

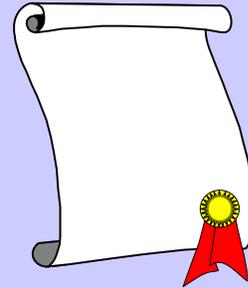
Preparing the Adult Mental Health Workforce to Succeed in a Transformed System of Care

Facilitating Recovery Through Communication

NASMHPD

**Module X
NASMHPD/OTA Workforce
Curriculum
Module Developed by Jorgenson
2009**

Facilitating Recovery Through Communication



OBJECTIVES:

At the conclusion of this module, participants will be able to:

1. Describe several factors which facilitate communication (e.g., attitudes/values; cultural and linguistic competence; specific communication skills)
2. Describe and articulate specific examples of modeling positive values/attitudes
3. Describe examples of how cultural and linguistic competence leads to effective communication
4. List several components of active listening

Facilitating Recovery

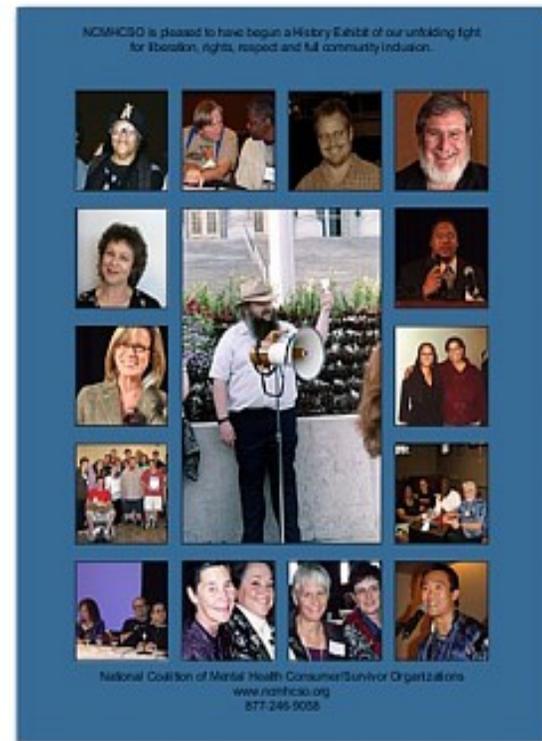
It called for the complete inclusion of consumers and family members as providers, advocates, policymakers, *and full partners* in creating their own plans of care

(The President's New Freedom Commission on Mental Health, 2003)



Effective Communication

A Building Block
to Support Recovery
through Peer
Leadership



Factors which Facilitate Effective Communication

- Values/Attitudes (e.g., empathy, respect, kindness, compassion, promotes hope, builds self-esteem)
- Cultural and linguistic competence
- Person-first Language
- Communication skills (e.g. verbal, non-verbal, listening)

Facilitating Recovery Through Communication

Dialogue...a mutual conversation between two persons (Web)

“Most dialogues are two monologues interwoven”



(Martin Buber, paraphrased)

Attitudes/Values that Facilitate Effective Communication

- Empathy
- Respect
- Kindness
- Compassion
- Promoting Hope
- Building Self-Esteem
- Other ???

Self Reflection Exercise

Think about a real interaction with a consumer where you did not operationalize one or more of these values. Now, think about how you would conduct this same interaction in the future, fully embracing those values

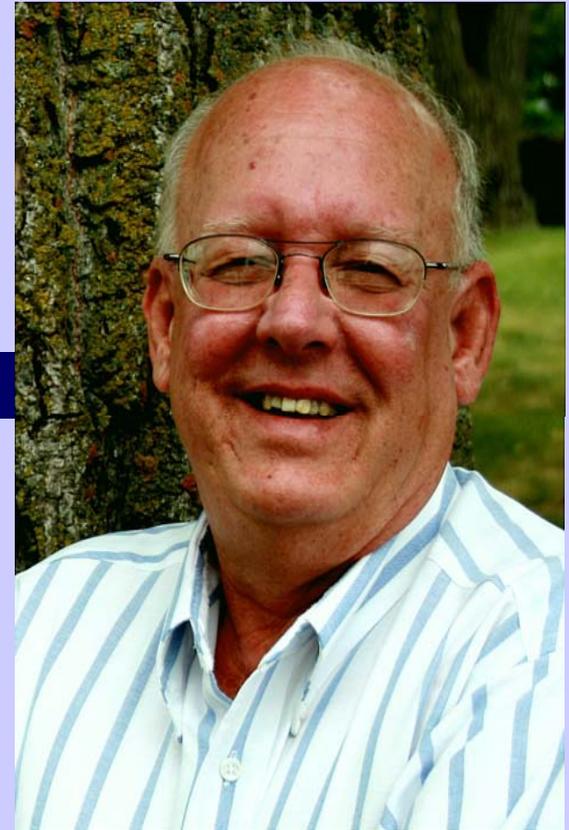


“Let me tell you how its going to be,” my doctor began.

“You will continue to take medications the rest of your life. You will probably be in and out of psychiatric hospitals several times a year. You will never work again.”

Years later, (mostly in depression) a social worker simply asked, “What are you waiting for? Maybe you should get out of bed and join the living,” he said. “You can get better. You can be happy. It's time to start!”

Steve Harrington



Facilitating Recovery Through Culturally and Linguistically Competent Communication



Culture has been defined as “the shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people”

“What we’re talking about in terms of cultural competency...is providing quality care to individuals who in the past have not received it... and when I think of quality care, that’s what we’re looking for for all Americans”

Facilitating Recovery Through Culturally and Linguistically Competent Communication



“Cultural competence in health care describes the ability of systems to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs”

(Betancourt, 2002)

Facilitating Recovery Through Eliminating Disparities

- ***SAMHSA Effort to Eliminate Mental Health Disparities by Addressing:***

Acceptability

Affordability

Availability

Accessibility

Appropriateness

VISION

- **Cultural and linguistic diversity is respected and celebrated, allowing all people to live, learn, work, play, thrive and participate fully in safe, supportive communities**

(SAMHSA, 2009)

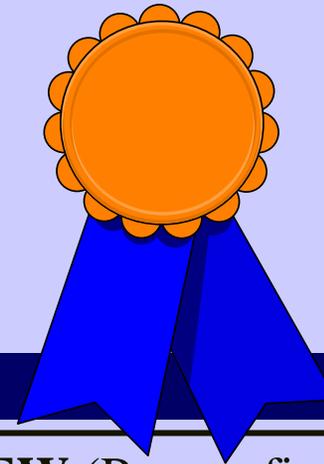
Moving towards Person-first Language



“The difference between the right word and the almost right word is the difference between lightning and the lightning bug” *(Mark Twain)*

*Are you "myopic" or do you wear glasses?
Are you "cancerous" or do you have cancer?
Are you "freckled" or do you have freckles?
Is a person "handicapped" or "disabled"
or does she have a disability label?*

Old & New Language



OUT WITH THE OLD	IN WITH THE NEW (Person-first Language)
Resistant families	Families with unmet needs
Dysfunctional families	Overwhelmed and underserved
Case management	Service coordination
We offer this.	What do you need? Make it up as we go
Staff a case	Families and professionals creating intervention plans together
The chronics	People with mental illnesses
Disturbed child	Child with emotional disturbance
The mentally ill	People with mental illnesses, consumers, peers

Facilitating Recovery Through Non-Verbal Communication Skills



Facilitating Recovery Through Verbal Communication Skills

- Paraphrasing
- Reflective Listening
- Silence
- Clarification
- Questions



“I know that you believe you understand what you think I said, but I'm not sure you realize that what you heard is not what I meant”

Six Parts of Active Listening (CRREVS)

Clarifying: When did this happen?

Restating: So, you would like _____. Is that right?

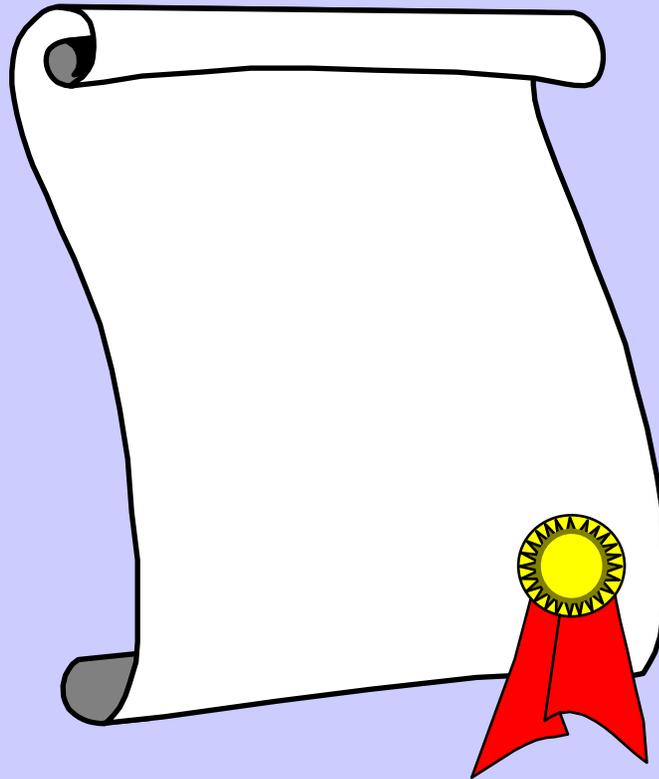
Reflecting: You seem very _____(feelings/emotions)

Encouraging: Can you tell me more...

Validating: I appreciate your willingness to resolve this matter, or It's ok to feel _____

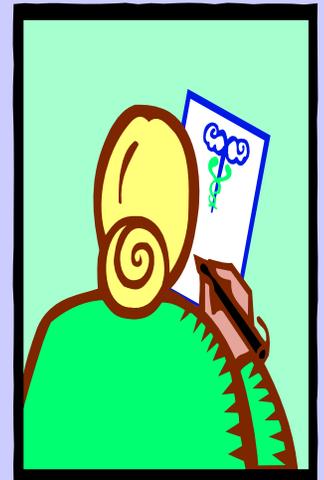
Summarizing: These seem to be the key ideas you have expressed.... *(Source: unknown)*

Practice Activity



Language Matters—The ADS Center Announces Name Change

Effective immediately, SAMHSA's Resource Center to Address Discrimination and Stigma has been re-named SAMHSA's Resource Center to Promote Acceptance, Dignity and, Social Inclusion Associated with Mental Health



Final Thought...

The bandage was **wound** around the **wound**

*The farm was used to **produce produce***

We must **polish** the **Polish** furniture

*He could **lead** if he would get the **lead** out*

The soldier decided to **desert** his dessert in the
desert

*Since there is no time like the **present**, he thought it
was time to **present the present***

When shot at, the **dove dove** into the bushes