# Models of Mental Health Approaches (Worldviews)

<table>
<thead>
<tr>
<th>(Attribute)</th>
<th>Medical Model</th>
<th>(Psych) Rehab Model</th>
<th>Social Model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Power</strong></td>
<td>Hierarchical</td>
<td>Collaborative partnership</td>
<td>Individual</td>
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<tr>
<td><strong>Focus</strong></td>
<td>Illness &amp; symptoms</td>
<td>Function</td>
<td>Wellness</td>
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<tr>
<td><strong>Knowledge Base</strong></td>
<td>Pathology</td>
<td>Pathology and strengths; Context</td>
<td>Lived experience</td>
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<tr>
<td><strong>Techniques</strong></td>
<td>Component based</td>
<td>Skill development “in vivo”</td>
<td>Support, inclusion</td>
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<tr>
<td><strong>Outcomes</strong></td>
<td>Clinical recovery (cure)</td>
<td>Functional recovery (adaptation)</td>
<td>Personal recovery (acceptance)</td>
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Anne MacRae, PhD, OTR/L, BCMH, FAOTA - CIBHS, Sacramento, CA 2/6/2015
SAMHSA’S WELLNESS INITIATIVE

Eight Dimensions of Wellness

**EMOTIONAL**
Coping effectively with life and creating satisfying relationships.

**FINANCIAL**
Satisfaction with current and future financial situations.

**SOCIAL**
Developing a sense of connection, belonging, and a well-developed support system.

**SPIRITUAL**
Expanding our sense of purpose and meaning in life.

**OCCUPATIONAL**
Personal satisfaction and enrichment derived from one’s work.

**PHYSICAL**
Recognizing the need for physical activity, diet, sleep, and nutrition.

**INTELLECTUAL**
Recognizing creative abilities and finding ways to expand knowledge and skills.

**ENVIRONMENTAL**
Good health by occupying pleasant, stimulating environments that support well-being.

Through its Wellness Initiative, SAMHSA pledges to promote wellness for people with mental and substance use disorders by motivating individuals, organizations, and communities to take action and work toward improved quality of life, cardiovascular health, and decreased early mortality rates.

To learn more and sign the Pledge for Wellness, visit [http://www.samhsa.gov/wellness](http://www.samhsa.gov/wellness).

For information, contact:
SAMHSA’s Wellness Initiative
1 Choke Cherry Road
Rockville, MD 20857
E-mail: wellness@samhsa.hhs.gov

<table>
<thead>
<tr>
<th>Dimension of Wellness</th>
<th>Obstacles to Participation and Inclusion</th>
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<tbody>
<tr>
<td>Emotional</td>
<td>Fears (rational or irrational), phobias, poor self esteem, depression, previous trauma</td>
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<tr>
<td>Financial</td>
<td>Lack of funds, poor money management, poor judgment regarding funds (overspending or easily exploited), increased spending opportunities</td>
</tr>
<tr>
<td>Social</td>
<td>Lack of access (transportation), not being included (or perceiving exclusion), minimal events or opportunities, lack of skills, estranged from family and friends</td>
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<tr>
<td>Spiritual</td>
<td>No contact with organized religion (by choice or availability), poor awareness of non-organizational spirituality, minimal contact with the natural world or “spiritual” environments, lack of daily roles that provide meaning</td>
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<tr>
<td>Occupational</td>
<td>Lack of opportunities, poor skills, lack of productive roles</td>
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<tr>
<td>Physical</td>
<td>Poor accommodations for disabilities, sensory “overload”, limited avenues for exercise, limited knowledge or access to healthy food</td>
</tr>
<tr>
<td>Intellectual</td>
<td>Available environments are over or under stimulating, lack of developed interests or hobbies</td>
</tr>
<tr>
<td>Environmental</td>
<td>(All of the above)</td>
</tr>
</tbody>
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Positive Goals
(Think about what you want to be able to DO)

<table>
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<th>Your vision of the future</th>
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**GOAL # 1**

What steps will need to be taken for you to reach your goal? Write each step next to one of the stepping stones

**GOAL #2**

What steps will need to be taken for you to reach your goal? Write each step next to one of the stepping stones
Kawa Samples
(Using magnet board)
Water - Life energy and health; shaped by surrounding environment; changeable.

(River) bank/base - The physical, economic, political, social, and cultural environment

Rocks - Life difficulties, circumstances, symptoms and issues. Each has a unique size and are difficult to remove.

Driftwood – (Assets or liabilities) Personal attributes, resources, values, character. Can either block the water or move rocks away.

Spaces – Life energy (water) flows through spaces

http://www.kawamodel.com/
Motivational Interviewing
Am I Doing this Right?

Do I listen more than I talk?
Or am I talking more than I listen?

Do I keep myself sensitive and open to this person’s issues, whatever they may be?
Or am I talking about what I think the problem is?

Do I invite this person to talk about and explore his/her own ideas for change?
Or am I jumping to conclusions and possible solutions?

Do I encourage this person to talk about his/her reasons for not changing?
Or am I forcing him/her to talk only about change?

Do I ask permission to give my feedback?
Or am I presuming that my ideas are what he/she really needs to hear?

Do I reassure this person that ambivalence to change is normal?
Or am I telling him/her to take action and push ahead for a solution?

Do I help this person identify successes and challenges from his/her past and relate them to present change efforts?
Or am I encouraging him/her to ignore or get stuck on old stories?

Do I seek to understand this person?
Or am I spending a lot of time trying to convince him/her to understand me and my ideas?

Do I summarize for this person what I am hearing?
Or am I just summarizing what I think?

Do I value this person’s opinion more than my own?
Or am I giving more value to my viewpoint?

Do I remind myself that this person is capable of making his/her own choices?
Or am I assuming that he/she is not capable of making good choices?

Source: Center for Evidence Based Practice. Case Western Reserve University.
www.centreforebp.case.edu
Motivational Interviewing Practice

Instructions
1. Participants will be paired with one person to role-play a consumer and the other cast as the interviewer.
2. (If you do not want to role play a consumer or interviewer, you may chose to be an observer or “coach”).
3. The person designated to role-play the consumer may choose one of the provided vignettes or create their own role. Spend a few minutes getting into “character”. Feel free to ask for clarification and share you chosen role with the “interviewer”.
4. Meanwhile, the person designated to role-play the interviewer reviews the questions posed in the MI guidelines handout. (Am I doing this right?) Take a few minutes to prepare initial questions.
5. Assume that regardless of the environment described in the case vignette, the setting is now either a (new) outpatient clinic or a peer operated wellness center and the purpose of the interview is to assist in goal setting.
6. Using “change talk”, attempt to establish at least one collaboratively agreed upon goal. (Depending on the character, the “consumer” may resist).

Resulting GOAL

Case Illustration # 1 – Yosef
Yosef is self-described “jack of all trades, master of none” who has held several jobs, albeit for short duration while living with co-occurring disorder, substance addiction and bipolar disorder. When deeply depressed Yosef uses cocaine to get going and when manic he uses marijuana to “even out.” His drug and alcohol counselor wants him to consider applying for SSDI (Social Security Disability Insurance) due to the challenges of helping Yosef manage his diseases and his medication, but Yosef says he wants help with life skills for job development. His family prides themselves on not “taking handouts”, and SSDI is his last resort. He expresses a desire to find work and keep it for several years.

Note: All vignettes are edited versions of published case illustrations.
Case Illustration # 2 - James
James has lived in a residential care facility for the past seven years. He has not been hospitalized since living in this home but had several hospitalizations in the five years prior to this move. James takes antipsychotic medication, which seems to completely control the hallucinations he experienced in the past. Nevertheless, even in the absence of psychosis, James remains unable to function independently. He reports that he does nothing all day but has no plans for changing his lifestyle. He has been enrolled in several rehabilitative programs, including sheltered workshops, but was unable to follow through with their recommendations. James also attempted to complete an associate’s degree at the local community college but dropped out during his first semester. Poor attendance and difficulty attending to tasks were the primary reasons for this cycle of failure. James also has great difficulty in social situations. He tends to be passive, avoiding conversation and relationships even though he states he is lonely.

Case Illustration # 3 – Diamond
Diamond, 38, has been diagnosed with schizophrenia, undifferentiated type. She has a long history of repetitive decompensations while living in the community. During her most recent hospitalization, the team recommended that she be placed in a residential care facility to help monitor her symptoms and medication. Diamond strongly objected, stating that she likes living alone in an apartment and that her goal is to return to independent living. After repeated discussions with the team, Diamond reluctantly agreed to the placement. Two weeks later, Diamond walked out of the facility.

Case Illustration # 4 – Mary
Mary grew up in an impoverished family with a background of dysfunction and instability. Her mother had a history of bipolar disorder and her father abused a variety of illegal drugs. Her parents divorced when Mary was in elementary school. Mary and her brother and two sisters experienced childhood sexual and physical abuse and their father was violent at home. Mary left home at age 16 before she finished her secondary education and married at age 19. She experienced intimate partner violence with a series of boyfriends and her husband, never receiving abuse counseling. In her teens, her social drug use on the weekends with boyfriends and her husband soon escalated to daily drug use. By the time she was 23, she was raising three children under the age of four years old fathered by two men. Without a secondary education, Mary struggled to raise the children while working two entry-level minimum-wage jobs. Her work history was not continuous and she lost several jobs due to positive drug tests and missed workdays.

Note: All vignettes are edited versions of published case illustrations.