



CommonGround: A Recovery-Based Approach to Supporting Client Choice

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Choice and Recovery

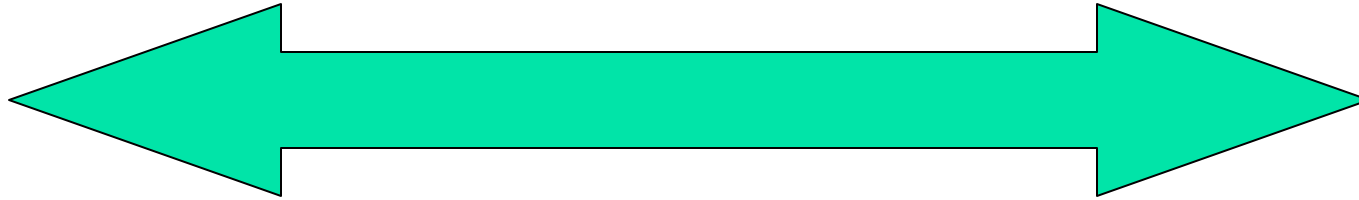
- You believed in me and then I slowly learned to believe in myself
- You encourage me
- *I* am responsible for my choices
- I run my life
- The work of recovery is up to me



Amanda

- After so much effort, why not accept that Amanda has made her choice? Aren't we supposed to support client choice? Isn't that a good thing?
- After so much effort, why not just go in and rid her apartment of the junk? Why not make the right choice for Amanda!

The Neglect - Over Protect Continuum



It's Amanda's choice. We are supposed to support choice. We've tried everything else. Let's go with her choice.

This is neglect, not empowerment

We can get Amanda to do the right thing. We'll arrange things so she has to make the right choice.

This is Over Protect and is toxic help



Principle 1

- Avoid Toxic Help - Those interventions that hinder rather than support recovery.
- Learned Helplessness
 - Cognitive deficits - Failure mindset
 - Emotional deficits - Depression
 - Motivational deficits - Apathy, indifference



Practice Principle 1a

- When your team proposes an intervention, assess if the intervention is a form of toxic help
- Use the intervention assessment form routinely

The Intervention Assessment

How might this intervention help the client?



How might this intervention be toxic help?

Intervention Outcomes

- **Lose/Lose** - Intervention leaves staff concern unaddressed and client Learned Helplessness reinforced **Toxic**
- **Lose/Win** - LH reinforced, Staff concern addressed **Toxic**
- ✓ **Win/Win** - Staff concern addressed/Client exercises choice, experiences self-determination **CommonGround**



Exercise

- Darnell has diabetes and won't follow diet
 - Staff is proposing to get a representative payee who will control Darnell's money such that he has no extra money to spend on "forbidden" foods
 - Answer all the questions on the intervention assessment form and generate some other ideas for less toxic interventions for Darnell



Principle 2

- Relationships are our most important tool in working to support people in their recovery
- Continuity, one-on-one, available, listens, believe-in-me, authentic, respectful, culturally sensitive, fosters empowerment, caring responsive, humble, conveys hope



Practice Principle 2a

- When dealing with client choice, avoid tunnel vision and the deficits trap
 - Frustration and burn-out
 - Power struggles create winners and losers
 - Moral judgments - she's lazy
- Intervention on Staff!
 - Hope, consultation, creative problem solving, the long-view over time



Practice Principle 2b

- We do not rely on disastrous natural consequences in order to “teach the client a lesson”
 - Blaming and catastrophic solutions are red flags for staff anger/burn-out
 - Decisional Balance Sheet is a respectful way of breaking out of power struggles



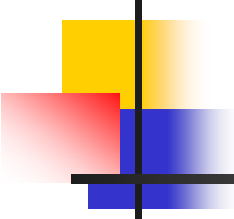
Principle 3: The Dignity of Risk and the Right to Failure

- Do not pathologize poor choices that people with psychiatric disabilities make. Poor choices, mistaken judgments, lack of insight, repeated mistakes and self-defeating choices are not necessarily a reflection of mental illness. They are ways that most of us grow and learn!



Practice Guideline 3a

- Don't automatically assume a client's poor choice is reflective of mental illness. Openly challenge co-workers who jump to such conclusions
- Practice "normalizing" the choice a client is making



Principle 5: Navigating Choice

- **The comfort zone:** Client makes choice staff are comfortable with
- **The conflicted zone:** Client makes choice staff feel conflicted about
- **The non-negotiable zone:** Client makes choice that poses significant danger that is immediate or imminent



Practice Principle 5a

- In clinical practice, routinely use discipline of determining what “zone” a client’s choice is falling into



Principle 6: Changing Agency Culture to Support Recovery

- In an agency that is implementing Recovery Oriented Practice there will be a shift away from the non-negotiable zone, toward creative engagement with clients in the conflicted zone. This shift is rooted in:
 - New philosophical perspective
 - More effective way of working with clients
 - Redirection of resources and staff training priorities