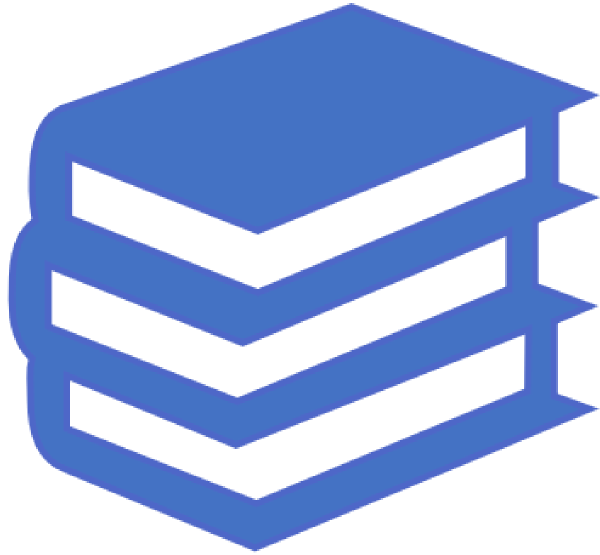

References & Articles

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- The Change Companies – Tips & Topics: http://changecompanies.net/tipsntopics/
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- L.E.A.P.: http://www.leapinstitute.org/
- Mental Health Recovery & the Wellness Recovery Action Plan (WRAP) http://www.mentalhealthrecovery.com
- Person-Centered Planning Education Site (Cornell University): http://www.personcenteredplanning.org/

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- Person-Centered Planning Research Site (Yale University): http://medicine.yale.edu/psychiatry/prch/research/pcp.aspx
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- The Rhetoric of Recovery Advocacy: An Essay On the Power of Language: http://www.williamwhitepapers.com/pr/2001RhetoricofRecoveryAdvocacy.pdf
- Santa Clara County TCP Website: https://www.sccgov.org/sites/bhd-p/initiatives/tcp/pages/default.aspx
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Resources

The Power of Words: Ask Yourself

- Do I allow the individual enough time to examine his/her thoughts and to frame his/her responses to my questions?
- Do I really listen to the response and consider it carefully before I speak?
- Do I let us sit with the thoughts for a while or do I fill the deafening silence to eliminate the perceived awkwardness?2
- Is the language I am using discouraging, or even rob, people of their Hope?
- Is the language I am using frighten people out of their power to be Response-able?
- Is the language you use discourage others from exploring ALL options?
- Is the language you use stifle, or even silence, a person's efforts to self-advocate?
- Is the language you use diminish or even steer people away from natural Supporters?

[2] Addiction Professional, May/June 2009 (Vol 7, No 3), *Questions for Productive Treatment Sessions,* Brian Duffy, LMHC, LACS-1; pp. 14-15

Traditional Language	Recovery Language
Abnormal	Should not be used to describe a person
Addict	(if impairment & diagnosed) Has an addiction to… Otherwise, this should not be used.
Argumentative	Advocating strongly for…
Borderline	Shouldn’t be used w/o diagnosis
Criminal	Has a history with the legal system
Decompensated	Relapse / Struggling with current symptoms or situation / regression of Sx or Bx
Delusional	Believes / Stated “…”; Unusual thoughts
Deviant	Unstable
Difficult	Pre-contemplative
Disabled	Symptoms of mental illness cause
Disengaged	Pre-contemplative / Not interested at this time / Not ready for
Disturbed	Experiencing…

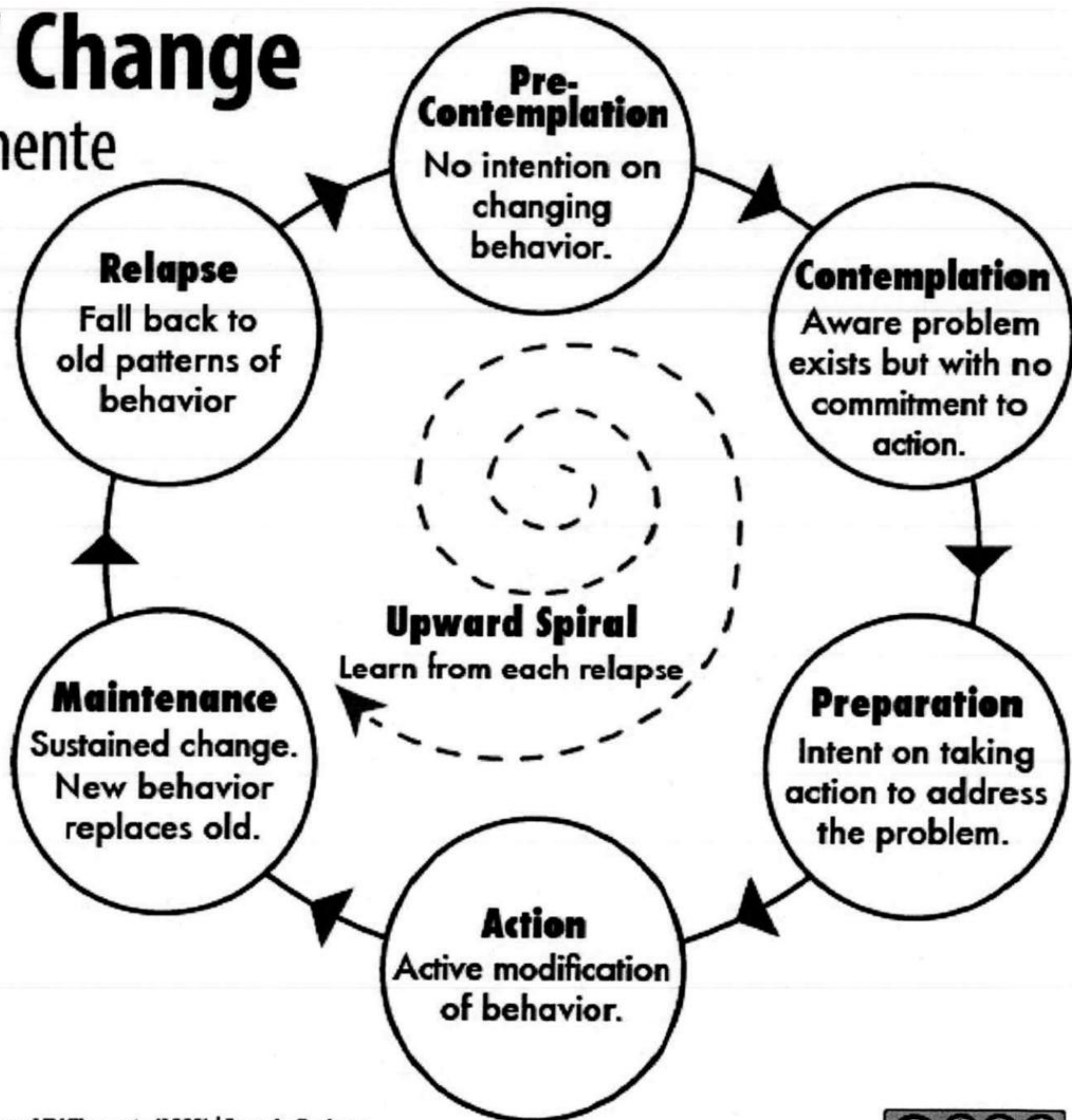
Traditional Language	Recovery Language
Flawed	Mental Illness causes…
Help Rejecting	Has other ideas / Not interested in support at this time because…
Helpless	Struggles with / Needs support in
Hopeless	Lack of Interest / Not able to find a solution to…
Impaired	Limits ability to…
Impossible	Lack of Interest / Not able to find a solution to…
In Denial	Doesn't believe or feel…/Pre-contemplation
Incompetent	Struggles with / Unable to
Incurable	Manageable with support
Liar / Lies	Believes/Stated "…"
Manic	Should not be used to label – only used as a symptom of a diagnosis
Manipulative	Advocate / Resourceful

Traditional Language	Recovery Language
Negative Symptoms	Specify the symptom or behavior
Non-Compliant	Chooses not to / Chooses to
Pathological	P.D./M.I. interferes with ability to
Psychotic	Experiencing increased symptoms of…
Schizo / Insane	This term should NEVER be used!
Symptomatic	Experiencing symptoms including… which are manifested as…
Treatment Resistant	Not ready to…
Unmotivated	Not ready for / Not comfortable with
Unrealistic	High goals for him/herself

The Cycle of Change

Prochaska & DiClemente

- **Precontemplation:** A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists
- **Contemplation:** The person becomes aware that there is a problem, but has made no commitment to change
- **Preparation:** The person is intent on taking action to correct the problem; usually requires buy-in from the client (i.e. the client is convinced that the change is good) and increased self-efficacy (i.e. the client believes s/he can make change)
- **Action:** The person is in active modification of behavior
- **Maintenance:** Sustained change occurs and new behavior(s) replaces old ones. Per this model, this stage is also transitional
- **Relapse:** The person falls back into old patterns of behavior
- **Upward Spiral:** Each time a person goes through the cycle, they learn from each relapse and (hopefully) grow stronger so that relapse is shorter or less devastating.



Social Work Tech!

The Cycle of Change

Adapted from a work by Prochaska and DiClemente (1983) | Ignacio Pacheco

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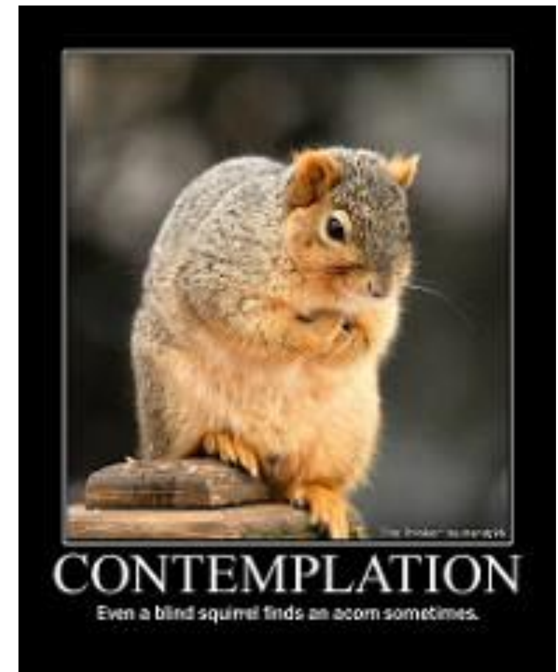
Pre-contemplation… Discovery Track

- Not considering change or more than 6 months from doing something about it
  - Goal
    - Consciousness-raising
  - Barriers/Risks:
    - No knowledge of risks/consequences
    - Contentment in their life

Contemplation…Discovery Track

- Considering change with no plan – ambivalent & undecided
  - Goal:
    - Consciousness-raising
    - Self Re-evaluation
  - Barriers:
    - Knowledge of risks/consequences
    - Self-efficacy
    - Contentment
    - Indecisiveness



Preparation…
Discovery & Recovery Track

- Committed to change within 1 month
  - Goal:
    - Self- Liberation
    - Social Liberation
    - Commitment
  - Barriers/Risks:
    - Loss of commitment
    - Knowledge of options
    - Making decisions about plans for change

Action…Recovery Track

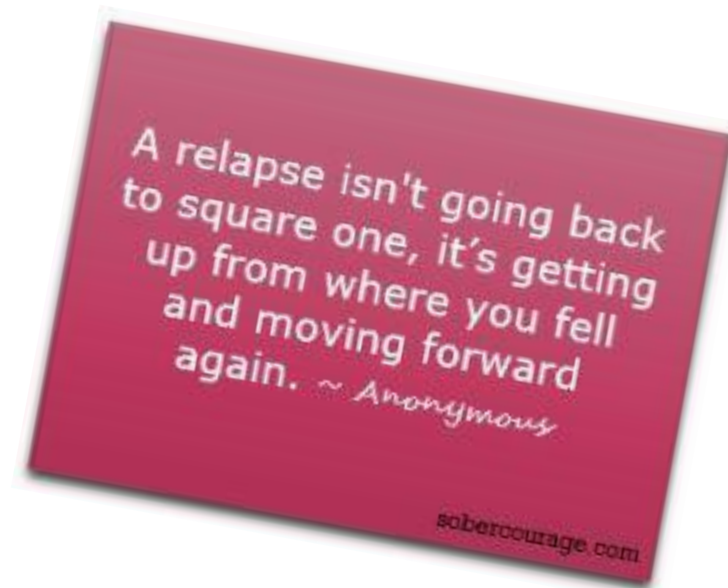
- Has begun changing behaviors & increase self-efficacy
  - Goal:
    - Optimize plans
    - Modify behaviors and surroundings
  - Barriers/Risks:
    - Failure and disillusionment
    - Overconfidence

Maintenance…Recovery Track

- Behavior change is well-learned typically for 6 months
  - Goal:
    - Stable, new lifestyle
    - Attainment of original goals
    - Continue positive reinforcement & social support
  - Barriers/Risks:
    - Major losses and stresses
    - Failure to attain original goals

Relapse / Recycling

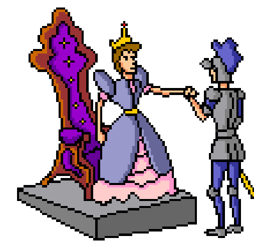
- Resumption of undesired behavior
- Relapse is a normal, expected stage of behavior change
- Goals:
  - Identify relapse
  - Reframe as opportunity to learn
  - Restage



Termination/Exit

- New lifestyle is stable
  - Goal:
    - Exit the cycle of change without fear of relapse
  - Barriers/Risks:
    - Pre-contemplation about returning to behavior

Cinderella's Recovery Plan



- DESIRED RESULTS: "I want to make friends & find my Prince Charming."
- OBSTACLES: mood instability, anxiety, poor hygiene & boundaries w/others, disorganized behavior, & chaotic relationship with her family (particularly step-mother) interfere with her ability to make and maintain appropriate relationships with her peers.
- SHORT-TERM GOAL(S): Cinderella will express herself respectfully & assertively to her peers 3 out of every 4 interactions over the next 2 months as reported by group facilitators.
- STRENGTHS: loves to be around others, passionate about animals & caring for them, hopeful towards change and improvement in her life
- ACTION STEPS BY IND & SUPPORTERS: Cinderella will attend groups at least 3x/week (currently is 0x/week) to practice social skills & meet others. Cinderella will explore activities in the community to do with her new friends, like shopping for a new ball gown. She will also take showers 2-3 times a week and do laundry at least every 2 weeks which will make her more approachable to others. Step-mother will provide positive feedback towards Cinderella daily.
- ACTION STEPS BY STAFF (interventions): CM will provide case management & rehab at least 2x/month for the next 3 months to support Cinderella in attending groups, review & role-play life skills, appropriate hygiene, and how to establish & maintain appropriate boundaries. MD will provide Cinderella with medication education and support monthly for the next 6 months to help decrease some of Cinderella's symptoms. CM will support Cinderella at her psych appts & her in her efforts to feel more comfortable around taking her medications and speaking openly to her doctor. Therapist will provide family therapy and collateral for Cinderella & her step-mother weekly for the next 6 months to improve their communication.

Prince Charming's Recovery Plan

- DESIRED RESULTS: "I want to stop the bad & violent thoughts in my head that are causing me to be self-destructive. I also want to re-visit my meds because they make me so out of it."
- OBSTACLES: Prince experiences impulsivity, rapid thought, pressured speech, and paranoia that others are after him. These experiences have lead to suicidal ideations, unprotected sex, spending sprees, & unprovoked fights impairing his ability to remain safe in the community & around others.
- SHORT-TERM GOAL(S): Prince will have 10 non-violent encounters with his housemates weekly over 2 months as reported by Prince & his house manager.
- STRENGTHS: able to recognize difference between negative & positive thoughts; enjoys singing, writing music & riding his horse; wants to stay in the community & has supportive house manager, motivated for help
- ACTION STEPS BY IND & SUPPORTERS: Prince will work collaboratively with the psychiatrist to come up with a less sedating medication cocktail that can address his impulsivity. Prince will utilize after-hours emergency phone when his thoughts are becoming too intrusive. Prince will experience his angry feelings and journal them rather than act them out. Prince will go on horse-back rides to get exercise and feel more relaxed.
- ACTION STEPS BY STAFF (interventions): CM will meet with Prince 2x/month over the next 3 months for rehab counseling to discuss how to interact with others assertively rather than aggressively. CM will give Prince relationship & substance abuse resources and follow-up every other week for the next 2 months, and refer to therapy if Prince is interested. Therapist will work with Prince weekly for the next 4 months in developing new cognitive-based coping skills & practice how to use them daily. CM & Psychiatrist will work collaboratively with Prince monthly for the next 6 months on his medications to ensure that he is not having any negative side-effects.