# Meeting the Challenges of Using the Recovery Model With People with Psychosis
# 2015

The recovery movement has made substantial headway in the last two decades, but the sentiment persists that it doesn't really apply for people with psychosis. Those people are too sick for recovery. They're not ready. They need the medical model first. Certainly there are significant challenges in working with people with psychosis within a recovery model, but there are also significant challenges working with them within a medical model.

The crucial distinctions between the recovery model and the medical model is often described as whether we want someone to get better or not or whether we believe they can get belter or not or even what we would expect getting better to look like. While these attitudinal distinctions may be quite important, it's not just what we believe in, it's also how we practice. The crucial practice distinctions lie in three basic transformations of how we relate to the people we're serving:

1) **Moving from illness-centered to person-centered:** Moving from centering our efforts on the treatment of illnesses and the reduction of symptoms to a holistic service of people and the rebuilding of lives - Needed to Engage
2) **Moving from professionally-driven compliance to client-driven collaboration**: Moving from professional directed relationships emphasizing informed compliance with prescribed treatments to individualized relationships emphasizing empowerment and building people's self-responsibility - Needed to Build skills
3) **Moving from deficit-based stabilization to strengths-based resilience**: Building hope for recovery upon each person's strengths, motivations, and learning from suffering rather than upon the competence of professionals and medications to reduce or eliminate the burden of their illnesses –Needed to Build Self-Reliance

For each of these three transformations there are specific challenges and techniques that can be used to overcome them listed in the chart below:

| Recovery Transformation | Challenges | Techniques |
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| 1) Moving from illness-centered to person-centered | 1) It feels like the illness has swallowed up the person<br>2) The illness seems too powerful for interpersonal or self-help coping approaches – they "need" meds | 1) Describe their experiences instead of their symptoms and diagnoses – use person first language<br>2) "Suspend disbelief" to try to understand what they're experiencing – |

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| | 3) Psychosis creates interpersonal discomfort and fear – we need "professional distance"<br>4) Psychosis creates a fear of violence – we need "safety first" | What would it be like to be them<br>3) Look for the coping strategies they're using<br>4) Try to have "normal" conversations about anything non-illness in life |
| 2) Moving from professional-driven compliance to client-driven collaboration | 1) They're delusional views are "fixed" and "false" – it's too frustrating to negotiate<br>2) Thought disorders and/or cognitive impairments can decrease judgment and decision making<br>3) They don't have insight to know what they need – "anognosia" | 1) Use our understanding to facilitate their goals, not just to persuade them into pursuing our goals<br>2) Reflect back coherent versions of what they're saying – to decrease their confusion and fear<br>3) Be a "bridge" between the two worlds |
| 3) Moving from deficit-based stabilization to strengths-based resilience | 1) They may have had multiple losses of strengths<br>2) They may be developmentally / maturationally stuck<br>3) They have "negative symptoms"<br>4) Medication scan be sedating<br>5) They take on compliant / dependent roles<br>6) They have limited opportunities for life roles to express strengths | 1) Reframe non-compliance and defiance as strengths leading to self-reliance<br>2) Try to get them out of patient / client roles into roles where they have strengths<br>3) Keep emphasizing their choices and self-responsibility refraining from caretaking and co-dependency<br>4) Break into their isolation – can be non-verbal |

Programs and staff who are successfully working with people with psychosis within a recovery model will likely need to build skills in each of these techniques.