

November 9th & 10th, 2005 CIMH MSHA Training

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Support, in a recovery based environment, is never a crutch or a situation in which one person defines or dictates the outcome. Support is a process in which the people in the relationship strive to use the relationship to become fuller, richer human beings. Although we all come to relationships with some assumptions, support works best when both people are willing to grow and change.

This need for appropriate support extends into the clinical community. Though clinical relationships may never truly be mutual, or without some assumptions, we can all work to change our roles with each other in order to further move away from the kinds of paternalistic relationships some of us have had in the past. Some of the questions health care professionals can ask themselves in this regard are:

- How much of our own discomfort are we willing to sit with while someone is trying out new choices?
- How are our boundaries continuously being redefined as we struggle to deepen each individual relationship?
- What are the assumptions we already hold about this person, by virtue of his/her diagnosis, history (if we know it), lifestyle? How can we put aside our assumptions and predictions in order to be fully present to the situation and open to the possibility for the other person to do the same?
- What are the things that might get in the way of both of us stretching and growing?

Support begins with honesty and a willingness to revisit all of our assumptions about what it means to be helpful and supportive. Support means that at the same time clinicians hold someone in "the palm of their hand", they also hold them absolutely

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accountable for their behavior and believe in their ability to change (and have the same reflective tools to monitor themselves).

No one is beyond hope. Everyone has the ability to make choices. Even though health care professionals have traditionally been asked to define treatment and prognosis, they have to look through layers of learned helplessness, years of institutionalization, difficult behaviors, and then they can creatively begin to help a person reconstruct a life narrative that is defined by hope, challenge, accountability, and an ever changing self concept.

As part of our support system, health care professionals need to continue to see of they are looking at their own roadblocks to change, understand where they "get stuck" and dependent, and look at their own less than healthy ways of coping. Health care professionals need to relate to us that they have their own struggles, and own that change is hard for all. They need to look at our willingness to "recover" and not perpetuate the myth that there is a big difference between themselves and the people they work with. Then the desire to change is nurtured through the relationship, not dictated by one person's plan for another. The outcome is that people don't continue to feel separate, different and alone.

Clinicians often ask, "What about people who aren't interested in recovery, and who have no interest in Peer Support and other recovery concepts?" What we often forget is that **MOST** people find it undesirable to change. It's hard work! People have been used to their identities and roles as ill, victims, fragile, dependent and unhappy. Long ago we learned to "accept" our illnesses, give over control to others and tolerate the way of life that comes with that. Think how many people live like this in one way or another that don't have diagnosed illnesses. It's easier to live in the safety of what we know, even if it hurts, than it is to do the hard work of change, or develop hope that conceivably could be crushed.

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Our clinical mistake, up to this point, has been thinking that if we ask people what they need and want, they will instinctively have the answer **AND** want to change their way of being. People who have been in the mental health system for many years have developed a way of being in the world, and particularly being in relationship with professionals, where their self definition as "patient" has become their most important role.

Our only hope for accessing internal resources that have been buried by layers of imposed limitations is to be supported in making leaps of faith, redefining who we'd like to become and taking risks that aren't calculated by someone else. We need to be asked if our idea of who we'd like to become is based on what we know about our "illness". We need to be asked what supports we would need to take new risks and change our assumptions about our fragility and our limitations. When we see our closest friends and supporters willing to change, we begin to try out our own incremental changes. Even if this means buying ingredients for supper instead of a TV dinner, we need to be fully supported in taking the steps to recreating our own sense of self and be challenged to continue to grow.

"Recovery" is a personal choice. It is often very difficult for health care providers who are trying to promote a person's recovery when they find resistance and apathy. Severity of symptoms, motivation, medications, personality type, accessibility of information, perceived benefits of maintaining the status quo rather than crediting life change (sometimes to maintain disability benefits) along with the quantity and quality of personal and professional support can all effect a person's ability to work toward recovery. Some people choose to work at it very intensively, especially when they first become aware of these new options and perspectives. Others approach it much more slowly.

It is not up to the provider to determine when a person is making progress – It is up to the person.

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The implications of a recovery vision for services to adults with diagnosed "severe mental illness" will be that providers of services—instead of coming from a paternalistic framework with often harsh, invasive and seemingly punitive "treatments"—will learn from us as we work together to define what wellness is for each of us on an individual basis and explore how to address and relieve those symptoms which prevent us from leading full and rich lives.

The hierarchical health care system will gradually become non-hierarchical as people understand that health care professionals will not only provide care, but will also work with a person to make decisions about their own course of treatment and their own life. Those of us who experience symptoms are demanding positive, adult treatment as partners.

This progression will be enhanced as more people who have experienced symptoms become providers.

While the benefits of a recovery vision for mental health services defy definition, they obviously include:

- **Cost effectiveness.** As we learn safe, simple, inexpensive, non-invasive intervention and therapies. We will live and work interdependently in the community, supporting ourselves and our families.
- Reduced need for hospitalization, time away from home and personal supports, and the use of harsh, traumatic and dangerous treatment, which often exacerbates rather than relieves symptoms, as we learn to manage our symptoms using normal activities and supports.
- **Increased possibility of positive outcomes.** As we recover from these pervasive and debilitating symptoms, we can do more and more of the things we want to do with our lives, and work toward and meet our life goals and dreams.

As we normalize people's feelings and symptoms, we build a more accepting, diverse culture.

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