



INTENTIONAL CARE

EMPLOYEE PERFORMANCE STANDARDS THAT
SUPPORT RECOVERY AND EMPOWERMENT

www.intentionalcare.org

*by Patricia E. Deegan Ph.D. and
Advocates Inc.*

27 Hollis St., Framingham MA 01702

“All services for those with a mental disorder should be consumer oriented and focused on promoting recovery.”

Mental Health: A Report of the Surgeon General, 1999 p. 455

Recovery Principle #1

Supportive, caring relationships
are fundamental in the recovery
process

- Issues related to professional boundaries
- Issues related to role-strain
- Issues related to personal disclosure

Examples

- You are an AA member and are attending a meeting on non-work time. A client that you work with is also at the same meeting. During the meeting the client speaks up in the general group and says she is very depressed and feels like giving up and killing herself. What do you do?

Examples Continued:

- A client asks if you have children.
How do you respond?
- A client asks about your race/ethnicity.
How do you respond?
- You have overcome debilitating depression and would like to share your hope for recovery with a client.
What do you do?

Recovery Principle #2

Client choice and self-determination are central to the recovery process

- **Raises issues of client responsibility, staff responsibility and professional liability**
- **Raises issues of respecting client choice, intervening in client choice and/or influencing client choice through coercion**

Examples

- A client refuses to go to the dentist and has not been in at least four years. Some of his front teeth look like they are decaying. Regulations say the client should go annually. What should you do?
- A client keeps drinking large quantities of coffee even though he knows it triggers his aggression. What do you do?

Examples Continued

- A client makes the choice not to take out the garbage in his supported living apartment. If repeated efforts to engage the client in performing this task fail, should staff let the client suffer the “natural consequences” of this choice? Should staff take out the garbage? Are staff maid service? If staff take out the garbage, are they enabling the client?

Recovery Principle #3

Being treated with respect and dignity, and having one's privacy respected are fundamental to recovery

- Raises issues of how we communicate respectfully about clients
- Raises the issue of how we write clinical notes about clients
- Raises issues about who really needs to know what about a client
- Raises issues about how to protect client privacy

Examples

- When you go to the local coffee shop on your day off, the owner complains to you about a client that you work with. He tells you that unless you do something the client will be banned from entering the shop. What do you say to the shop owner?

Examples Continued

- A friend who once worked in your program and now works in another part of the agency asks you, “How is John doing? Did he make it out of the hospital yet?” How do you respond to this professional’s heartfelt concern?
- A client asks to read his/her clinical notes. What do you say?

Intentional Care Performance Standard Domains

- Client Choice
- The Role of the Direct Service Worker
- Professional Boundaries
- Confidentiality
- Community Integration
- Communicating Respectfully About the People We Work With
- Cleaning in Group Homes and Supported Housing

The Standards on Professional Boundaries

- Defining professional boundaries
- How to establish professional boundaries
- Staff will know their personal limits
- Staff will learn to express their personal limits to clients
- Communicating with clients about professional boundaries with respect and sensitivity

The Standards Continued

- Client preferences and limits are important
- Clinical concerns help to shape professional boundaries
- Ethics shape professional boundaries
- Role expectations and professional boundaries
- Physical touch and professional boundaries

The Standards Continued

- Personal disclosure and professional boundaries
- Mentalism and professional boundaries
- Professional boundaries when workers are leaving their job

Intentional Care Performance Standards Allow Providers To:

- Specify in great detail the standards of care expected from workers
- Train workers in programs using role-plays related to each Standard

- Evaluate the worker's understanding of each performance standard through written competency tests
- Conduct annual evaluations of workers based on how well they implement the Standards in their daily work
- Achieve uniformity in an empowerment and recovery approach across programs in an agency

Intentional Care Field Sites

- Village Integrated Service Agency in Longbeach, CA
- Riverbend CMHC in Concord NH
- Clubhouse of Suffolk in Ronkonkoma NY
- Act Teams, Department of Human Service, Osh Kosh, Wisconsin
- Recovery Thru Integration, Support & Empowerment (RISE) Phoenix and Tucson Arizona

On-Line Learning Community

- Learn how other agencies with diverse service models are implementing and modifying the Standards
- Download new Standards as they are developed

A client asks a staff person:
How many mental health workers
does it take to screw in a light
bulb?

Staff answers:

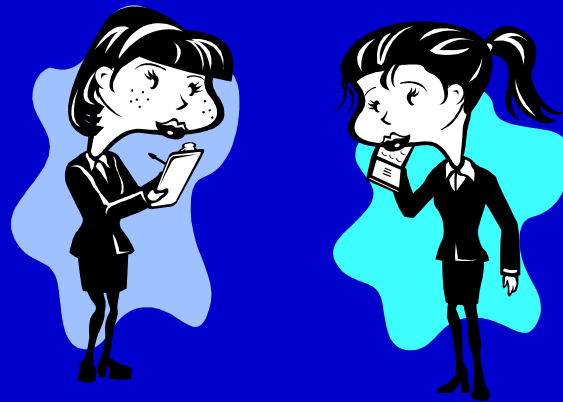
“We can’t tell you that because
it’s a boundary violation”

*a joke made up
by clients in a community-based
mental health agency*

Why Examine Professional Boundaries?

- Re-examining the concept of professional boundaries is at the very core of transitioning to recovery based-practice
- Recovery and empowerment call for staff and clients to learn new, mutual, non-hierarchical, and collaborative ways to work together.

Professional Boundaries Are Co-Created Between the Professional and the Client



Five Factors Converge to Form Professional Boundaries

- Ethical Considerations
- Personal Limits
- Role Expectations
- Clinical Considerations
- Client Preferences

How Professional Boundaries Are Established

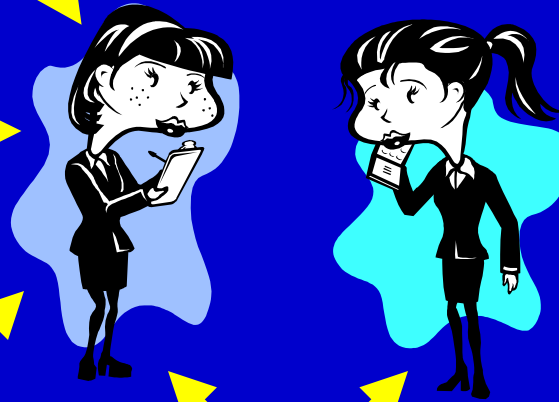
Ethical Considerations

Personal Limits

Role Expectations

Client Expressed Preferences

Clinical Concerns



Ethical Considerations

- The Intentional Care Performance Standards detail a code of ethics for anyone working directly with clients.
- Example: “It is unethical to use our power to coerce or force a client to do something. For instance it is unethical to frighten a client into medication compliance by threatening them with involuntary commitment to a mental institution.”

Personal Limits

- The Intentional Care Performance Standards include a self-assessment form called “Knowing My Personal Limits”
- Example: “Am I willing to answer questions about my ethnicity if asked by a client? Can I imagine a situation in which I might initiate telling a client about my ethnicity? If yes, briefly describe such a situation.”

Role Expectations

- The Intentional Care Performance Standards clearly articulate the expectations of the role of the direct service worker.
- Example: “It is expected that when you leave home and arrive at work you undergo a role change from the personal to the professional...Your focus should be on the client...You should not be venting your anger, discussing problems in your love life, sharing your financial stresses, etc. with clients.”

Clinical Concerns

- The Intentional Care Performance Standards stress the importance of staff following the treatment plan and of the treatment plan addressing issues that might influence the creation of professional boundaries.
- Example: “The clinical treatment plan will always override a staff person’s limits in terms of interaction with a client.”

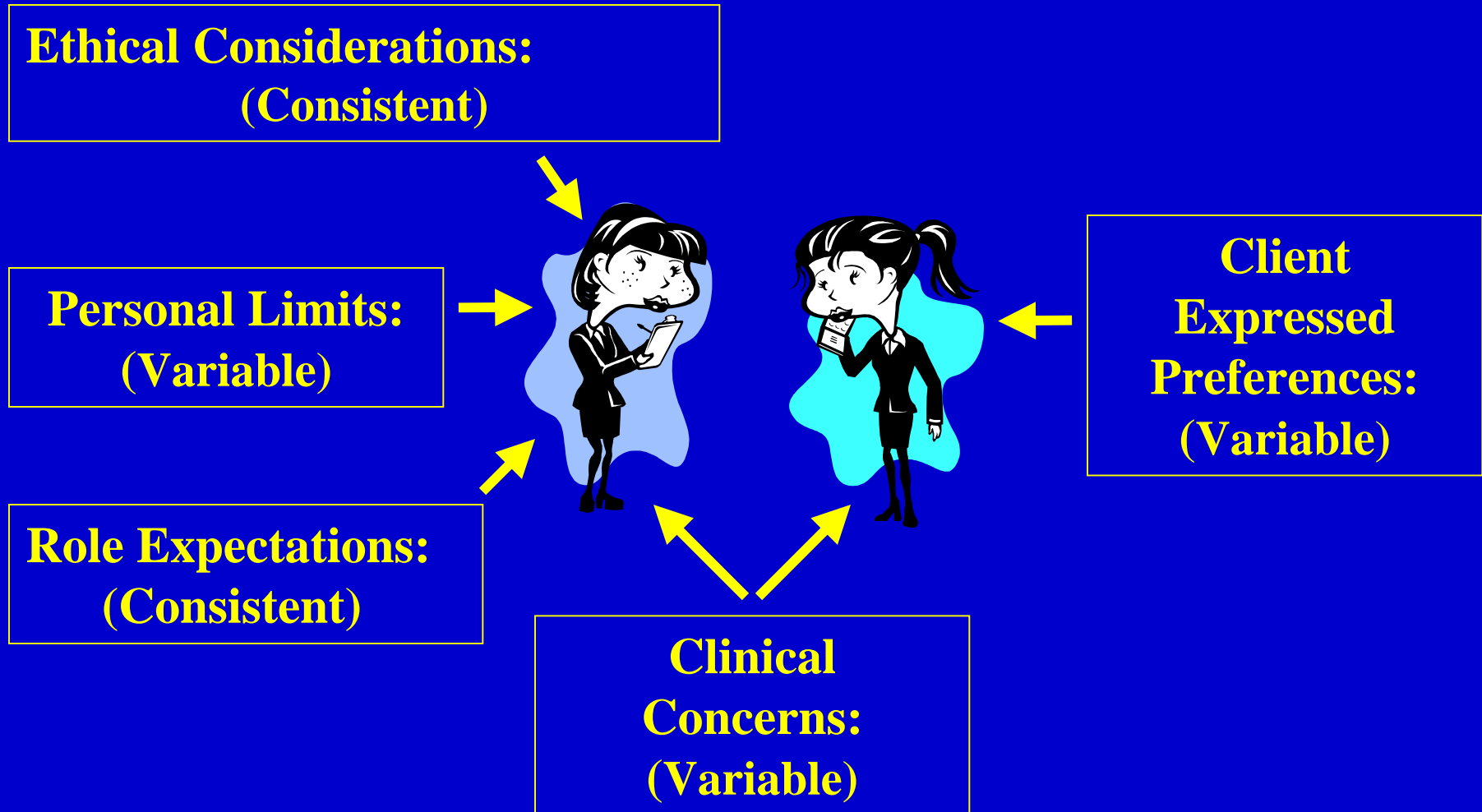
Client Preference

- The Intentional Care Performance Standards recognize that clients have preferences regarding physical touch, staff disclosure, and other issues related to professional boundaries. It is erroneous to believe that all clients feel the same way about such issues.
- Example: “Client survey results show heterogeneity in client preferences for staff disclosure, physical touch and desire for contact after employees leave the job.”

Professional Boundaries are Both Consistent And Flexible

- Ethical Considerations → Consistent
- Personal Limits → Variable
- Role Expectations → Consistent
- Clinical Concerns → Variable
- Client Preferences → Variable

How Professional Boundaries Are Established



Example

- **A staff person has been helping a client get through an academic college course. During a visit the client shares that he got a disappointing grade on a recent test. The client says, “I am so discouraged. I could use a hug.” What would the professional boundary be in this situation?**

Client's Expressed Preference

Can I have a
hug?

Staff Decision Making and Professional Boundaries

Hugging is not an ethical violation

My personal limit is that I feel OK about giving a supportive hug

There is nothing in the treatment plan to contraindicate hugging.

Hugging a client in a supportive way is within the role of the direct service worker

Example 2

Hugging is not an ethical violation

My personal limit is that I feel OK about giving a supportive hug

The treatment plan states no physical contact with this client at this time

Hugging a client in a supportive way is within the role of the direct service worker