where and in what role do I want to LLWS? (ORG)	Which interventions will I use?	Why can't I use the skills I have? What do I do to overcome those barriers? (Programming)
What critical skills do I need to be successful & satisfied there? (FA)	Who will help me? When will I be done?	What has to happen for me to get supports that I don't have? (Linking)
What critical supports? (RA)		What has to happen if these supports don't exist? (Modifying/Creating)

DEFINITION OF CHOOSING A GOAL

- Choosing a Goal means selecting a preferred environment and role in which an individual intends to live, learn, work, or socialize within the next 6 to 24 months.



Example: Overall Rehabilitation Goal Statements

Living: I intend to live as in my own apartment with my dog, on Ash Street in Farmingham until next October.

Learning: I intend to earn my G.E.D. at Oakdale High School by next June.

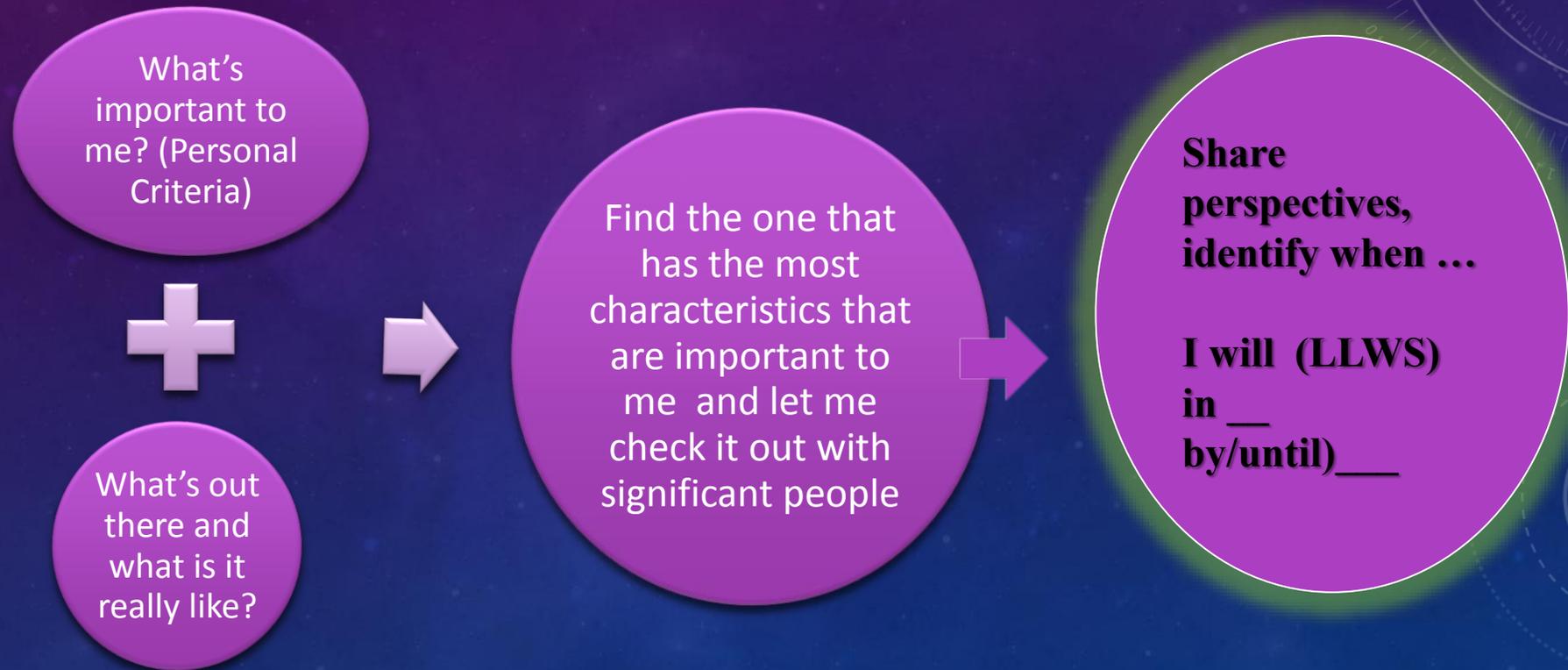
Working: I intend to work part time as a computer programmer at Raytheon until a year from January.

Socializing: I intend to become the Volunteer Activity Co-ordinator in the Singles Sports Club in Cambridge by next September.

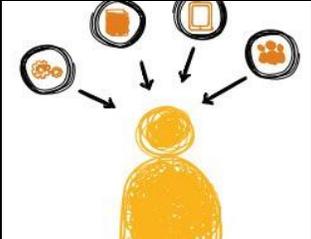
UNIQUE FEATURES OF SETTING AN OVERALL REHABILITATION GOAL

- Part of a systematic psychiatric rehabilitation process.
- Goal-setting precedes an assessment of skills and resources.
- Goal is environmentally specific and focused on a role.
- Goal is long term.
- Person sets the goal after full consideration.

WHERE HAVE WE BEEN AND WHERE ARE WE GOING?



COMPONENT SKILLS OF CHOOSING AN ORG

Purpose	Component Skill	Definition
Focus on the person 	Listing Preferences	Naming the criteria important in making a selection among alternatives
Focus on options 	Clarifying Alternatives	Defining attractive options for making the choice
Focus on the choice 	Selecting the Best Alternative	Identifying the option that compares the most favorably to the rest of the options

EXAMPLE OF SELECTING ALTERNATIVE

Personal Criteria	Weight	Current	Part time Ass. Degree, in web design @ Middleboro College	Part time Ass. Degree, computer science @ Mass College of Arts
Available supports	10 (50)	5 (50)	3 (30)	3 (30)
Students with psych dis.	6 (30)	1 (6)	2 (12)	3(18)
Affordable tuition	9 (45)	5 (45)	4 (36)	3(27)
Structured classes	3 (15)	2 (6)	4 (12)	3 (9)
Flexible reqt	1 (5)	5 (5)	3 (3)	5 (5)
Responsive profs	4 (20)	1 (4)	3 (12)	4 (16)
Available internships	5 (25)	1 (5)	5 (25)	4 (16)
TOTALS	190	121	130 [68%]	121

TRYING IT OUT

- THINK OF THE LAST TIME YOU HAD TO CHOOSE A JOB/LIVING—OR A DECISION YOU MAY BE THINKING OF NOW
- 1. What were the three major options you had....Remember—staying where you were was an option, for most of you....?
- 2. Identify 6-10 important criteria for you in making the choice (tip...what did you like/not like about previous experience?)
 - Noun – Person-Place-Activity and an adjective (e.g. “Extensive healthcare benefits” ; “Friendly neighbors”)
- 3. Weight the criteria (10 -1) Find highest-lowest-middle; fill in rest
- 4. Think of how much of your individual criteria would be expressed in each options you identified. (Score it on a 1-5 scale; 5 is ideal; 1 = intolerable)
- 5. Multiply the weight of the criteria by the score of the environment—which is your highest score?
- **Give me a sign—so I know you got this far....**

EXAMPLE OF SELECTING BEST ALTERNATIVE

Farkas et al., 2016; Cohen, Farkas, et al., 1992

Personal Criteria	Weight	Current	Option 1	Option 2
TOTALS				