

# Recovery Oriented Practice

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# The Disease Centered Model

## Professional Role

1. Authoritarian
2. Paternal
3. In-charge
4. Holds the important knowledge
5. Responsible for treatment
6. Disease is focus

## Patient Role

1. Subservient
2. Obedient
3. Passive
4. Recipient of knowledge
5. Responsible for following treatment
6. Host of disease

# Nancy (1)

One time I gained 40 pounds in less than three weeks on medication and was very tired, slept all the time, only got up to eat and stuff...(Interviewer) You call it a zombified state. Can you describe what you mean by zombified state?

## Nancy (2)

Like you hear everything going on but you can't participate in it. Like just laying there and something happening to your body and not being able to enjoy it or being a part of it. Everything going along fast and you're just stuck in slow motion. And you really have to think hard about what you're doing, like pouring a cup of tea or something.

## Nancy (3)

You get the whole tea on you if you're not watching it very closely and everything's kind of-- Everything is going on without you being a part of it. It feels very terrible. And nobody can hold a conversation with you. You can't talk normally. Your speech is very slow and slurred. It's just not a happy state to be.

# Recovery is Person-Centered Model

## Person's Role

1. Personal power
2. Personal knowledge
3. Personal responsibility
4. Person in context of life is focus
5. Person is self-determining

## Professional Role

1. Power sharing
2. Exchange information
3. Shared decision-making
4. Co-investigator
5. Professional is expert consultant on journey

## Nancy (4)

She's a nurse practitioner. She's better to work with than the doctors we have. She listens to us and she seems like she's up on all the medication. She knows a lot about everything like thyroids and everything and she just listens to you. She wants you to be the best person you can be so she tries to get medications for that.

## Nancy (5)

Not something that's just going to, as I call it, zombify you out and get rid of the symptoms, some of the symptoms. She wants to get rid of the symptoms but also wants you to live. So if you can talk to somebody like that, it's a lot better.

## Principle 2:

A recovery-based approach to using psychiatric medications is a person-centered approach

# Definition: Personal Medicine

- Personal medicines are those things in our lives that give us a sense of purpose and meaning.
- Personal medicines are those things that make life worth living, that make us laugh, that help us feel loved, and give us joy.
- Personal medicines are the things that build our sense of self-esteem, mastery and confidence

# Definitions: Personal Medicine

- Personal medicines are the things we do to sooth and comfort ourselves, as well as the things we do that challenge, intrigue and engage us.
- NOTE: Personal medicine is NOT some combination of pills or potions - over the counter or street drugs or prescriptions - that we personally put together on our own and swallow in hopes of recovery!

**The Side Effect Trap:  
When Pill-Medicine Interferes  
With Personal-Medicine**

# Nancy (1)

I was on Depakote and I was tired. I was moody. They put me on it to help my depression. I got (more) depressed. I started sleeping all the time. I gained a lot of weight. I wanted to end life because I had so much pain. I just couldn't do anything. I was in bed. My house cleaning wasn't getting done. I did not feel I was a good mother because I did not have the

# Nancy (2)

drive to take care of my kids. I took them to daycare because I just had to sleep. So I got them a babysitter and I slept and slept and slept on the medication. So I quit taking it at times. And I would then do better, lose the weight, get better and then I would hear voices and hallucinate,

# Nancy (3)

and need help and tell the doctor that. I would get back on medication, gain weight again, get depressed, get big again.

# The Side Effect Trap



I feel depressed  
and can't do the  
things that give my  
life meaning...



So I go off the  
medications but  
eventually...

I go for help and  
take meds...



The meds make me  
so sedated that I  
can't do the things  
that I value most in  
life...



# Recovery Oriented Practice

- Recognize and end macro and micro-aggression
  - Handcuffed in back of cruisers
  - Restraint seclusion
  - Threats, bribes and coercion
- Build respectful relationships
  - A new approach to establishing professional boundaries
  - A new approach to communication with clients both in writing, speaking, and non-verbal forms
- Support client choice through shared decision making

# What's In A Word?

- Crazy
- Honey
- You're doing well for a schizophrenic
- She is so borderliney
- He is decompensating
- She is low functioning
- He's a harmless burnt out schizophrenic

# Examples of Slurs

- Crazy, Nuts, Schizo
- Retarded, Wacko, Loonier than a...
- Dummy, Stupid, Sick
- Crazy as bed bug
- Screwy, Nut Job, Faggot
- Back-to-the-nuthouse, Wacko Wards, the Nutcracker Suite

# Examples of Insults

- You're acting like a child
- Is she always a drama queen?
- Pain-in-the-ass
- She weighs a thousand pounds
- This room has a schizophrenic smell to it
- You need a rubber room
- That person belongs in the state hospital

# Examples of Insults Continued

- Are you out of your mind?
- I'm sick of your shit
- You're acting like a fifteen year old
- My taxes pay for your SSI
- You're just lazy

# Examples of Insults Continued

- How can you work with that person?
- Get a life
- She was stuffing her face
- Never mind – you just don't understand
- It's just Joe playing games again
- You are just using the system (spoken directly to the client)

# Pet Names

- Adorable
- Cute
- Tiny (a nickname for a very large, elderly man)
- Campers
- Sweetie
- Honey
- Chum-pal
- Kiddo

# Demoralizing Messages

- She is never going to change
- He/she is chronic
- You're a substance abuser and that's all you'll ever be
- Loser
- You'll never get better
- You can forget about getting a job

# Demoralizing Messages Continued

- For a schizophrenic, you are doing very well
- You are not that high functioning. You should try a volunteer job
- It's too bad the medications prevent you from having an orgasm. But it's more important for you to take the meds because they control your psychotic symptoms

# Demoralizing Messages Continued

- It's important for you to remember that you will have to stay on medications for the rest of life
- You should get your tubes tied and then you won't have to worry about getting pregnant
- Why put yourself through the stress. People with your illness can never get a driver's license. Learn to use public transportation

# Demoralizing Messages

- These micro-aggressions assault a person's hope
- Often these micro-aggressions are cloaked in kind intentions
- Often these statements signal that staff are having a crisis of hope

# Practice Respect

- Staff show me respect when they call me if they are going to be late
- ...by not acting like they hate the job and don't want to be here
- ...when they listen to my opinion
- ...by giving me attention and listening to me
- ...when they praise when I'm doing good

# Practice Respect

- Staff give me respect by listening to my complaints and problems
- ...when they treat me like a human being
- ...when they let you know you are a person first and that you have an illness second
- ...when I get the feeling they are working for me and I am not working for them

# Practicing Respect

- Staff show us respect they same way you show other people respect. You treat them courteously, like people first
- Staff show respect by being patient
- ...by spending time with me
- ...by remembering birthdays and sober anniversaries

# Practicing Respect

- Staff show respect when they don't impose their own ideas
- Staff show respect when they listen with full attention; when they really understand what I'm saying

# How We Communicate

- Speech
  - When the person is present
  - When the person is not present
- Behaviors
- Gestures
  - Cultural norms
- Tone
- Silence
- Writing

# Disrespectful Ways to Communicate With Clients About Professional Boundaries

- When a client asks, “Are you married?” the staff person responds, “Do you see a ring on my finger?”
- A client asks where the staff person is going on vacation and the staff person answers, “That’s not appropriate for you to know.”

# Disrespectful Communication Continued:

- A client asks why a staff person did not come in on Monday for their usual shift. The staff person responds, “That’s none of your business” or “That’s a boundary violation”
- A client asks if the staff person has a boyfriend and the staff responds “There are certain things you need to know about me and certain things you don’t”

**A client asks a staff person:  
How many mental health  
workers does it take to screw in  
a light bulb?**

**Staff answers:**

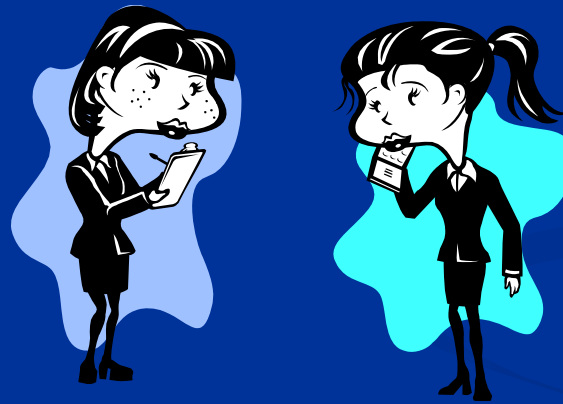
**“We can’t tell you that because  
it’s a boundary violation”**

*a joke made up  
by clients in a community-based  
mental health agency*

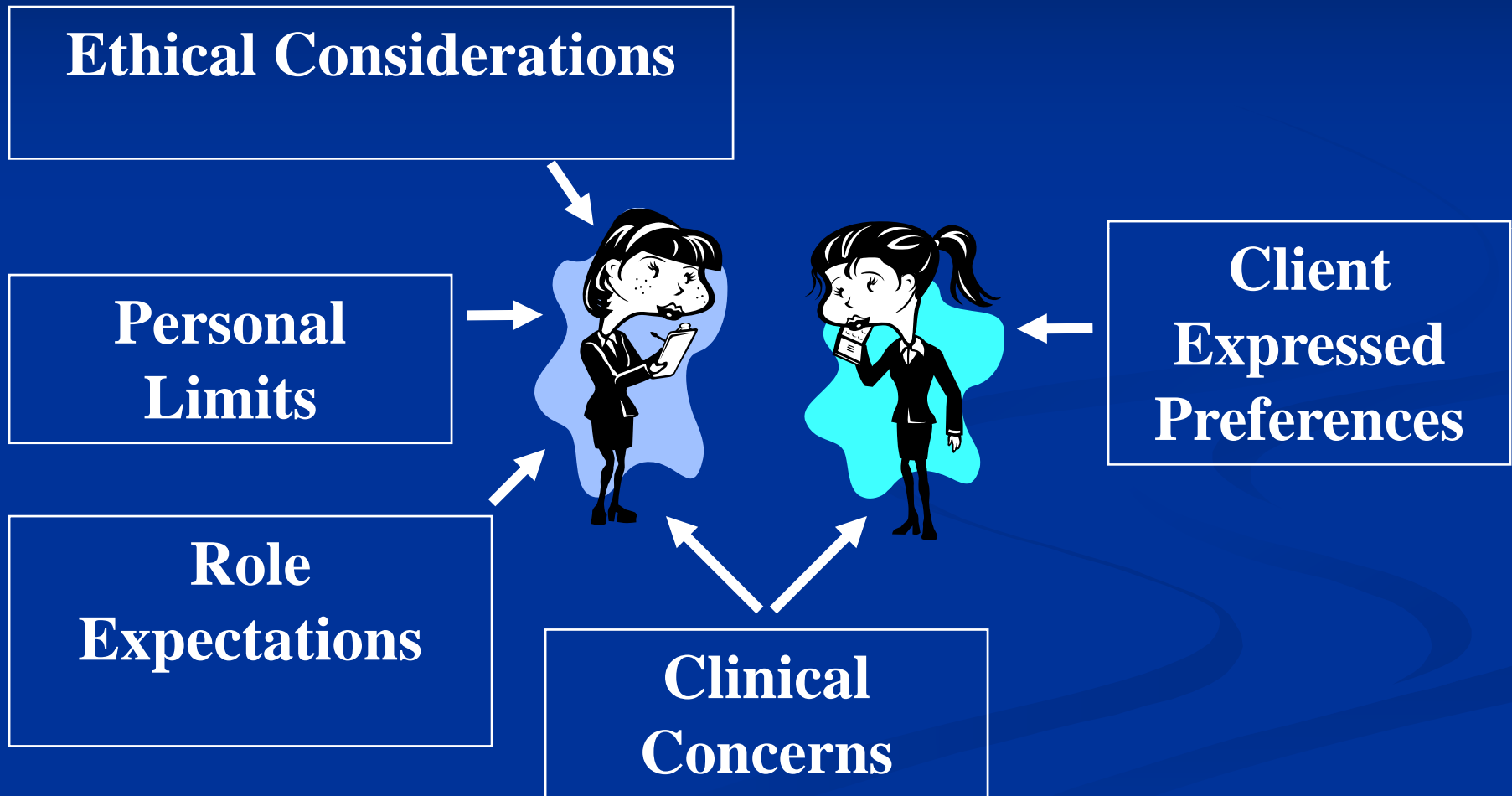
# Example

- **A staff person has been helping a client get through an academic college course. During a visit the client shares that he got a disappointing grade on a recent test. The client says, “I am so discouraged. I could use a hug.” What would the professional boundary be in this situation?**


# Professional Boundaries Are Co-Created Between the Professional and the Client



# The Five Factors Converge in a Myriad of Ways



# Client's Expressed Preference



**Can I have a  
hug?**

# Staff Decision Making and Professional Boundaries

**Hugging is not an ethical violation**

**My personal limit is that I feel OK about giving a supportive hug**

**There is nothing in the treatment plan to contraindicate hugging.**

**Hugging a client in a supportive way is within the role of the direct service worker**

# Example 2

**Hugging is not an ethical violation**

**My personal limit is that I feel OK about giving a supportive hug**

**The treatment plan states no physical contact with this client at this time**

**Hugging a client in a supportive way is within the role of the direct service worker**

# Guideline 1: The Dignity of Risk and the Right to Failure

1. Able to give examples of dignity of risk/right to failure from own lives, the lives of others
2. Will demonstrate the skill of questioning whether a client's choice reflects the dignity of risk and right to failure.
3. Will demonstrate the skill to resist "pathologizing" client choice i.e. automatically assuming a "bad choice" or a "poor judgment" is due to mental illness.



We learn through taking risks and trying new things. We learn through our mistakes.

# Guideline 5: Responding to Client Choice

The direct service worker must try to fine the balance between the extreme attitudes of “letting the client do whatever he/she wants” and “running the client’s life for him/her”.



Let the client do what he/she wants (neglect)

Get the client to do what I want or think is best (Protect)



# Decision Tree: Consumer Choice

