How Negative Messages Are Sent

Scenario - Some of us have been working with the state office of mental health. We have identified 2-4 programs in which it is clear that all of the staff and all of the consumers in those programs do not believe in the possibility of recovery. They may have said that they believe in recovery, but when we went out with case managers and sat in on staff meetings, read charts and treatment plans, attended groups for consumers, we saw and heard things that made it clear to us that they did not believe that consumers could get better.

"What did we see and hear in our visits to those programs that let us know that both the staff and the consumers did not believe in the possibility of recovery? (How were negative messages about people's abilities and potential for growth being sent?)

Individually list 3–5 answers

1.

2.

3.

4.

5.

How negative messages about clients' abilities and potential for growth are sent in mental health day program environments:

-progress reports show no changes
-staff telling consumers what to do
-staff is non-supportive of clients' goals
-static client lists
-clients not on advisory council
-cookie cutter treatment plans
-staff doing things for consumers that they can do for themselves
-staff leading all groups
-'always' and 'never' statements from staff and clients
-clients are passive, not active in treatment
-treatment decisions made without client present and then client does not question
-rundown buildings and facilities
-clients do not know their goals
-jokes/complaints/derogatory remarks about clients
-inappropriate comments by staff
-consumers appear hopeless
-problem-focused talk
-many clients on medications only
- -consumers allowed/encouraged to remain in maintenance mode
-staff show no respect for client wishes
-consumers are embarrassed into compliance
-entitlement mindset
-loud, impatient, frustrated voices (staff and clients)
-no shared eating or recreational activities
-catering to the needs and wants of attractive few
-lack of physical contact
-condescending language
-not permitting failure
-lecturing to like children
-staff and clients insensitive to each other's feelings
-minimalizing client feelings and ideas
-patronizing behavior
-impatience on part of staff
-too many demands to be in program
-staff telling clients they will never complete the treatment
-"Recovery for these people is just not possible."
-progress notes reflect negative behavior
-no recognition of achievements
-"You will never be able to function in the community."
-goal: stay out of the hospital , stay on meds
-"You can't even shop for yourself."
-goals on the ISP are not recovery based
-repeat materials in groups
-treating the chart, not the client
-telling people that they are not ready for work
-low attendance in programs
-staff giving up on consumers
-staff tells another staff that a certain consumer will never change
-everyone doing the same thing all the time
-people are sleeping or outside smoking
-client told the most important thing is to stay out of the hospital
-treatment talk vs. recovery talk
-"You will never be able to live independently"
-not letting consumers make their own decisions
-consumer unable to identify current goals
-consumers always asking for permission
-"We do the treatment plan and they sign it."

Changing Negative Attitudes and Beliefs

Scenario - You have been selected by the Office of Mental Health to spend six months in a very difficult situation where all of the staff and consumers do not believe in recovery. You will work in 2-4 teams. Your only assignment is to change staff and consumer attitudes and beliefs by surrounding them with possibilities of recovery. You cannot fire anyone.

Focus Question: "What would you do over the next six months to surround both staff and consumers with the possibility of recovery?"

Individual List

1.

2.

3.

4.

5.

Small Group List

1.

2.

3.

4.

5.

6.

7.

8.

Components of Program Environments that Promote Recovery

Recovery Program Environments are those in which the people involved make a constant and consistent effort to...

...eliminate negative messages about a person's abilities and potential for growth.
...bring in program graduates to tell their success stories.
...provide peer mentors in specific areas of a person's life.
...make available peer role models who are comfortable with and articulate about their own recovery.
...educate people about medication, especially the side-effects of medications.
...offer training in stress reduction and stress management skills.
...create opportunities for staff to share their success stories with one another.
...create opportunities for consumers to share their success stories with one another.
...set up an awards system ranging from verbal praise to completion certificates to small prizes.
...celebrate consumer and staff victories.
...set up an ongoing wellness support group.
...set up an ongoing goals support group.
...train consumers to write their own progress notes.
...educate staff and consumers on the definition and dynamics of recovery.
...educate staff and consumers on the philosophy and value of psychosocial rehabilitation.
...focus on the strengths of the consumers rather than the illness.
...create opportunities in group settings for consumers and staff to learn and talk about recovery.
...teach consumers problem solving skills.
...engage consumers in solving program problems.
...enable staff to focus time on skills teaching, support development and resource coordination.
...ensure that everyone has input into program development and evaluation.
...ensure that the over-riding theme in everything that goes on is that a person can get better.