

Adult Behavioral Health Planning Council

Presentation by Advocacy Unlimited, Inc.

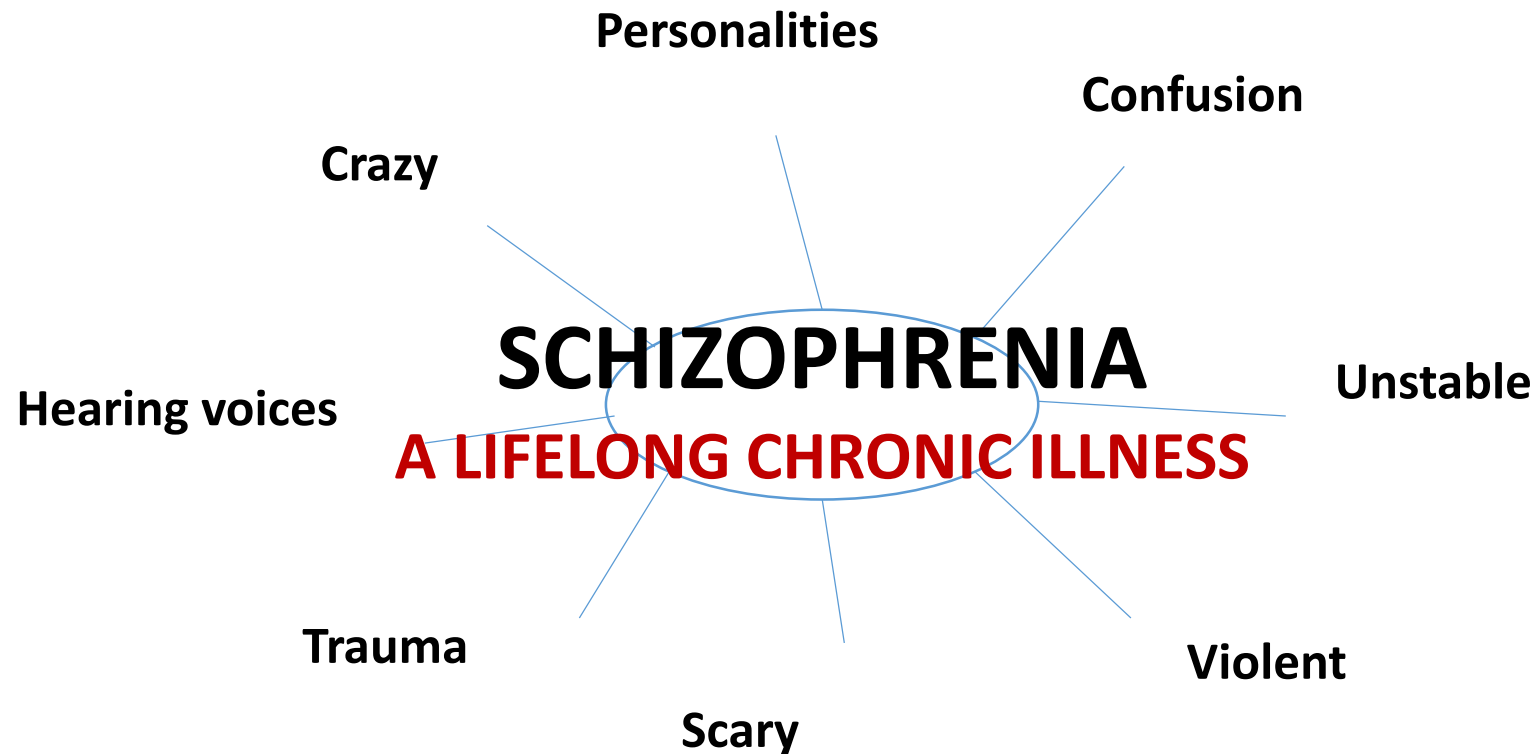


August 17, 2023
Michaela I. Fissel, MA

WHAT COMES TO MIND WHEN YOU HEAR THE TERM SCHIZOPHRENIA?



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(Stuber, Rocha, Christian, & Link, 2014).

COGNITIVE SCHEMA

Based on Barlett's theory of cognitive development, a schema is a mental collection of information, memories, emotions, attitudes and beliefs associated with a particular construct, such as the self or relationships (Brewer, 2000).

Language influences and shapes the development, maintenance and adaptation of cognitive schemas.

Schemas are changeable through the process of **neuroplasticity**. The brain is changeable -change your mind, change your brain.

Neuroplasticity support the neurological and structural changes that support the change.

We observe the change as a different belief, thought, habit, or action.

INFLUENCE OF MALADAPTIVE SCHEMA

A maladaptive schema is a pervasive self-defeating schema (often about the self, the world, or relationships) which **has a negative impact on one's mood or functioning.**

- Negative self-worth
- Dysfunctional reactions to particular events
- Avoidance of certain activities or relationships
- Errors in judgement or anxiety
- Conflict in relationships
- Becoming overly dependent
- Becoming overly independent/disconnected
- Damaging motivation
- Hopelessness
- Lack of control
- Anxiety or depression
- Development of harmful coping patterns

LEARNED HELPLESSNESS

Learned helplessness is the result of someone repeatedly facing uncontrollable, stressful situations, that are perceived or actually beyond their control. Over-time, and dependent on protective factors, a person will “learn” that they are helpless in that situation and no longer try to change it. Once a person having this experience accepts that they cannot control the circumstances, they lose motivation. Even if an opportunity arises that allows the person to alter their circumstances, they do not take action.

Examples of what a person can experience with learned helplessness:

- feeling a lack of control over the outcome of situations
- failing to ask for help
- having low self-esteem
- putting less effort into tasks
- lack of persistence
- feelings of frustration
- Passivity giving up easily
- decreased motivation

REVIEW 6/8 | Internalized Stigma & illness Identity

Once a person receives a psychiatric diagnosis there is a high probability they will begin to identify with the limitations of the label and develop internalized stigma (Livingston & Boyd, 2010).

In the mental health research, the term, “**internalized stigma**” is used to describe the application of the negative attitudes and beliefs held by the others, towards the self (Corrigan & Rao, 2012).

The influence of the stereotypes and negative attitudes held about psychiatric disorders on a person's own identity is known as **illness identity**.

Illness identity is defined as the roles and attitudes a person develops in relation to their current understanding of what it means to receive a psychiatric diagnosis (Yanos, Roe, & Lysaker, 2010).

LANGUAGE

Our language shapes our attitudes,
Our attitudes shape our language, and
Our attitudes and language drive
Our actions!

INTERRELATED & INTERTWINED

ATTITUDES & BELIEFS

The attitudes and beliefs of those who are in the position of provider influence the design and delivery of recovery oriented services, including those who influence policy and practice (Pillay, Best and Lubman, 2014).

It is reported that (over)use of medicalized approaches and the unchanging conception of “madness” represent obstacles to the sustained development of person centered and recovery oriented services. (Khuory, 2019)

Research shows that professionals can hold negative attitudes, and many doubt the possibility for recovery. Those with greater clinical training represent are generally more pessimistic, however this is not always true based on the individual (Luigi, et al, 2020)

SOCIETY & LANGUAGE

People who happen to live with an experience that society has classified as a "disabilities" or "psychiatric diagnosis" are subjected to devaluation, marginalization, prejudice, and more.

And the first way to devalue someone is through language, by using words or labels to identify a person/group as "less-than," as "the other," "not like us," and so forth.

Once a person/group has been identified this way, it makes it easier to justify prejudice and discrimination.

Language influences recovery outcomes (Kelly & Westerhoff, 2010).

RECOVERY ORIENTATION

Stronger perception of **programmatic recovery orientation** is associated with **less stigmatizing beliefs towards people** who are the recipients of services (Stacey & Rosenheck, 2017)

DEFINITION OF RECOVERY

A process of change through which individuals improve their health and wellness, live a self directed life, and strive to reach their full potential (Substance Abuse & Mental Health Services Administration)

PERSON-CENTERED & RECOVERY ORIENTED LANGUAGE

Uses language that reflects a growth oriented perspective that is open to possibilities and seeking available options.

Focused solely on one person, and does not compare individual experience to group associations

Takes time to learn the individual strengths, preferences, skills, talents, and interests of the person

Any challenges are framed using a growth oriented perspective in terms of identifying and securing the support, skills, and resources needed for a resolution.

Hold the presumption that ALL people are gifted and ALL deserve to live a life of self-defined purpose

LANGUAGE

Language is learned

Language shapes our beliefs and attitudes.

Language influences our action.

Language influences how we treat others.

Language influences how we treat our self.

Language is changeable.

FINAL THOUGHTS

Provide education and training to all staff on recovery orientation, on an ongoing and regular basis.

Increasing the peer workforce

Inclusion of people with direct lived experience in the planning, implementation and evaluation of policy and practice at all levels and sectors.

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QUESTIONS

mfissel@advocacyunlimited.org

www.advocacyunlimited.org