ZERO COERCION

ERASMUS + EUROPEAN PROJECT

TRAINING MATERIALS_2

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Lecture I. Personal recovery thinking

Problems and strengths

Many methods proceed from problems when it comes to setting goals and creating plans. This is not what we do (see also CARe methodology and The CARe Network). One frequently asked question in this regard is: how can I work on clients' goals without immersing myself in their problems? This is answered with a question: how can you work on clients' goals if you do not know what strengths and possibilities you can draw on to this end? When you start by reinforcing strengths, then it will become evident that not all problems require resolution. Furthermore, it will also emerge that some problems will abate or even evaporate. Other problems will persist, and we simply incorporate these into our plan. Various types of strengths could be interests, talents and skills and other personal traits such as patience and modesty. Our conception of strengths is broad: first and foremost these are opportunities and possibilities that are present and that present themselves – be they major or minor. Here it is often also the case that it is the little things that matter. For example, strengths may be found in the enjoyment a client gets out of something. If there is something the client is enthusiastic about, or which he likes talking about, then this is already an indicator of strengths present.

It is also about wishes and aspirations. Significant strength is to be found in the simple fact of somebody wanting something. Many strengths can also be found within the set of experiences that a client has acquired. In this regard, it is not only a matter of life experience in itself, but also about the way in which the client himself has learned to keep going in adverse circumstances.

It is not just about the knowledge and experience the client currently has (i.e. within this period in his life), but also about what the client has acquired over time in terms of life experience and knowledge. Often the client will also derive strengths from his culture and the way in which problems are dealt with in this culture. All kinds of forms of environmental support can give the client strength.

Sometimes one's apprehension of what one is capable of has been eclipsed. In such cases, it will be possible for you to look at whether the client is willing to actively seek to recover that sense of capability. There are various ways of looking for strengths. They can be found in the life history or the recovery story. They might also be found in the present, in the client's environments.

Even though many clients have a history replete with setbacks, it will still be possible to find plenty of strengths. When somebody living in sheltered housing wishes to live independently, and he used to live independently, then it is possible for us to find strengths here. A lot of support workers will first ask why things went wrong, thus missing the opportunity to find strengths. Good questions include: how did you manage to keep going for so long, what qualities did you draw

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on, from whom did you get support? The question 'how did you manage to keep going?' is the parent question we use to chart strengths in the past.

Five pillars

Research carried out into recovery factors shows that these can be clustered into several categories (Wilken, 2010). We call these the five pillars of a recovery process. These pillars are:

1. Motivation: driving strengths for recovery, such as hope, wishes and aspirations.
2. Identity: development of personal identity, including by means of constructing one's own life story and discovering personal strengths.
3. Knowledge and skills, including competencies enabling one to cope with one's disability and to develop increased autonomy.
4. Status and creating meaning: developing meaningful activities, valued social roles and positive relationships.
5. Social and material support, including contacts with those who have experienced similar things, accommodation, work, professional health care and support.

The Personal Profile (*see lecture III*) enables us to look at the situation for these five pillars. CARe methodology is geared towards maintaining strengths and possibilities that are present and, if need be, bolstering pillars. As such, this could be bolstering on the client's side or bolstering on the side of the client's environment.

Nowadays we are investigating opportunities that are (primarily) found in the client's natural environment, as this is where they are generally most readily visible. Natural environments include the client's own flat, the shopping centre, the community centre, the network of family and friends. Clients might behave very differently at home to how they behave in a clinic. And we are all familiar with the example of clients who behave completely differently when on holiday to how they behave in sheltered housing or another type of institution. Furthermore, research is being carried out into what natural sources are available around the client as well as those to which he has, and had, access. This includes such things as his social network.

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Lecture II. How do we assess strengths and possibilities?

We literally and figuratively help the client to amass strengths. We do this from the perspective of our own curiosity with regard to these strengths. The search is performed in 'daily life' and commences in a natural way from the point of meeting the client. Looking for strengths is a process that may be compared with searching for wild flowers in the natural world. Strolling through the forest, we will come across a beautiful flower here and there. And if instead we walk through the forest together, we will enjoy it all the more, both the walk itself and each other's company. Whilst walking, we gather strengths, gradually finding more and more of them, enough to put together a beautiful bunch. Thus, the process of amassing strengths is never a one-off discussion, instead comprising multiple instances of communication, sometimes over a period of months. As such, it is not about filling out a form but revealing the strengths intrinsic to someone's life. Working on a Personal Profile is a process, one for which the care worker dovetails with the pace of the client.

It also holds that the more concrete it is the better. Thus, resources are often included in the Personal Profile in terms such as: I get support from, help, good communication, etc. These descriptions need to be specified in more detail. Questions you might ask regarding a statement like 'I have a good rapport with my sister' could be: what does this rapport consist of, why do you consider it to be a good rapport, what form does it take, how might others be able to see that it is a good rapport, what does it do for you? The same goes for statements like 'I get a great deal of support from my practitioner, my fellow clients, my personal support worker'.

The key word when inventorying possibilities is 'together'. Inventorying possibilities together entails several ways of working. Thus, you can work through and fill in the form together, but in this respect, we must bear a couple of things in mind. First of all, it is possible that a client may not (or not yet) view a number of strengths as strengths. If that be the case, then the support given by the care worker will consist in stating the strengths he perceives and asking the client whether he recognizes these strengths. Often this will produce reactions along the lines of: 'Oh, is that a strength? I didn't realize'. This way the client learns to identify his own strengths. These positive experiences have a positive effect on the client's self-esteem, as well as on the relationship between client and care worker. We also have to realize that many roads lead to Rome, and that doing together is often better than *talking* together. For example, by going together to view a potential new place to live, by drinking coffee in the city together or doing housework together, strengths will reveal themselves in a playful manner.

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Looking for strengths in the past and in the present

Now: aspirations and wishes, core qualities, cultural aspects from which support is derived, things enjoyed, talents, skills, learning experiences, pride, things that inspire and motivate.

Then: the way in which someone persevered, resilience, somebody's achievements, anything or anyone from whom support was received.

Personal qualities:	I am
Talents and skills:	I can
Environmental strengths:	I have
Interests and aspirations:	I want
My knowledge and experience:	I know

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Lecture III. Quality of life, recovery and well-being

Domains

Within CARe we utilize the model of the personal domains and life domains as a compass. We look at the domains appropriate to wishes and/or goals.

Figure. Wishes and goals in different domains

Wishes and/or goals attributed to one or more personal domains	**Wishes and/or goals attributed to one or more living domains**
Self-care	House and neighbourhood
Health	Work
Meaningfulness	Learning
Social relationships	Recreation

It may well be that the client is still busy formulating wishes in one domain and yet is already actively fulfilling a goal in another domain. In this regard we distinguish the phases of explore, choose, acquire and keep. Explore is all about orientation, amassing sound information. This will provide a solid basis for making a choice and setting a goal. It is then a case of performing the proper actions to achieve the goal. Finally, it will also be desirable for you to maintain the situation brought about. Occasionally a client will already have set a goal and would like support to accomplish it. Sometimes the client has already managed to bring about a specific situation

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and he is requesting support to help perpetuate it because he is happy about this aspect of quality of life.

This demands various types of support on the part of the support worker. In such cases, the travel guide is open at multiple pages simultaneously. There is frequently a relationship between wishes/goals in one domain and those from another domain. This prompts us to look at how they correspond to one another.

The domain model can also be used to perform a straightforward 'quality of life' measurement, simply by having the client scored for each domain. If someone would like to improve his quality of life in a certain domain, then we refer to this as a wish. We will illustrate this by means of the example of Frank.

Frank (1)

Frank has been living in sheltered housing facility for a year now. Frank got divorced three years ago and has a six-year-old daughter, Marcella. His contact with his ex-wife Kitty is now extremely limited and he rarely sees his young daughter.

Frank has his own room with a kitchenette and he's very content with it. Nonetheless, he is considering going to live on his own, which would give him greater independence; after all, Frank regards standing on one's own two feet as important.

Frank is receiving support from Rita. They have known one another for a while now and get along fine. They have built a degree of mutual trust. During his initial period in the Supported Housing accommodation, Frank was really struggling with what happened in the past. Rita listened attentively and gave him plenty of support during this difficult time. Now Frank wants to make fresh progress.

One day Frank and his support worker Rita are sat together discussing a form that features a number of important life domains, such as the place you live, your leisure activities, etc. Frank scores these: a 7 for the house he lives in right now, 5 for recreation because he thinks his free time is rather empty.

Frank is a music fanatic, and when he talks about it with Rita his eyes light up and he starts to talk

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louder. He has always wanted to play an instrument but never got round to learning. Most of all he would love to be able to play 'Since I've Been Loving You' by Led Zeppelin on an electric guitar.

He rates the social relationships domain with a 4. This is in part down to his empty free time, but predominantly because of not seeing his daughter often enough. Frank feels like he's not really a father to her, and this is increasingly starting to bother him. Gradually it dawns on him that he wants to get back to working on his paternal role. Whilst talking about this it emerges that this is a wish directly associated with meaningfulness.

Thus Frank and Rita set out on a journey entailing two wishes on Frank's part: reviving his role as a father and being able to play an electric guitar. Frank's passion is evident in both of these wishes. And 'passionate' wishes are always associated with meaningfulness. These wishes are transformed into journey goals.

It could also be that we first have to provide ample space for the life history or recovery story to be told and that the client is not yet completely ready to look to the future. In such cases, his wishes and needs will mostly be geared towards reconstructing what has happened and starting to recover his identity. Support Plan focuses on these things *(additional reading from a Wilken & Hollander book)*. The client's story will naturally give rise to a 'Personal Profile'. We can use this profile in the phase the client has reached to start looking to the future as well as to help ascertain wishes and set goals. To take Frank's case as an example, Rita offers him a great deal of support with his story during the initial period in which they are in contact with one another. This story also provides information for the purposes of his Personal Profile, but this will not be elaborated upon so as to work on future-oriented goals until a later stage.

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Lecture IV. Personal Profile

The Personal Profile is a tool from and for the client, to help him acquire an overview of his experiences, wishes and ambitions. It helps to order information in a way that is transparent. The profile is used to amass information on the current situation, wishes and ambitions, experiences, strengths, possibilities and skills, both past and present. It chiefly relates to things in life the client felt inspired by. Not all areas have to be equally important. When amassing information, one starts with those areas in life where wishes and ambitions exist.

The Personal Profile looks like this:

PERSONAL PROFILE © J.P. Wilken and D. den Hollander (2011; adapted from Rapp and Goscha, 2006)	Name:	
Current possibilities and experiences	***Wishes and ambitions***	***Previous possibilities and experiences***
	Housing	
	Work	
	Learning - Education	
	Recreation - Free Time	
	Health	
	Personal care/self-care (incl. finances)	
	Relationships	

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	Meaningfulness (incl. spirituality/religion)	
What wishes are the most important to me?		

The first column charts the current situation. In this regard, information is amassed in response to the questions:

- What does my life look like at present?
- What do I consider to be important in my life, what do I enjoy?
- What can I use?
- What are my core qualities, talents and interests?
- What are the options presented by my environment: what or whom can I look to for help and support?

The middle column is for wishes and ambitions in the various domains.

The right-hand column records life experiences thus far. In this regard, information is amassed in response to the questions:

- What was the situation previously?
- What are my experiences?
- What did I consider to be important in my life?
- What did I enjoy?
- What knowledge and skills have I acquired?
- What did I use?
- How did I keep myself going?
- What people and other sources from my environment gave me support?

There is no particular order for the purposes of filling in the columns. In the case of some clients

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we kick off with the wishes and ambitions, whilst with others we start by charting the current situation. For others it is more appropriate to look at the past.

The profile is a dynamic document. It can be used continuously during the reorientation phase to garner information. In most cases this is done erratically across the columns. At some point the client may have made sufficient progress to have gained a clear idea, based on the insights acquired, as to the wishes that are most important to him. These are recorded at the bottom of the profile.

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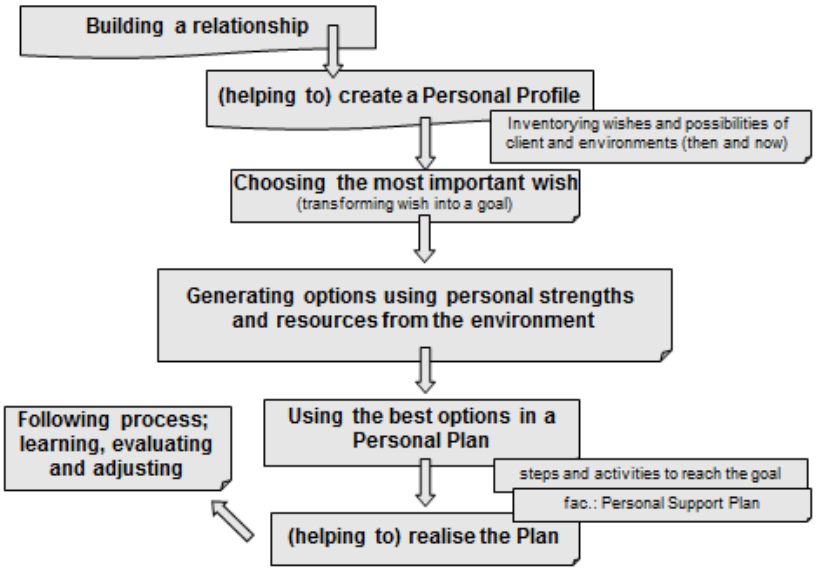
Lecture V. From wish to personal action plan

We regard CARe as a guide. A brief description of the various methodological steps is presented in the next figure. This diagram serves as a 'route planner' for CARe. CARe helps us to fit in with the client's life story and recovery story, and more specifically with his (life) wishes, as best we can. From the perspective of the fundamental principles of the presence approach, the care worker builds a close relationship. He helps the client to make progress in the client's recovery process. He acknowledges the client's humanity and strengths, talents and other qualities.

In this regard he can utilize the resources from the Personal Profile and the Personal Plan. If necessary, he will use the diagrams that enable personal preferences and options to be listed. The best options are adopted in the plan.

This way the care worker will be helping the client to find his way in the present and in the future, to look into alternatives and make choices. These choices will be based on wishes and possibilities. Choosing a desired situation leads to setting a goal. This goal becomes the point of departure for a Personal Plan. This plan also specifies the activities of other people in the support system and of care workers.

Figure CARe route planner *(Word form for translation is in the end of the document)*



A Personal Plan therefore also includes the support activities of the (personal) support worker. In

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principle, then, no separate Support Plan is necessary, unless the care worker himself deems this helpful, e.g. because he would like to develop in more detail the activities he is undertaking and the strategies he is using for himself (and possibly for others).

The care worker will also provide support in cases where a Personal Plan has not (or has not yet) been drawn up, e.g. during the first three phases of CARe. He will endeavour to ensure that the client perceives the relationship as supportive right from the outset. In this regard, during the initial period of contact with the client he can assume that the client has the same basic human needs as anyone else, such as time and attention, acknowledgement and appreciation. In addition, during this period the care worker will attempt to form a picture of where the client is within his recovery process. Finally, it is a matter of getting to know the specific needs associated with the client's current life situation, as well as the help or support questions that the client has vis-à-vis the use of professional health care.

To be able to offer support in these phases as well, it might be worthwhile if the care worker develops his presence ('being there') and his actions ('doing') into a Support Plan. This will keep him on his toes. Furthermore, it will make it possible to justify to others the things in which he is engaged.

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Lecture VI. Strength and vulnerability

Teach men of strength that is already within them (Vivekananda)

Each individual human being has his possibilities and his disabilities. We all have strengths and weaknesses, capabilities and vulnerabilities.

In recovery process, we help people to rediscover themselves and their place in the world after the traumatic experiences they have been through. We help them to recuperate their strength.

A recovery process might also be described as a process in which someone grows from vulnerability to strength. This does not mean that the vulnerability disappears. Often the client will continue to be susceptible to a certain type of stress or the symptoms that accompany a psychiatric disorder may rear their head once more. It is about learning to cope with these as well as possible, minimizing their impact.

This lecture considers vulnerability and how clients can be helped to live with this as well as possible. Here too the care worker will work in an empowerment-based manner: he helps clients to discover the strengths that make life with the vulnerability possible.

First, we will examine the concept of vulnerability. We will discuss various stress factors that could play a role. We will look at the options an individual has for coping with vulnerability. One of the ways to help people in this regard is to teach clients to improve their skills. Various ways of doing so have been developed, such as the Early Warning Signs plan method.

Vulnerability

As stated, by definition everyone is vulnerable. We can fall ill. We might be involved in an accident. We are susceptible to all kinds of things around us. Every individual has his own kinds of susceptibility. Thus, one person might be sensitive to grass pollen and another to cats. One person cannot abide the smell of aftershave or perfume. Another is quick to get riled if he is not served fast enough in a shop. We try to avoid the things around us to which we are sensitive. Not always successfully. Hay fever patients cannot exactly shut themselves away in a sealed, pollen-free room all day.

A psychiatric condition will frequently result in extra susceptibility, in addition to those things to which we are all susceptible. Incidentally, susceptibility can also have its upside. People often have a remarkable capacity to intuit emotions.

The specific vulnerability can arise in all kinds of ways. It could be a result of genetic predisposition. Or it could stem from difficult circumstances during childhood or adolescence, or

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from serious traumatic events. Vulnerability could be the cause of a psychiatric disorder, though it could also be its consequence. Vulnerability might also arise as a result of brain damage (Witteveen et al., 2010).

Frank (2): what happened before?

Prior to Frank coming to live in a facility of Supported Housing, an awful lot happened. Frank was born to parents both in their late forties, and remained an only child. He described his relationship with his mother as being good, but he was never able to get on with his father, whom he perceived as very strict, and he was unable to live up to the high requirements his father set for him.

Despite being highly intelligent, Frank's grades at school were nothing special because he was interested in completely different things. His primary interest was the stars and the universe. Teachers described him as a rather pensive and solitary boy who was outside of the reality of the school and had no friends. After primary school Frank went on to vocational secondary education, but he couldn't find his feet there. Two years later he went to work in a warehouse. Although the opinion of his teachers was that such work was beneath him, Frank really enjoyed it: he was largely able to go his own way and develop his interest 'in the universe' further. He read all about it and spent hours each day looking for information.

When he was twenty, things started to go wrong. His mother suddenly fell ill and passed away soon after. Frank's interest in the universe developed into grandiose ideas about catastrophes in store for the world, catastrophes he alone was capable of preventing. He was admitted to a psychiatric hospital after taking to the streets, approaching people and screaming his ideas. He remained in hospital for seven months, being diagnosed with schizophrenia. Once established on a course of medication, he returned to live with his father and to work in the warehouse.

Over the next few years, he was readmitted to hospital several times. These periods in hospital disrupted his life considerably. It gradually became clear that Frank was highly vulnerable.

We will use Frank's situation as a starting point when illustrating coping with strength and vulnerability.

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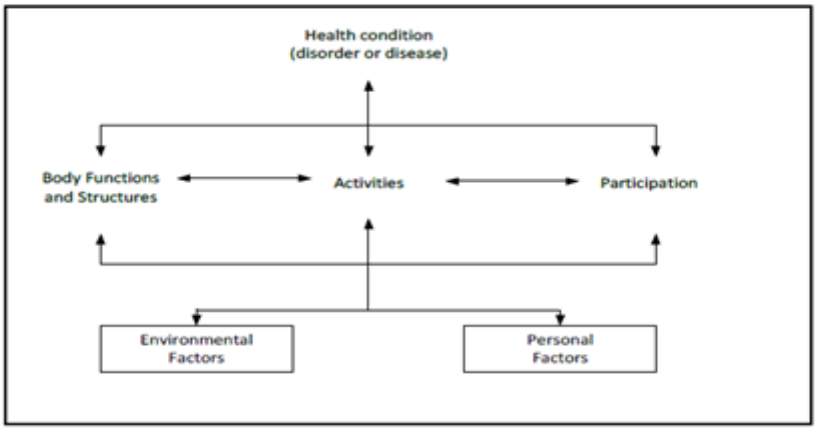
Vulnerability can be caused by mental and physical factors. These factors can lead to disabilities that have consequences for one's ability to perform activities and to live within society.

Additional info and figure to trainer: This is depicted in the following figure, which is based on the international classification of functioning, disability and health (WHO, ICF, 2001). In this classification, the term 'function' pertains to our biological functioning. The term 'activities' is associated with the usage of functions in the form of skills, while the term 'participation' relates to social functioning. It will be evident from the figure that normal everyday activities and social contact can be seriously impeded by disabilities in in relation to mental and physical functions.

Figure Components of the international classification of functioning, disability and health

The ICF Model: Interaction between ICF components



ICF 2001, p. 18

People suffering a long-term psychiatric or psycho-organic disorder are often vulnerable in several respects: mentally, physically and socially. Their disabilities make them more vulnerable to specific pressure. We also speak of a specific sensitivity to certain stress factors. These stress factors could be both internal (stress arising within one's own body) and external (stress caused by environmental stimuli). Both types of stress can influence and reinforce one another. Incidentally, there is always interaction between biological, psychological and social factors. Thus, for example, financial problems, homelessness and ostracization can increase the vulnerability.

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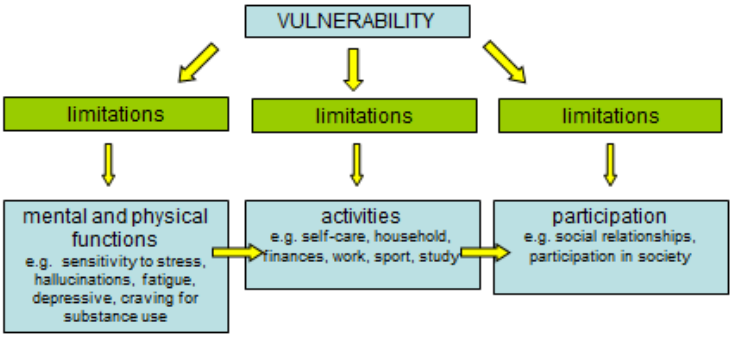
The interaction between different factors is illustrated in the next figure.

Figure Aspects of vulnerability and its interaction *(Word form for translation is in the end of the document)*



Frank (3) disabilities and participation problems

Over the years Frank turned out to be highly sensitive to changes in his life, such as moving house, changing jobs (voluntarily or otherwise), losing those close to him (due to them passing away or some other reason). Frank always responded to these kinds of event by completely immersing himself in his grandiose ideas, which were labelled as hallucinations by the practitioners. What's more, he tried to convince other people, even complete strangers, of the significance of his ideas. When doing so he was extremely wild and coercive. This could frighten people, although Frank wouldn't hurt a fly. And so in the end he was admitted to hospital, whereupon he always felt empty and useless, feeling his life no longer had any meaning. He drank large quantities of beer in an effort to suppress these feelings. Invariably this resulted in all kinds of problems with the people around him: his father, his neighbours, the practitioners and later on his wife Kitty. After several months his mood lightened once more and he cut back on his drinking, though he never stopped completely.

The disturbances to his mental functioning restricted his activities. When preaching his grandiose ideas, he would end up abandoning all other activities. And in the periods when he was consuming a lot of alcohol, he would disregard his self-care and look completely dishevelled.

The upshot of all this was all sorts of participation problems: he was sacked, his wife divorced him, and he became very isolated and lonely.

In people with an anxiety disorder, a great deal of pressure can arise internally which can

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also result in panic. People with a depressive disorder suffer from melancholy and apathy. People with a psychotic disorder can suffer from the stress caused by delusions and hallucinations. People with an addiction are vulnerable to the temptation of drugs and alcohol.

The second type of vulnerability entails a special sensitivity to external stimuli. Generally these are social stress factors, such as excessive pressure. Excessive pressure can arise because other people are too demanding or overly concerned. The relationship between the stress somebody is capable of tolerating and the stress somebody has to put up with is something we refer to as the balance between capacity and burden. If burden exceeds capacity, somebody will be put off balance, creating problems, e.g. a relapse into psycho-sis, depression or addictive behaviour.

Sources of stress

Excessive stress can result in a relapse. Anyone who is vulnerable from a psychosocial perspective will have his own specific stimuli to which he is sensitive.

There are countless factors that could cause stress, such as:

- hallucinations and delusions;
- physical factors;
- emotions;
- social pressure;
- day-to-day inconveniences;
- complex actions;
- sudden events.

Physical factors could include disturbances of equilibrium in the body, such as influenza, puberty, menopause or pregnancy. Disturbances to biological processes in the body can generate stress.

Emotions can also present a serious threat. Overly close emotional bonds have the potential to generate stress, as in the case of being in love or when others put pressure on you to talk about your feelings. This is the stress associated with the three types of anxiety: attachment anxiety, symbiosis anxiety and separation anxiety (Offerhaus, 1983). Let us take an example.

"Falling in love is a wonderful feeling. What's more, it immediately gives your self-confidence

a tremendous boost. But falling in love can also signify a risk. There is a chance that it will make you psychotic, or that you will lose yourself in your partner and devote too little time to yourself. Intimacy can be threatening, because it feels as though you are disappearing into your partner. A relationship takes a lot of energy and you need enough surplus energy to be able to maintain your own equilibrium. A few participants in the study had not been in love for years or had fallen in love with people who were inaccessible. Among the favourites were film stars like Jody Foster" (Boevink et al., 2002, pp. 111-112).

A social climate in which a person is subjected to a lot of social pressure can be a significant stress factor. A person's environment can be useful in limiting stress, but it can itself also be a source of stress. For plenty of people an environment that exerts considerable social pressure is an emotional burden they are unable to endure. This social pressure is also known as a 'high EE climate'. EE stands for expressed emotion. This is the extent to which communication with the psychosocially vulnerable individual is characterized by (for example) criticism or excessive concern. Research shows that clients who have at some point been psychotic can experience another psychosis if the people in their environment exude a high EE for a sizeable proportion of the day (making a lot of critical comments, adopting a hostile attitude towards the individual or being extremely moody in company).

Day-to-day inconveniences are minor but not insignificant things that cause discomfort or irritation in daily life. Examples of these include a support worker who always shows up late, the sugar that is always going missing, financial worries or medication dosage.

Even performing (or having to perform) complex actions to which the information-processing system is not suited can generate stress. For example, this could be about carrying out complicated (or overly complicated) actions, having to do too many things simultaneously, or having to bear a lot of (or too much) responsibility.

Sudden events can disrupt the familiar rhythm of life. These could be both radical and (for non-clients) non-radical events. Examples of radical events include the death of a loved one or the loss of a trusted person/confidant, having a baby, moving house or losing one's job. Sudden events that could occur on a daily basis, as it were, and which do not cause problems for other people do have the capacity to provoke stress in people with this psychosocial vulnerability. Such cases are about unexpected events that an individual is not in control of, such as unexpectedly being left alone.

Boevink et al. (2002) cite another example, namely going on holiday. Going on holiday can

also pose a threat to one's equilibrium. A number of participants in the research had had negative experiences of going on holiday because they had relapsed and had had to be admitted to hospital in the location where they were holidaying. This can constitute a reason for no longer going on holiday. Not going on holiday does not mean that their anxiety and uncertainty have evaporated as a result. It is better to replace bad experiences with good ones. You could take a whole host of different precautionary measures. Some suggestions include not going to the other side of the world straight away, but rather starting with short breaks closer to home. Choose as a companion someone you know well and whom you trust a lot. Choose a holiday you are really keen on. Choose a holiday that will allow you to keep to your own structure and rhythm.

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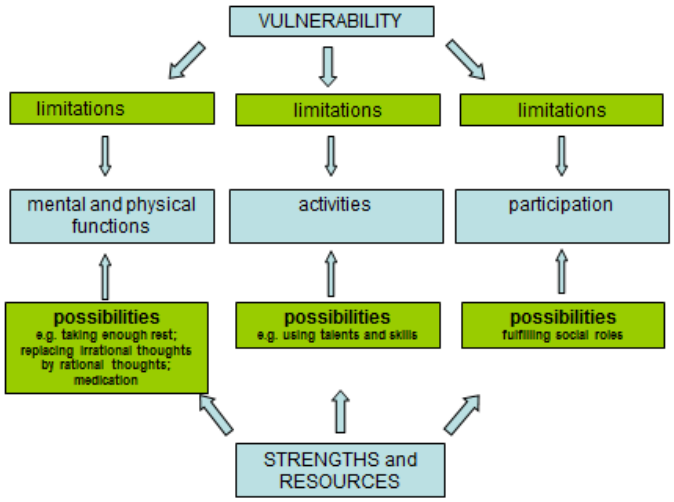
Lecture VII. Strengths counterbalancing vulnerability

An important element of the recovery process is that the person becomes familiar with his own disabilities, is able to accept them and find ways to cope with them as best he can. As the care worker you can play a vital supporting role in this. Two things are required for the purposes of coping with the vulnerability: one's own strength and external resources. The following figure presents various types of strength that can be contrasted with the various forms of disability.

Figure Vulnerability and strengths *(Word form for translation is in the end of the document)*



Examples of external resources include medication, one's own space and support from other people. The experiences other people have had of similar vulnerability constitute an important source of help. In the Netherlands there are many associations of people with the same type of disorder. These provide a source of mutual support (peer support) and it emerges that they have the potential to contribute significantly to the process of acquiring the experiential knowledge required to learn to live with, or beyond, the disabilities.

Frank (4): strengths counterbalancing vulnerability

Over the years Frank learned to (re)discover his strengths and it proved possible to use these at all three levels: functions, activities and participation.

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At the level of mental functions he learned to recognise that he can be extremely insistent when it comes to putting forward his ideas and that this is to the detriment of his efforts to communicate them: people get scared of him and avoid him. Possibilities (strengths and resources) that he has developed in this respect over the years: taking timely measures in the event of disinhibition with the aid of an early warning signs plan; supportive discussions with his social psychiatric nurse (and later on with his support worker Rita); and taking medication. During the periods in which he feels empty and perceives his life to be meaningless, he feels most comfortable retreating to his own room and playing his own music. At such times he also derives support from talking with his community psychiatric nurse and Rita.

He is partly learning to accept the disabilities in terms of activities: it's part of the hand he's been dealt, and it will pass too. One thing Frank has done is to draw up a list of a few activities that he does each day: basic things like having breakfast and taking a shower. In this respect, the supportive discussions help him to keep focused. In addition, listening to certain music helps him, and the music of Led Zeppelin in particular is extremely important to him.

These measures go some way towards mitigating the disabilities vis-à-vis participation. Frank manages to attend sessions of users who are experiencing the same problems and this peer support serves to combat his isolation.

In conjunction with the client, the care worker can use the Personal Profile to produce a plan to work on tackling the vulnerability. In this regard, he can help to mobilize strengths and resources.

We will now examine ways whereby people can make themselves more resilient to stress and lessen the risk of becoming overburdened, with the aim of maintaining a balance between capacity and burden.

Coping

We refer to the way in which people try to keep themselves balanced as *coping*. During the course of his recovery process, each individual will develop certain strategies to maintain equilibrium, i.e. coping strategies. These are methods of coping with the stress, enabling the individual to minimize the extent to which he is impeded by stress in day-to-day activities and in his social life. If the coping behaviour proves inadequate or the individual is not given sufficient support by those around him, then there is potential for the stress to exceed that individual's

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tolerability threshold and he could experience a psychotic or depressive reaction.

Whether that person will relapse is therefore partly dependent on whether or not he has learned coping strategies and is capable of applying these at the right time, but it also de-pends on the amount of pressure put on him by those around him, as well as whether or not he is getting support from those people. If they actually reinforce the stress, this will increase the chances of a relapse. There are also ways of coping with symptoms once they arise. We also refer to these as coping strategies. Thus (for example) someone can withdraw and sleep, to give his body and mind a chance to rest.

There are two types of coping. One is geared towards engendering basic protection. This could be a matter of taking medication or living in sheltered housing where support/guidance is available. The other kind of coping is geared towards effective responses to stress factors that crop up at certain times. Circumstances generating stress are not always something you can control. Sudden changes may occur. Thus a loved one could fall ill or pass away. You yourself might start something new and subsequently find yourself faced with stimuli that you had never encountered up to that point. In that case, coping might comprise increased rest and relaxation, talking about your situation with somebody you know well and who can support you, going for a long walk or taking extra medication.

Frank (5): coping

Even during the time Frank was a resident in the sheltered accommodation he had periods in which he would withdraw to his room and days when he wouldn't get out of bed. These kinds of periods usually occurred subsequent to changes, such as the arrival of new residents or the departure of old residents. He also reacted this way to the arrival of his new personal support worker, Rita. She looked for him in his room and managed to get him to talk about the situation. Until that point various care workers had given Frank the message that the devil finds work for idle hands to do, and that lying around in bed would only make him go from bad to worse. Rita gave him a different message. She told Frank that she understood why he was doing this and complimented him on it: 'It's perfectly understandable for you to be on your guard if things are getting too much for you.' She did add that in itself excessive time in bed had the potential to become a source of frustration and discussed with him the downsides he himself was experiencing. They established that it was important for him to adapt his 'way of coping' by not staying in bed day in, day out. This gave Frank the courage to get back in the game, and he managed to limit his periods of withdrawal to his room to two days each time.

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Frank's coping strategy (lying around in bed) was ineffective because he was persisting with it for too long, which merely added to his sense of solitude. By fitting in with this instead of passing judgement, Rita was able to support Frank in using his coping strategy more efficiently.

Personal niche

Research shows that it is important for someone who is particularly susceptible to stress to create a so-called personal niche (Wilken, 2010). A personal niche is a space where you feel safe. A niche can be both a physical space, such as a room to yourself, or a psychological space, a space in your body or in your head. Within this space a certain tranquillity will prevail, you will feel good and at ease. The niche's boundaries are formed by what you are capable of, i.e. by your capacity. If you are approaching the boundaries of your niche, this will be indicated by warning signs. These are signs that warn you that you are entering the danger zone. It is important for clients to learn to recognize these signs. Some people feel a tension welling up in their abdomen. Others notice that they are becoming more unsettled or are hearing voices more. They might then respond to these signs by way of coping strategies.

Another feature of the personal niche is that it is a strictly personal thing. Your niche is yours alone and you are the sole boss therein. What this means is that nobody else can ever take over control of this space. Indeed, if someone else enters your niche then that is crossing the line, to the detriment of protection. One might compare this to precious nature; in conservation areas you will see signs: "fragile area, please keep off". A similar sign would be appropriate for the personal niche. Sometimes it may be that other people - e.g. a family member, care worker or good friend - will be helping to maintain the niche, perhaps by helping the individual to be alert to warning signs or by deliberately leaving him alone if he withdraws to his room, for instance. The 'permissive mode' of presence-based work fits in well here, as does the facilitating, supportive strategy from the communication strategies model. The care worker continues to be a supportive presence, but without intervening in any way other than by ensuring that he and others do not disturb the client's personal niche.

It is often the case that clients need to expend a great deal of energy and effort managing their personal niche. The next example makes this evident.

Tom

Tom is a highly energetic person. Nonetheless, he has to use a proportion of his energy to hold himself back from doing those things that put him in the danger zone. Being calm is an

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achievement for him. For Tom it's not about the absence of stress but the way in which he can be least plagued by stress. One of the characteristics of his personal niche is 'calm'. Calm gives him control and safety. For Tom, the house in which he is living provides him with physical safety because it is reasonably peaceful there, and because his fellow residents, the support workers and his daily routine are familiar to him. Another thing that turns out to be important to him is the feeling of being able to continue exercising control (example from Wilken, 2010).

A physical environment shared with others (such as the house in which Tom is living), and which fits in well with one's personal niche, is something we also refer to as a suitable social niche.

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Lecture VIII. Communication strategies

The communication strategies model gives us the option of selecting from various approach strategies to make it possible to fine-tune our approach to *this* client or to *this* situation. It also provides guidelines to enable us to brainstorm on the approach to be used and to evaluate the approach used. This makes it possible to switch between different approaches, enabling us to look at what works.

The model contains ten strategies. These are on a scale from avoiding to compelling. The strategies at each end of the scale are more or less diametrically opposed strategies. They are at the extremes because they should only be used in very exceptional cases. Nevertheless, it is striking how much they are used, perhaps because care workers do not know that a scale of alternative options is available.

Figure Communication strategies

© J.P. Wilken and D. den Hollander (1996, 1999; 2010)

Strategies	**Elements that might form part of this strategy**
1. Avoiding	- Be patient, friendly, maintain distance; observe with critical distance.
2. Being attentively present	- Adopt an open, present attitude; be receptive to the person and his experiences and life context (network, community); do not butt in. - Adopt a listening attitude; avoid a lot of verbal communication from your side. - Develop trust by simply being present. - Your opinion is not important (at this stage). - Join in with the person's temporal perspective.
3. Facilitating	- Create a safe environment, a climate of social support. - Emphasize good-quality health care for the well-being of the individual, try to fulfil basic needs (e.g. being

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	heard and understood, supporting in relation to finances, food, shelter and companionship). - Use effective conversation techniques, appropriate to cognitive (in) ability.
4. Informing	- Exchange information on an equal footing. - Garner information on what is important to the person (values, wishes and personal preferences). - Dose the information, not too much or too quickly. - Provide information on possibilities (individual support, services, programmes, facilities).
5. Supporting and encouraging	- Provide affirmative support, with types of support including moral support, social support, and help with day-to-day functioning. - Work towards forming a partnership. - Motivate and encourage, inspire and give hope. - Confirm strengths and possibilities.
6. Dialogue	- The dialogue encompasses strategies 2-5. - Cooperate in partnership with one another. - Strive towards openness in terms of goals, shared agenda. - Create a foundation for joint investigation, set goals, plan development and implementation of actions.
7. Negotiating	- Negotiate on the basis of mutual understanding and trust, once the person is ready to do so and capable of doing so, in the interest of the person. - Try to strike a balance between the interests of a person, the social network and the community.

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8. Tempting	- Give information colour, use enticements, emphasize benefits.
9. Convincing (pressure)	- Use verbal instigation, put forward arguments to indicate necessity.
10. Compelling (coercion)	- Provide the reason for action of the opinion of the care worker/ the team prevails in connection with acute danger to person or those around him.

The model aids selection of the best communication strategy. The strategy is chosen on the basis of perceived resistance. We regard resistance as a normal and healthy phenomenon. It is important to analyse the background to the resistance. In this regard a distinction can be made between resistance to circumstances or actions and resistance to people. It could also be that a resistance engendered by a circumstance – e.g. the person has just been given a fine by the police – is exerting an influence on the relationship with you as care worker.

Resistance provides the care worker with a sign. The care worker will have to look carefully at whether this sign indicates that something must be done about the relationship. The more resistance there is, the more a strategy will be selected from the start of the diagram. From the starting point selected, the care worker will proceed step by step to other strategies in order to ultimately get as close to a situation of "open dialogue" as possible.

Establishing a bond is a long-term process. The successful use of strategy in the short term ("the client took his medication today") can result in a delay in the long run ("but his mistrust in you has, in fact, increased"). The strategies ought to be viewed as a continuum: a line with extremes at the end and nuances in between. The strategies are distinguished by the extent to which pressure is exerted: from avoiding (virtually no pressure whatsoever) to compelling (maximum pressure).

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Lecture IX. Early Warning Signs plan

Care workers can help when it comes to discovering, creating and maintaining the niche. To this end, one of the options is to create an Early Warning Signs plan with a client.[1]

The Early Warning Signs plan is a method developed by Bert van der Werf and colleagues (Van der Werf et al., 1998). An Early Warning Signs plan is a plan featuring warning signs and actions that can be performed to ensure an effective response to these signs. The method is commonly used in cases of cyclical improvement of conditions such as psychotic and bipolar disorders and/or in the event of recurrent disruptive behaviour.

Several variants exist. We use the one with the traffic light model. Within this model, green stands for a 'safe situation'. This is the situation in which the client is balanced. He is within the boundaries of his personal niche. Amber denotes that the boundary of the safe zone is being approached or that the client has already reached the boundary. Red signifies that the boundary has been crossed. The client is outside of his safe zone and is off balance, making a crisis situation a possibility.

An Early Warning Signs plan can be made for the client himself, but can also be created for the people around the client, enabling them to provide optimum support for that client. Prior to creating the plan it is important to prepare a thorough inventory. To this end the Relapse Prevention Questionnaire can be used.

RELAPSE PREVENTION QUESTIONNAIRE

© J.P. Wilken and D. den Hollander (1999; 2011)

1.	Stress factors
1.1	What things make you tense?
1.2	What types of tension might result in you being put off

[1] There are a number of different formats available. See for example the Personal Action or Crisis Prevention Plan at: http://www.mvbcn.org/home/mv1/smartlist_144/personal_actioncrisis_prevention_plan.html
Or the Personal Crisis Plan at: http://www.mentalhealthrecovery.com/recovery-resources/documents/CrisisPlan2012Manual.pdf

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balance?

2. Symptoms

2.1 What symptoms allow you to notice that there is a risk of things going awry?

2.2 Is there a specific order in which these symptoms occur? Please provide an outline of the pattern based on the 'traffic light model':

Green: nothing wrong

Amber: you are noticing that things could be better

Red: things are not good

2.3 What symptoms are enabling other people around you to notice that things could be better?

3. Relapse prevention done by oneself:

3.1 Are you able to recognize stress in yourself? How? Which symptoms enable you to do so and which do not?

3.2 What do you do if you are troubled by this stress?

4. Help from others:

4.1 What can care workers do to help prevent you relapsing?

4.2 What other people are there who are important to you and could help you, and what actions would genuinely help?

4.3 What medication is most effective in terms of preventing relapse (type, dosage)?

4.4 In what phase would it be advisable to start taking medication (or extra medication)?

4.5 Please provide important names, addresses and telephone numbers in the event of relapse making it necessary to consult a practitioner or to consider admission to hospital:

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5. Other important information:

This information will enable an Early Warning Signs plan to be drawn up. The Early Warning Signs plan looks as follows.

EARLY WARNING SIGNS PLAN © J.P. Wilken en D. den Hollander (1999; 2011; based on Van der Werf e.a., 1998)		Name of client: Date of assessment: Date of evaluation:		
Phases	**Signs as perceived by client**	**Signs as perceived by others**	**Actions client**	**Actions others**
Green				
Amber				
Red				
Important information				

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The best option is to draw up an Early Warning Signs plan when the situation is reasonably stable (green). The first thing to do is to chart all signs that are characteristic of the various phases. This is also a process of learning and increasing awareness, as the client is forced to learn about his experiences and practise self-examination. Signs could be physical (I feel a headache coming on; my sleep is getting worse; my desire to drink is increasing) or cognitive (I'm starting to fret more; I don't feel like I can trust people any more). You might also start preparing a list that is as comprehensive as possible and then assign them to the three phases. What is important is to end up with signs that are as clear as possible. These are signs that the client will be able to distinguish easily from other signs. An example of a clear sign could be that a client starts to hear certain voices in his head which he would not otherwise hear. It is possible for some unclear signs to be turned into clear ones. If, for example, a client indicates that deterioration in terms of his sleep would be a sign that he has entered the amber phase, then you might look into whether this sign could also be used as a sign for the transition to the red phase. This might be a possibility where the client is able to associate a certain number of hours sleep with the sign, for instance. To take an example: green = 8 hours sleep, amber = 5 hours sleep and red = 3 hours sleep a night.

The client could be helped to monitor his personal niche by making other people around him aware of warning signs. These people can then point them out to him. Certain actions could also be agreed. In such cases, one prerequisite is that the signs would need to be perceptible to others. If a client starts hearing voices in his head, this is not something other people would be able to perceive, but if the client starts exhibiting certain behaviours that would otherwise not be exhibited - e.g. becoming very unsettled or being readily irritable - then this will be perceptible to others.

Once signs have been inventoried and the clear ones have been distinguished from the unclear ones, it will be possible to determine the best actions. These are actions that help the client to prevent himself from ending up in the amber and red phases. If, due to unforeseen circumstances, he does end up in the red phase, then the plan will help to take those actions that will hopefully steer him back into the amber and green phases as swiftly as possible.

At the bottom of the Early Warning Signs plan there is space for important information, such as details of medication and names and telephone numbers of people and organizations.

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EARLY WARNING SIGNS PLAN © J.P. Wilken en D. den Hollander (1999; 2011; based on Van der Werf e.a., 1998)		Name of client: Frank Date of assessment: 01 September 2010 Date of evaluation: 01 December 2010		
Phases	***Signs as perceived by myself***	***Signs as perceived by others***	**Actions by myself**	**Actions by others**
Green	I feel fine, I go to work, listen to rock music. I'm interested in all current affairs and I enjoy contact with other people.	Frank goes to work, drinks coffee with fellow residents, watches current affairs programmes on TV and peruses the newspaper. There is mutual understanding.	Making sure that my days have order. Of my own accord, making contact with people who are important to me, such as William (my brother), Elisa and Jack (fellow residents).	Maintaining contact without putting me under pressure, e.g. by convincing me of things that are good for me.

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EARLY WARNING SIGNS PLAN © J.P. Wilken en D. den Hollander (1999; 2011; based on Van der Werf e.a., 1998)		Name of client: Frank Date of assessment: 01 September 2010 Date of evaluation: 01 December 2010		
Amber	I start to feel pushed and to fret about what is going on in the world, and I keep staying up later and later looking for information and signs on the Internet.	Frank starts listening to blues music more and more and making increased use of the Internet. Mutual understanding becomes more problematic.	Listening to Led Zeppelin's third album: this calms me down. Ask Elisa and Jack if they want to come and drink coffee together more often and calling my brother William more often, if need be every evening. Being thorough when it comes to working through my list of daily activities. Attending the meeting group with the peer worker.	If need be, Rita can offer me medication, but if I say no she is not allowed to pressure me at all. If Rita thinks that I'm not doing so well, then she will discuss this with William, Elisa and Jack.

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EARLY WARNING SIGNS PLAN © J.P. Wilken en D. den Hollander (1999; 2011; based on Van der Werf e.a., 1998)		Name of client: Frank Date of assessment: 01 September 2010 Date of evaluation: 01 December 2010		
Red	I'm no longer able to free myself from international disasters and I'm constantly thinking about them. Other people start to put more and more pressure on me and that's something I resist.	Frank is no longer sleeping, he is continually preoccupied with persuading others and he does not listen to what others are saying. He only listens to heavy metal music. There is no mutual understanding.	I'm overcome with anxiety and worry. Amongst all this I have to find a safe haven but usually I can't do that on my own. In such circumstances I do aim to keep eating properly, otherwise being weak with hunger will only make me feel worse.	Thus Rita stays with me as much as possible because I feel calmest when she's around. Quincy (my community psychiatric nurse) offers me extra medication. If I need to be admitted to hospital then Rita comes with me and apart from that the communication stays matter-of-fact and she says as little as possible because otherwise I quickly get more unsettled.

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EARLY WARNING SIGNS PLAN © J.P. Wilken en D. den Hollander (1999; 2011; based on Van der Werf e.a., 1998)	Name of client: Frank Date of assessment: 01 September 2010 Date of evaluation: 01 December 2010
Important information	Frank went through a divorce in the past but it has affected him for years. No matter how coercive Frank can become, he never has malign intentions towards other people.

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Results

Training programmes to prevent relapse and to teach coping skills have many kinds of positive effect, as research shows (Mueser et al., 2002). Care workers state that they think the Early Warning Signs plan is an effective method because it enables goal-oriented cooperation with the client and the people important to him. Family members shared this analysis. They also regard the plan as an aggregate of agreements, for instance. It is clear to all what is expected from whom if a relapse threatens to occur or if a crisis situation emerges.

Clients have reported the following effects:

- They are better able to look after themselves, thereby making it possible to prevent or delay a relapse.
- They feel less at the mercy of (what for them are) unmanageable and inexplicable symptoms, resulting in them becoming more self-reliant and less dependent on others.
- Instead of just popping pills, space is also created for other options for dealing with the illness and its consequences.
- An Early Warning Signs plan provides reassurance and something to hold onto. It is a means of communicating with the people around you. Through the medium of the Early Warning Signs plan, the client can show others what is up with him and how they will best be able to support him.
- For those suffering from cognitive disabilities and who have difficulty getting their thoughts in order, the Early Warning Signs plan can function as a framework to give them something to go on.
- The methodology has an educational effect, as the client and even those who are important to him learn to associate stress factors with their own situation and symptoms (current or previous).
- The awareness generated as a result allows an association to be made with situations that presented themselves in the past. Anything that went wrong can be understood better and processed.
- If the methodology results in increased stability, this will have a beneficial effect on the recovery process and will create space for objectives in terms of accommodation, work, learning and recreation.

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Crisis Plan

One variant (or elaboration) of the Early Warning Signs plan is the Crisis Plan or Crisis Card. This is a card containing information that will be important if the client finds himself entering the red zone. The client keeps the card on his person (e.g. in his wallet or coat pocket). A Crisis Card features information on what to do in the event of certain signs, on medication and on wishes relating to psychiatric treatment. Discussing treatment preferences in advance is conducive to ensuring the client can be given the health care he would like should the need arise (Sutherby and Szmukler, 1998; Sutherby et al., 1999).

These cards can be used in various ways. They can state the telephone numbers and other personal details of a friend, family member, mental health care contact or support worker. The card can provide more detailed information on what happens when the client starts to feel unwell, to enable the client himself or a support worker to recognize these signs and get help more swiftly. The card can contain information on the type of health care the client does or does not find useful and what he believes ought to be done in the early stages of a crisis in an effort to prevent the situation from worsening

Crisis Card

Source: www.crisiskaartggz.nl

My name: . . . . . .

Address: . . . . . .

Tel.: . . . . . .

Date of birth: . . . . . .

Health insurance: . . . . . .

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Crisis Card

Source: www.crisiskaartggz.nl

. .

Insurance number: . . . . . .
. . .

How does a crisis manifest itself in my case?

. . . . . .
. .

. . . . . .
. .

. . . . . .
. .

Advance warning signs:

. . . . . .
.

. . . . . .

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Crisis Card

Source: www.crisiskaartggz.nl

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. . . . . .

How to act in the event of a crisis:

. . . . . .
.

. . . . . .
.

. . . . . .
.

(For example: Don't touch me! If you have to do so, please announce this beforehand. I prefer to have one set contact person. Please telephone my contact person and ask whether she will come to me. Her presence will have a calming effect. I may seem dangerous. However, I have never been violent. Consequently you do not have to overpower me; a reasoned request for cooperation works better with me)

Physical information:

. . . . . .

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Crisis Card

Source: www.crisiskaartggz.nl

. . . . . .

(e.g. I always get a headache during a crisis)

Current medication:

Medication upon admission:

I have had bad experiences with . . . . . so I would prefer different medication.

Please explain the side effects and other relevant information. If I am too confused to understand, then please discuss with my contact person.

If admission to hospital is required, I would prefer to be admitted to:

Hospital: . . . . . .

Address: . . . . . .

Tel.: . . . . . .

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Crisis Card

Source: www.crisiskaartggz.nl

Clinician: . . . . . .

Comment:

In the event of a crisis, please get in touch with my chosen contact person without delay:

Name: . . . . . .

Relationship (to me): . . . . . .

Address: . . . . . .

Zip code and Town/city: . . . . . .

Phone: . . . . . .

E-mail: . . . . . .

Tasks for my contact person:

. . . . . .

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Crisis Card

Source: www.crisiskaartggz.nl

.

(For example: Check whether my place of residence has been locked up properly. Call my work. Ensure that my benefit payments are not in jeopardy during my stay in hospital. Take care of post and house plants.)

Details of GP (if he/she is aware of agreements):

Name: . . . . . .

Address: . . . . . .

City: . . . . . .

GP station: . . . . . .

Details of my practitioners:

Name (1): . . . . . .(Psychiatrist)

Name (2): . . . . (Community psychiatric nurse)

Affiliated with: . . . . . .

Address: . . . . . .

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Crisis Card

Source: www.crisiskaartggz.nl

. .

Tel.: . . . . . .

.

Date: . . . . . .

Signature:

Summary

We looked at aspects of vulnerability. Strength and vulnerability are correlates. They are two sides of the same coin. Within the framework of a recovery process, the client's dual task is both to cope with the disabilities and at the same time tap into the strengths within himself in order to manage.

From the perspective of CARe we can help clients to create space for nasty experiences, to accept disabilities, and to learn how best to cope with these things. The better an individual manages to maintain equilibrium and preserve his 'personal niche', the more space this will create for activities that provide meaning and for fulfilling meaningful social roles. An Early Warning Signs plan and/or crisis card are tools that can be useful in this regard.

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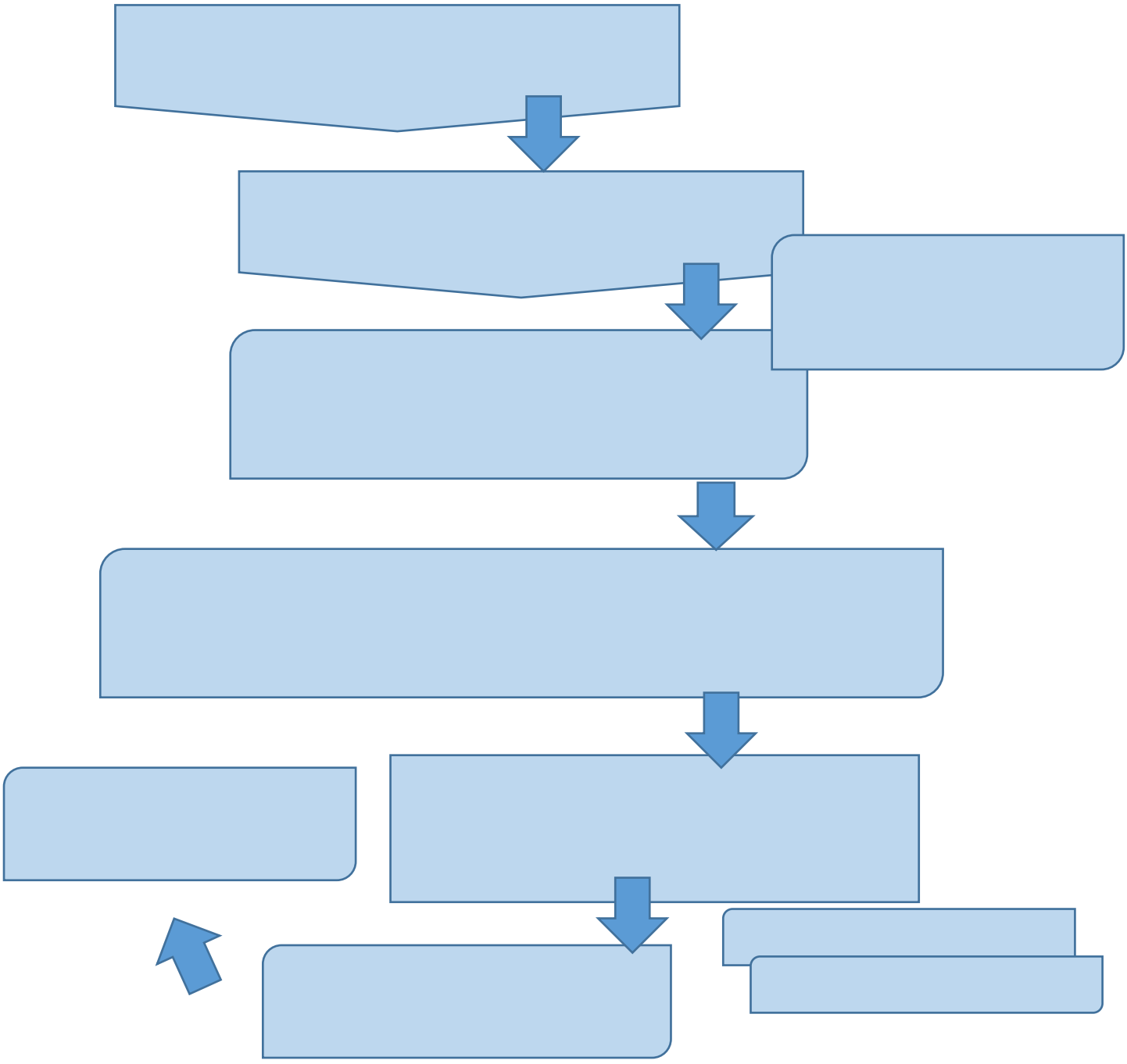
CARe route planner



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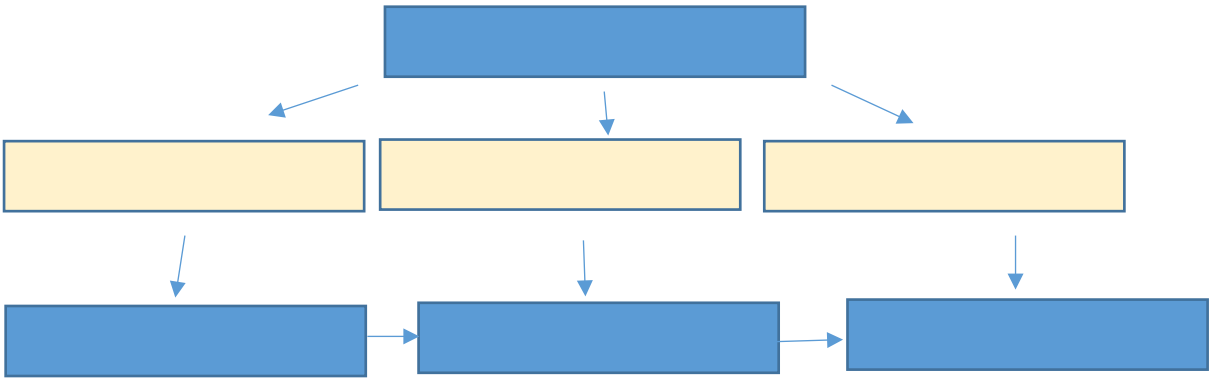
Aspects of vulnerability and its interaction



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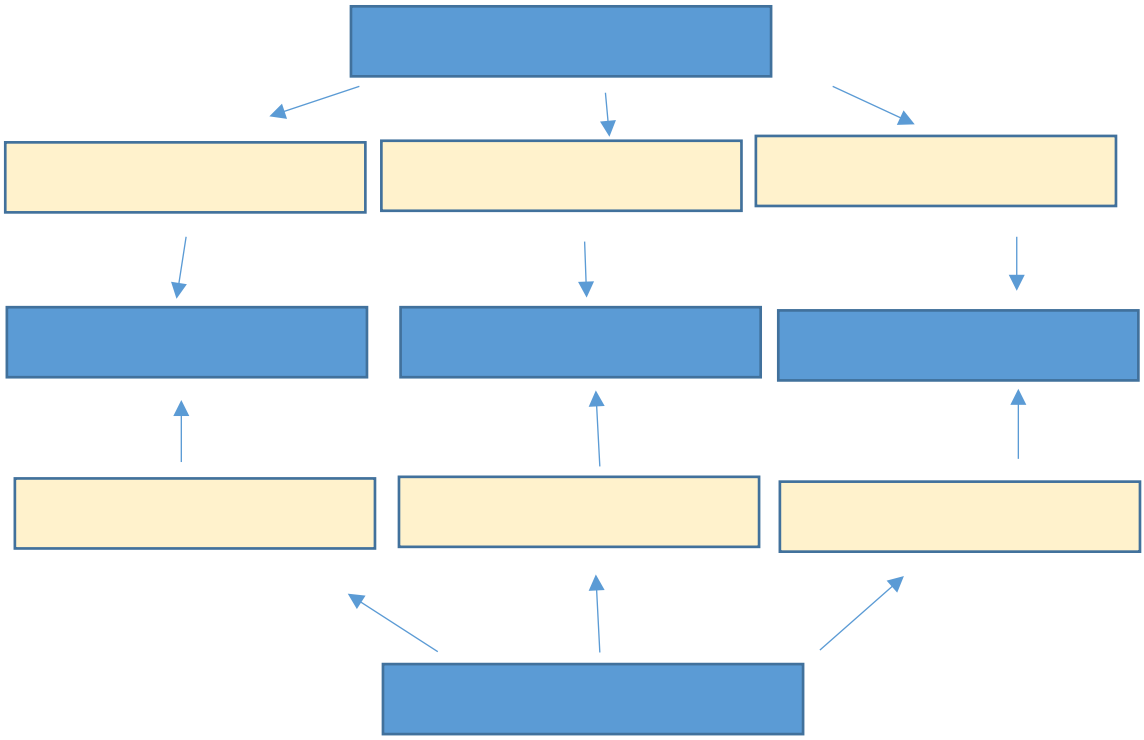
Vulnerability and strengths



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ZERO COERCION IN MENTAL HEALTH

How to empower myself and my supports?

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Personal recovery and well-being plan as a guide

Warm-up exercise

- Please gather in a circle. Choose someone you do not know well to chat with.
- The topic is:
  - What I know about personal recovery, recovery and well-being plans?
  - What I think I know?
  - What else I would like to know?

Personal recovery thinking

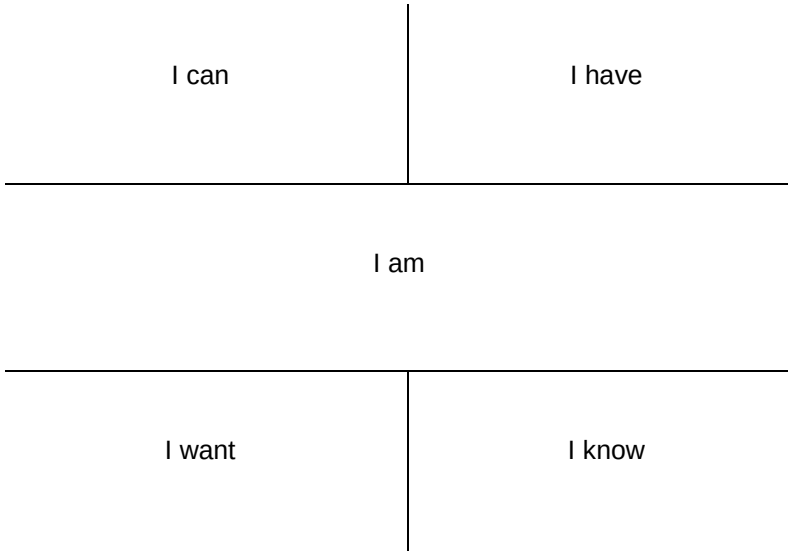
- Focus on highlighting strengths and possibilities not problems and limitations.
- 5 pillars of recovery
  - Motivation
  - Identity
  - Knowledge and skills
  - Status and creating meaning
  - Social and material support.

Strengths and possibilities

- Searching for strengths from the present and the past:
  - Now: aspirations and wishes, core qualities, cultural aspects from which support is derived, things enjoyed, talents, skills, learning experiences, pride, things that inspire and motivate.
  - Then: the way in which someone persevered, resilience, somebody's achievements, anything or anyone from whom support was received.
- 5 areas of strengths
  - I wish: wishes, interests and aspirations
  - I can: talents and skills
  - I am: core values, personal characteristics
  - I have: environmental strengths
  - I know: knowledge and experience

Exercise

- Please look for strengths in your past and in the present using worksheet 1. Strengths. First work on your own and then share with a person next to you.



Quality of life, recovery and well-being

- We look at person's wishes, opportunities, limitations and the quality of the environment in relation to each other.
- Phases of explore, choose, acquire and keep.
- Different domains:

Wishes and/or goals attributed to one or more personal domains	**Wishes and/or goals attributed to one or more living domains**
Self-care	House and neighbourhood
Health	Work
Meaningfulness	Learning
Social relationships	Recreation

- Development is always possible, but in what area, when and to what extent - it cannot be predicted (J.P.Wilken)

Exercise

- Please think about your personal and living domains using worksheet 2. Circle of life. Give assessments. First work on your own and then share with a person next to you.

Domain	***Assessment to current situation on a scale 1 -10***	***What is a first step towards wish or ambition (assessment value 10)?***
Housing		
Work		
Learning – education		
Recreation - free time		
Health		
Personal care/ self-care (incl. finances)		
Relationships		
Meaningfulness (incl. spirituality,religion)		

Personal Profile

- Personal Profile is a tool from and for the client, to help him acquire an overview of his experiences, wishes and ambitions.

PERSONAL PROFILE © J.P. Wilken and D. den Hollander (2011; adapted from Rapp and Goscha, 2006)	Name:	
Current possibilities and experiences	***Wishes and ambitions***	***Previous possibilities and experiences***
	Housing	
	Work	
	Learning - Education	
	Recreation - Free Time	
	Health	
	Personal care/self-care (incl. finances)	
	Relationships	
	Meaningfulness (incl. spirituality/religion)	

What wishes are the most important to me?

Exercise

- Write down a personal profile for yourself using worksheet 3. Personal Profile. Please share your learning experience in an auditorium.

PERSONAL PROFILE © J.P. Wilken and D. den Hollander (2011; adapted from Rapp and Goscha, 2006)	Name:	
Current possibilities and experiences	***Wishes and ambitions***	***Previous possibilities and experiences***
	Housing	
	Work	
	Learning - Education	
	Recreation - Free Time	
	Health	
	Personal care/self-care (incl. finances)	
	Relationships	
	Meaningfulness (incl. spirituality/religion)	

What wishes are the most important to me?

Exercise

- What do you think about goals and plans? Please assess yourself on a scale 1 – 10. Share your thoughts with the others and find your place in a sociometric line.

From wish to personal action plan

- *A journey of a thousand miles starts with a single step (Chinese proverb).*
- The best options of personal preferences and options are adopted in the plan. Personal plan includes steps and activities to reach the goal.

PERSONAL PLAN © J.P. Wilken and D. den Hollander (2010)	Name: Support worker: Date:

What I want to achieve (goal)?

Why this is important to me?

What I do	**What others do**	**When I want this goal to be achieved**	**Date when I achieved the goal**	**Notes**

Exercise

- Write down a personal action plan for yourself using worksheet 4. Personal Plan. Please share your learning experience in an auditorium.

PERSONAL PLAN © J.P. Wilken and D. den Hollander (2010)	Name: Support worker: Date:

What I want to achieve (goal)?

Why this is important to me?

What I do	What others do	When I want this goal to be achieved	Date when I achieved the goal	Notes

Sharing circle

- What do I take with me from the training day?
- What is the first step to implement what I learned?
- Who can support me?

Strength as a counterweight to psychosocial vulnerability

Warm-up exercise

- What I am sensitive to?
- How I deal with it?
- Whether I know where it comes from?

Please share some stories with others.

Understanding vulnerability

- *Teach men of strength that is already within them* (Vivekananda).
- In recovery process people rediscover themselves and their place in the world – meaning of life.
- Everyone is vulnerable.
- Internal and external stress factors:
  - hallucinations and delusions
  - physical factors
  - emotions
  - social pressure
  - day-to-day inconveniences
  - complex actions
  - sudden events.

Strengths counterbalancing vulnerability

- An important element of the recovery process is becoming familiar with ones own disabilities, be able to accept them and find ways to cope with them as best as possible.
- For coping with the vulnerability one's own strength and external resources are needed.
- Coping:
  - geared towards engendering basic protection
  - geared towards effective responses to stress factors that crop up at certain times.
- A personal niche is a physical or psychological space where you feel safe.

Exercise

- What kind of „travel attendant“ (support person) do I need for my ability to manage health risks?
- What is my need for my own space and boundaries?

Please discuss with a person next to you.

Communication strategies

- Avoiding
- Being attentively present
- Facilitating
- Informing
- Supporting and encouraging
- Dialogue
- Negotiating
- Tempting
- Convincing (pressure)
- Compelling (coercion)

Early warning signs plan

- Early warning signs plan is a plan featuring warning signs and actions that can be performed to ensure an effective response to these signs.
- The Relapse Prevention Questionnaire can be used.
- Crisis card contains information that will be important if a person finds himself entering the red zone.

EARLY WARNING SIGNS PLAN

Name of client:
Date of assessment:
Date of evaluation:

Phases	Signs as perceived by client	Signs as perceived by others	Actions client	Actions others
Green				
Amber				
Red				
Important information				

Exercise

- Make a plan of early warning signs plan for yourself using worksheet 5. Early Warning signs plan. Please share your learning experience in an auditorium.

EARLY WARNING SIGNS PLAN

Name of client:
Date of assessment:
Date of evaluation:

Phases	Signs as perceived by client	Signs as perceived by others	Actions client	Actions others
Green				
Amber				
Red				
Important information				

Sharing circle

- What do I take with me from the training day?
- What is the first step to implement what I learned?
- Who can support me?

Thank you!

- Lectures are based on CARe model: Wilken, J., Hollander, D. (2015). **Supporting Recovery and Inclusion. Working with the CARe model.** Amsterdam: SWP Publishers.

All worksheets are based on: Wilken, J., Hollander, D. (2015). **Supporting Recovery and Inclusion. Working with the CARe model.** Amsterdam: SWP Publishers.

WORKSHEET 1. Strengths

I can	I have
I am	
I want	I know

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WORKSHEET 2. Circle of life*

Domain	***Assessment to current situation on a scale 1 -10***	***What is a first step towards wish or ambition (assessment value 10)?***
Housing		
Work		
Learning – education		
Recreation - free time		
Health		
Personal care/ self-care (incl. finances)		
Relationships		
Meaningfulness		

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(incl. spirituality,religion)		

* Instead of a table you may also draw circle and fill it inside out or use some creative method, like collage etc.

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WORKSHEET 3. Personal profile

PERSONAL PROFILE © J.P. Wilken and D. den Hollander (2011; adapted from Rapp and Goscha, 2006)		Name:
Current possibilities and experiences	***Wishes and ambitions***	***Previous possibilities and experiences***
	Housing	
	Work	
	Learning - education	
	Recreation - free time	
	Health	
	Personal care/ self-care (incl. finances)	
	Relationships	
	Meaningfulness (incl. spirituality, religion)	

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What wishes are the most important to me?

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WORKSHEET 4. Personal action plan

A journey of a thousand miles starts with a single step (Chinese proverb)

PERSONAL PLAN © J.P. Wilken and D. den Hollander (2010)	Name: Support worker: Date:

What I want to achieve (goal)?

Why this is important to me?

What I do	**What others do**	**When I want this goal to be achieved**	**Date when I achieved the goal**	**Notes**

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WORKSHEET 5. Early Warning signs plan

EARLY WARNING SIGNS PLAN © J.P. Wilken, D. den Hollander (1999; 2011; based on Van der Werf e.a., 1998)		Name of client: Date of assessment: Date of evaluation:		
Phases	***Signs as perceived by client***	***Signs as perceived by others***	**Actions client**	**Actions others**
Green				
Amber				
Red				
Important information				

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Training program for the management of schizophrenia crisis in home environments

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HEAOLUJA TAASTUMISE KOOL RECOVERY COLLEGE

έδρα social cooperative activities for vulnerable groups