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Foreword

This book presents a basic methodology for care workers to enable them to help people who require temporary or long-term professional support. This methodology – the Comprehensive Approach to Rehabilitation – has been around for twenty-five years now and is used by thousands of professionals, both in the Netherlands and abroad. The first version of the manual was published in 1994 (Wilken, Kaiser and Den Hollander, 1994), the second version in 1999 (Wilken and Den Hollander, 1999) and the third version in 2005 (Wilken and Den Hollander, 2005). In 2012 the last version of the manual was published, devoting attention to underlying theories and practical applications (Wilken and Den Hollander, 2012).

The Comprehensive Approach to Rehabilitation, or CARE for short, comprises theories, a basic vision, a practical working method and tools. Though its core essence has remained unchanged over the years – supporting people in achieving their desired level of quality of life – the methodology has evolved over time under the influence of new scientific understanding and social movements. Furthermore, specific applications have been developed, e.g. for the purposes of reintegration to work. CARE is used in assisted living facilities, within wards of mental health care institutions, homeless shelters, in ACT and FACT teams, in supported housing, in geriatric care, youth care, forensic care, and in the treatment of addiction. It is used in supporting clients with an intellectual disability and clients with an autism spectrum disorder.

This book sets out the methodology in its current form. The book is first and foremost a practical manual. Writing a practical manual entails us primarily paying attention to the working method of CARE as this can be employed for each and every client. It pertains to the core essence of the methodology. We will not be examining the applications that have been developed for various specific settings and target groups. To this end, we would refer the reader to the handbook and other publications, as well as training programmes such as those offered by CARE Europe and a number of universities and training centres.

The book is intended to enable the provision of effective support for people who are at a given moment unable to cope on their own in society and who have been referred for professional help and guidance. Sometimes this will be for a limited period in their lives, and sometimes it will be for the long term. Their need of this guidance and care may occasionally be complex, mostly due to the concurrence

of multiple factors, such as a psychiatric disorder, unemployment and social isolation. An intellectual disability or behavioural problems may also be an issue. In short, their efforts to lead a normal life may be blighted by all sorts of troublesome and unusual factors.

Clients' stories of their recovery show that recovery is possible for everyone. By recovery we mean a unique personal process during which the individual regains his self-confidence, learns to cope better with his vulnerability and starts to play roles in society once more. Many people are resilient beyond their own expectations. Although the recovery process is a personal one, it does necessitate the contribution of others. These others could be people who have experienced similar issues, family or friends, and care workers. Our knowledge regarding the kinds of support that genuinely help people in their recovery process is continuously improving. CARE is intended to harmonize the support provided by care workers with the wishes and needs of people engaged in a recovery process in a manner that is purposive and effective.

As such, this book also considers wishes, talents and possibilities. It considers recovery and the use of the individual's strengths. It is about creating and making the most of opportunities in individuals and within society.

Chapter 1 describes the background, fundamental principles and objectives of the CARE methodology. It entails a brief overview of current developments and the theories underpinning the methodology.

Chapter 2 presents an outline of the CARE way of working. It sets out how a relationship can be built systematically, how information can be exchanged, how goals can be set, how a plan can be drawn up, implemented and evaluated.

Chapter 3 looks at building cooperative relationships. A cooperative relationship involving trust and willingness to make an effort is the cornerstone of CARE.

In Chapter 4 we will examine aspects of vulnerability associated with mental disorders and how clients can be helped to cope with these as best they can.

Chapter 5 describes how one can work with the client's environment. This pertains to environments in which the client wishes to live, work, learn and spend his free time. It also concerns the client's social networks and community support systems.

Chapter 6 starts with a description of features of health care conducive to recovery. We then outline the profile of the CARE worker and how CARE can be implemented effectively as a methodology supporting recovery.

This book was published in 2011 in the Dutch language with reprints in 2011, 2012, 2014 and 2015. In this English edition, we have made some adaptations to the case examples and references, in order to make them more understandable for readers who are not familiar with the Dutch context. We would like to take this opportunity to thank all CARE trainers and coaches for their indefatigable dedication and contributions to the development and dissemination of the methodology. We thank Dr David Blazey for being so kind as to edit the English version of the book.

Finally a remark about the use of the word ‘client’ or ‘user’ in this book. Although we often refer to the client as ‘person’, we also use client to refer to the role the person has in the mental health system. This seems curious since the focus of this book is to change the view of professionals, encouraging them to take the perspective of personhood and citizenship as a starting point. Although the word client is used to avoid confusion about who we are referring to, or to avoid long descriptions like ‘a person with vulnerability’, or a ‘person with lived experience’, please keep our focus in mind.

Dirk den Hollander and Jean Pierre Wilken