Chapter 50
Barriers to Practitioners' Endorsement of a Recovery Perspective: Considering Attitudes Through a Schema Lens

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ABSTRACT

This chapter is concerned with the impact of practitioner biases on the experience of a meaningful life for individuals who live with serious mental illness (SMI). Professional biases, systemic biases that originate in societal fear and lack of knowledge, and internalized stigma taken on by the consumer affect life decisions. Following a history of treatment initiatives experienced by consumers as abusive, it is important to understand how a system envisioned to protect and treat was often experienced as harmful. In the 1980s a movement emerged to transform the nature of mental health treatment to a client-centered, recovery-oriented model. In 1999, the Surgeon General proclaimed that all agencies serving this population should be recovery oriented. Yet, the shift to this approach to understanding people with SMI has not been complete. While there are many explanations why practitioners may not fully embrace this perspective, this chapter introduces the concept of "schemas" from cognitive behavioral theory as a way of examining professional biases in the field of SMI.

INTRODUCTION

This chapter concerns the impact of professional biases on the ability of individuals with Serious Mental Illness (SMI) to experience a life of meaning and purpose in the same way as those who do not live with SMI. Due to the inherent power differential between patient and therapist, client and coach, or consumer and guide, professional biases can devastate the dreams of individuals who turn to the

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mental-health system, voluntarily or involuntarily, for the purpose of learning strategies to manage life with SMI. Most studied is the impact on help-seeking behaviors of people with SMI due to public and professional stigmas (Hailamariam et al., 2017; Henderson et al., 2013). When professionals are not able to reflect on their own schemas, there is potential for a cyclical and damaging dynamic. This dynamic is one based on personal biases of the professional, systemic biases originating in societal fear and lack of knowledge, and subsequently the internalized stigma taken on by the consumer, can prevail (Beretta et al., 2005; Orbell & Henderson, 2016). In the face of obvious reservations on the part of their treating professional, rare is the individual who will have the courage to move forward in pursuit of a life course of their choosing (Mead & Copeland, 2000; Deegan, 1996).

The mental health system has a long history of offering interventions that were ineffective and sometimes barbaric. However, when professionals act on the science and data of the time, interventions are usually reasonable and calculated risks. Bloodletting, ice baths, and even frontal lobotomies most likely emerged in a genuine effort to effect healing. Yet, these treatments often continue long past the acquisition of evidence that they are ineffective and in fact harmful, and the realization of their effects. One explanation of how this happens might be the impact of professional stigma. At what point does the practitioner embrace an "us and them" attitude toward his or her charges? At what point is it easy to detach from empathizing with the other because the other has become somehow less human?

In 1999, the Surgeon General proclaimed that all agencies serving this population should be recovery oriented; yet, the shift to this more client-centered approach to helping people with SMI has not been seamless or complete. Many reasons impede greater embrace of this directive, including but not limited to lack of consistent and widely disseminated data that a Recovery Perspective is more effective; lack of understanding of the practices that make an agency recovery oriented; and misconceptions that suggest this orientation is cost-prohibitive. Thinking critically about the recovery perspective reveals that this "perspective" or "paradigm" is not an evidence-based practice. In fact, it is not so much a "practice" as it is a way of working with people—an ethical focus on an individual's right to self-determination, dignity, and respect. Therefore, failure to fully embrace these principles remains somewhat curious. This chapter will define the cognitive behavioral concept of schemas, and consider how a greater understanding of this psychological mechanism may be a way of examining professional biases and their impact on consumers in the field of SMI.

By the end of this chapter, readers should have a basic understanding of the Recovery Perspective in mental health, and areas of common ground as well as conflict when compared with the more traditional Medical Perspective. We discuss how this perspective offers a client/consumer-centered approach to services for people with SMI, and how attention to professional schemas may be a vehicle for understanding the perpetuation of stigma against the people with SMI by professionals in the field of mental health. In closing, the chapter will offer some possible directions for mitigating the inherent harm that can occur from unchecked schemas among mental-health professionals.

TYPES OF STIGMA AND THE PERSPECTIVES THAT MAY HELP DRIVE THEM

Understanding a number of key concepts can assist the reader in fully appreciating the impact that stigma and bias have had on the lives of adults with SMI. First, this chapter refers to individuals who utilize mental-health services as "consumers." The nomenclatures for this population and the terms by which they are identified have morphed with the emergence of new scholarly and political developments. The