

Honest presence and the peace needed for change

Åse Marie residential facility

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FOREWORD

Åse Marie residential facility was established in May 2012. The idea for the residence came from the government's homeless strategy 2009–2012, in which Housing First was a central hub of the approach. The Housing First principle is based on the knowledge that a stable housing situation is crucial for a general stabilization of an individual's life situation. In addition to the accommodation, the approach must be organized individually and adapted to the individual resident's situation in life.

Åse Marie's target group is composed of vulnerable people with severe mental illness and long-standing substance abuse issues, who have had extensive challenges and lack of quality of life and continuity in their previous life. This may have been on the street, in other institutions and some in their own apartment in public housing.

Our work at Åse Marie is based on three fundamental values: professionalism, respect and well-being. And it is also based on the notion of "the good life", which is the hope of a better life for the individual resident.

It places great demands on the employees to work with these socially disadvantaged people. It means making oneself available in a trustworthy way – being empathetic, accommodating and professional. We can see that a lot has been successful in the work and cooperation at Åse Marie, and a strong and supportive culture has already been built up, even though the residence has only existed for three years. We would like to identify and describe what our practices are and what they do, and what our culture consists of. And also how we create good and sustainable relationships, which are the core of our cooperation with the residents. The result is this methodological description.

In cooperation with the project workers philosopher Stephanie Christiansen and anthropologist Henriette Skyberg, over a period of 3.5 months Åse Marie's employees carried out an extensive field study and used this to prepare a methodological description. We have become much wiser about ourselves and each other along the way, and also more clear in our self-understanding, and we now have a description of our methods and culture at Åse Marie. With this description we have achieved a far more nuanced language for who we are and what it is we are able to do. This is something we are proud of!

We owe Stephanie and Henriette a big thank you – for the many challenging questions, for their unproblematic presence and for the many textual contributions. You have made a difference!

We hope that this will inspire others who work with socially disadvantaged people.

Eddie Götsch
Chairman of the Board

Sussi Sandager
Superintendent

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1

ABOUT ÅSE MARIE RESIDENTIAL FACILITY

Background and purpose

If One Is Truly to Succeed
in Leading a person to a Specific Place,
One must First and Foremost Take Care to Find Him
Where He Is and Begin There

Søren Kierkegaard

Åse Marie is an independent social psychiatric residential facility for people over 18 years with mental illness and substance abuse problems. Åse Marie was established in May 2012. Åse Marie operates in accordance with the Act on Free Care Housing, which among other things means that residents live in separate apartments, but receive help and support from the staff to cope with everyday life in their own home. Each resident enters into a lease agreement with Åse Marie, where they pay rent and utility charges, and possibly also a food payment. In addition to this, the resident's home municipality pays the residence fee. All of the municipalities in Denmark have the opportunity to house people at Åse Marie.

Åse Marie is a residence and not a treatment centre. A significant part of the approach is good and coherent cooperation with other agencies, such as addiction centres, the district psychiatrist and the residents' relatives. The personnel at Åse Marie currently comprise 18 employees within the professions: social educator, social and health care assistant, occupational therapist, educational assistant, environmental therapist, nursing home assistant and catering manager. The accommodation is manned around the clock with a night shift.

Åse Marie is an independent institution affiliated with the Mariehjemmene Fund – a private, independent organization set up to provide support and assistance to the elderly, the sick, the mentally ill and other vulnerable groups.

THE PHYSICAL SETTING

Åse Marie is located in a residential neighbourhood in Bjæverskov in Køge Municipality in Central Zealand. The property consists of a main building and low yellow-brick townhouses with a total of 22 associated apartments of 65 square meters, each with its own kitchen, toilet and bathroom. Five of the homes are attached to the main building and are particularly suitable for residents with physical disabilities or residents who require close contact with staff. In addition to the 22 permanent apartments, there are two furnished emergency and relief apartments.

The starting point for Åse Marie's physical environment is each resident's right to privacy, but also the possibility of having community. The residents make decisions about their own homes and it is up to them to furnish the apartments. All apartments have a private terrace with a green area. The main building consists of a shared kitchen, dining room, living room with television, NADA room, laundry, superintendent's office, staff offices and meeting rooms. Attached to the main building is a large furnished terrace for general use.

THE TARGET GROUP

The target group of Åse Marie are people who have been strongly influenced by mental illness and who have for many years lived a life with drugs and/or alcohol as their primary focal point. These are people who have difficulty taking care of their own physical, mental and social needs, and who find it difficult to manage in their own homes and therefore require the presence of staff around the clock.

Of the 24 current residents at Åse Marie, 16 are men and 8 women. The ages of the residents range from 29 to 65, but the majority of the residents are aged 39 to 53. About half of the residents have a treatment sentence, which means that they are obliged to follow psychiatric treatment as an outpatient. All of the residents receive pensions.

Most residents have a life history dominated by repeated failure, exclusion and homelessness, and they have been in and out of various foster homes, treatment centres, prisons, and institutions. Many of them have a life marked by substance abuse, poor finances and a limited social network. The residents have typically been given up on everywhere else before being referred to Åse Marie, as their behaviour can be very provocative and unpredictable.

The majority of the residents have symptoms within the schizophrenic spectrum, while others have personality disorders. However, many have never received a psychiatric diagnosis, as due to their substance abuse they may be difficult to diagnose correctly. Some of the residents also have a physical disability.

AIM

The aim of Åse Marie is to create the best possible environment for the residents' welfare, by creating a home where the individual

experiences security and stability, and thereby a quality of life is achieved based on their own wishes and ideas of a good life.

At Åse Marie it is both about preventing a worsening of the residents' condition and helping residents establish a functioning everyday life. The basic idea of Åse Marie is that a stable housing situation is necessary to be able to work with issues such as substance abuse, crime, poor finances, rootlessness, lack of social networks, and physical and mental illness. A home contributes to increased security and stability – and thus greater well-being.

It is essential that each resident retains their integrity and is respected as an autonomous individual. Therefore, the approach is adapted to the individual resident's needs, which is achieved through trusting relationships between residents and staff. Good relationships thus form the starting point for Åse Marie's work in supporting residents in dealing with everyday life, so that residents achieve a more stable and independent life, which is the basis for personal and social development.

Åse Marie works with three main values: *Professionalism, Respect and Well-being*. As we shall see in this methodological description, these values characterize not only the overall vision for the work here, but just as much reflect the practical work carried out in everyday life.

CONTENT OF THE METHODOLOGICAL DESCRIPTION

Based on Åse Marie's aim and values, the following methodological description will set out the culture at Åse Marie, the accommodation's working methods and concrete practice. The methodological description is divided into the following chapters:

Chapter 2; Professionalism. The employees' professional knowledge is the foundation of Åse Marie's approach. This chapter will convey how professionalism is understood and used at Åse Marie, and how a good professional community is ensured.

Chapter 3; The good life. A good life means first and foremost that the residents have a feeling of well-being. Starting from the basis of the residents' well-being and possibilities for change, this chapter covers values such as respect and recognition, and how a secure home is necessary to provide a framework for Åse Marie's approach.

Chapter 4; Relationships. Good relationships are the prerequisite for being able to work with people and to support the residents'

development. This chapter describes relationship work at Åse Marie, including the importance of authenticity and honesty.

Chapter 5; Development and everyday life. At Åse Marie development is about taking "small steps" in everyday life. With a basis in the routines and frameworks of everyday life, the chapter outlines the importance of motivational work, developmental boundaries and drawing up action plans and documentation.

Chapter 6; A good and meaningful life. This final chapter serves as both a perspective and a summary, with a focus on the essence of Åse Marie's overall approach and quality in the social work.

ABOUT THE METHODOLOGICAL DESCRIPTION

The methodological description is based on a qualitative study consisting of interviews, participant observation and document analysis. The empirical data is processed in relation to relevant theories and concepts in social work.

The different methods form the basis for different types of data collection. In the qualitative interviews, the focus has been on the staff's own experiences and stories, as well as which values they value highly in their work. A total of 11 employees and one resident were interviewed. The reason for not including all residents is that the primary focus of the methodological description has been on the staff and how they choose to work with the residents. The methodological description is thus not an evaluation of the work at Åse Marie, but rather a description and justification of its methods and practices.

The aim of the participant observation has been to get access to observable knowledge of Åse Marie's culture. That is the relationships between staff and residents, as well as how the employees as a group reflect on the challenges that arise in their work with the residents. The participant observation includes observations from informal everyday activities such as meals, birthdays, dispensing medication, and so on, as well as more formal situations such as supervision, staff meetings, theme days and courses.

The document analysis has provided background information on Åse Marie's basis and values, as well as the ethical and theoretical foundation. The documents used include Åse Marie's concept description, business plan, written visions and objectives.

The methodological description has been prepared by Henriette Lund Skyberg, MSc in Anthropology, and Stephanie Østergaard Christiansen, MA in Philosophy and Science.



2

PROFESSIONALISM

Knowledge, experience and personality

Expert knowledge is the foundation that makes Åse Marie able to carry out a focussed and coherent approach to the residents. Because working with the residents can at times be hard and demands a great deal of integrity, it is a requirement that all employees have professional experience when they are hired. But it is not only the professional background that is of significance. It is also the ability of the employees to be personal in their professional life and to dare to give of themselves, both to residents and to colleagues.

At Åse Marie there is a commitment to creating the best possible conditions to give the employees the professional resources which mean that they are able to assess and act on what creates the best well-being and development for the residents. In working with the residents, the employees have to continuously consider a range of ethical dilemmas, both large and small. Professionalism is also a question of an action-oriented ethic where employees should be able to relatively quickly make a choice which seems true in the situation that they are in. In this context, it is important to have adequate and relevant knowledge as it enables employees to move flexibly and reflexively, without losing their stability or footing.

Expertise cannot be reduced to knowledge of various methods and theories, but also consists of what is called in the pedagogical tradition 'tacit knowledge'. Tacit knowledge is unreflecting, almost

intuitive knowledge that allows employees to spontaneously react appropriately in different situations (Møller 2014: 89). This is how employees know that they should withdraw in a particular situation, that it is better to sit down than to stand up when they talk to a particular resident, when it makes sense to use humour and when it does not, which expressions of the residents are important to keep an eye on, etc. The tacit Knowledge also relates to specific relationship work, since it includes knowledge of how we deal with each other in various social situations. This knowledge is expressed, among other ways, through tone of voice, rate of speech, facial expressions and gestures, and is essential for the employees' ability to approach residents in the right way and maintain good contact (ibid.).

Overall, it is not principally what employees know that makes them professionals, but rather how what they know is integrated into them and what their knowledge means for their performance in practice (ibid: 86).

WHAT IS PROFESSIONALISM AT ÅSE MARIE?

- *Multi-theoretical practice and systemic understanding*

When reference is made to professionalism and expertise in social work, this concerns the individual's ability to establish contact and trust with another human being – in order to be able to enable the change. Although professional practice at Åse Marie stems from a conscious attitude to ethical values and a thorough knowledge of relevant theories and methods in the social field, the focal point of a successful approach is based on pragmatism, namely: *what works, when, and for whom?* Anthropologist Leif Kongsgaard calls this 'multi-theoretical practice', where as a professional you manage to combine a wide and varied theoretical basis with the ability to change perspective in relation to the reality that is encountered (Kongsgaard 2014).

Most of the challenges encountered in working with people can be characterized as wild *problems*. Wild problems are those that are unforeseeable and involve complex issues, where it is difficult to establish firm guidelines on how they should be resolved (ibid: 16). Because the residents of Åse Marie have very changeable states of mind and mood, and can appear unpredictable, there is a requirement that employees can quickly change their behaviour and approach when meeting with the residents. This requires that employees are able to use different methods and experiences, and combine them with the knowledge they have

of this resident group and the individual resident. Working in a multi-theoretical way means that you must be sensitive to the person you meet, the person's state of mind, their response patterns, etc. – that you are not working with theoretical tunnel vision, but with openness and attention. Work with the residents has an unpredictability and complexity which means that employees are forced to allow their professionalism to be supplemented by a more creative and experimental approach. This does not mean that employees act only on their gut feelings, but that it takes more than methods and theory to be successful in working with the residents.

At Åse Marie, the employees base their approach in a systemic understanding, meaning that they look at how the various areas of the residents' life influence each other. Instead of looking for one specific reason for an action, a statement, a reaction or a problem, one tries to find answers in different patterns. It is only when one understands the context in which a given situation is a part of that one can affect and change it. One example of this could be that a resident reacts aggressively when an employee knocks on their door to remind them that they have an appointment with the doctor. The situation cannot be understood in isolation, but should be examined in the context of various factors that may be contributing to the resident's reaction. Employees will look at: The resident's daily rhythm, is it a bad time to make a doctor's appointment? What is the relationship like between the resident and the employee who is knocking? What routines are there for the appointment? Can the resident be reminded of the appointment in other ways? What is the resident's previous experience with doctor's visits? Is the resident afraid to go to the doctor? and so on. Sometimes these small things can be changed and it results in a big difference for the resident.

Professionalism at Åse Marie is about both knowledge, experience and personality; knowledge of methods and theory in social work, experience with people with mental illness and/or substance abuse, and personal skills and qualities that enable one to create relationships that support development. Multi-theoretical practice and systemic thinking can be regarded as a methodological base setting which is reflected in all the work at Åse Marie. It is this attitude that makes it possible to adapt the approach to the individual resident, to try new things and to give the employees the necessary freedom and flexibility in working that is necessary to create positive change.

HOW IS PROFESSIONALISM ENSURED AT ÅSE MARIE?

- A reflective space and a responsive culture

Working in a multi-theoretical way relies on *method responsibility*, which means that employees must be able to articulate and reflect on why they acted as they did in a given situation, what results it gave, as well as what other options could be considered in the future (Kongsgaard 2014: 16). Employees and management thus have a professional responsibility to dare to challenge existing practice in order to gain new understanding and to create space for new actions. This requires that management and employees work together to develop and support a responsive culture, where it is natural to express one's opinions, doubts, make mistakes, and try something new. This is achieved partly through supervision and practical guidance, but also by encouraging a culture of curiosity where employees ask questions about and learn from each other's practices and expertise.

At Åse Marie there is professional and methodological diversity as it is a priority that employees represent a range of different professions. It is the combination of the different expertises: educators, social and healthcare assistants and environmental therapists, that creates the power and culture that can make a difference for the residents. The professionalism is thus ensured and strengthened through good collegial cooperation, with respect for each other's perspectives and different professional backgrounds.

The spontaneous and organized learning space

At Åse Marie's professional knowledge and good professional practice is something that is first and foremost developed jointly. Exchange of experiences takes place both spontaneously during the working day and in a more organized way on theme days, at supervision, staff meetings, and in practice guidance. These two kinds of experience exchange are both necessary to ensure a professional and dynamic culture that can embrace the unpredictable and changing everyday life that the employees are faced with.

These immediate reflections of everyday life can contribute to collegial support, an exchange of important information and good advice. The more staff know about the residents' situation, the better they are able to help. For example, if a resident has shown signs of an incipient psychosis, it is important that staff keep an extra eye on the resident. As part of this exchange of knowledge, staff seek to record information about the residents'

mood, episodes, appointments outside the house and other things in the electronic documentation system 'Bosted' ("Abode"). This practice makes it possible for all employees to keep up-to-date with each resident's situation. In addition, the spontaneous reflections mean that employees can get instant feedback from colleagues about the handling of a situation, and thus articulate their doubts immediately, instead of saving them.

The organised learning space has other options than just the spontaneous, both because time is also allocated to a more structured exchange of experience, and because employees are given time for a professional discussion. It is important that the group of employees at Åse Marie know where each other are, as hard and difficult situations can often arise in the work with the residents. If there have been problems with a resident for a longer period of time, employees can ask themselves questions such as: "Can we meet with the resident in a different way? ", "What are we signalling in the meeting with the resident? ", "What events have there recently been in the resident's life which may be affecting their behaviour?" and so on. These could be both questions that employees ask themselves in practice guidance, or questions that an external supervisor puts to the staff group in supervision meetings. In both cases, the questions are designed to enable reflection, challenge work practices, and suggest new approaches that can be tested. In supervision meetings, the supervisor guides reflections and makes perspective changes so that employees are constantly activated in new ways of thinking. Through various exercises such as thought experiments and hypotheses, the supervisor gives the employees tools to look at issues from new angles.

Supervision is also a space where employees, with the help of the supervisor, can talk about the personal challenges they face in their meetings with the residents, and how these might affect the employees and the individual. Although not intentionally, residents can often end up coming up against employees in their private sphere, which can be intimidating and uncomfortable. In order for employees to preserve their well-being, it is important that this can be articulated and that employees can help each other to deal with such situations. It is especially practice guidance and supervision that functions as a reflexive space, but informal conversations between colleagues as episodes arise also help to support employees in difficult situations. This requires a trusting and appreciative attitude among the staff group, which is why the collegial togetherness at Åse Marie is given high priority.

At staff meetings there is discussion of general subjects such as finances, news from the Board of Directors, who wants to attend which courses, and so on. Supervision, staff meetings and practice



guidance are held on alternate weeks and theme days are also organised about twice a year, for example, on “the borderline”. Continuing education and courses are a priority, so that employees each have their own different expertise and methodology skills. In this context, it is also important to have internal knowledge sharing, where employees learn from each other.

VALUE-BASED LEADERSHIP

- Professionalism, well-being and respect

It is characteristic of Åse Marie to have a flat structure, where employees have a great deal of influence and freedom of action, but where there are also clear guidelines relating to a comprehensive policy and value-setting. The clear lines are to ensure that employees and residents perceive that the same rules apply to everyone. The freedom of action on the other hand is to ensure that each employee has the opportunity to develop their own professional resources and adapt them to the individual resident.

It is primarily the responsibility of management to define what good professional practice should look like. Value-based management is practised at Åse Marie, in which all the work refers to the three values of professionalism, well-being and respect. All staff and residents know this value foundation, and the internal quality control of the work is about to what extent the practice supports this. Likewise, the three values are used as guideposts when talking about the culture at Åse Marie with the residents.

Because Åse Marie is a relatively new institution, and many of the employees have been there from the start in 2012, the professional culture is primarily something that they have built together. The guidelines at Åse Marie in many ways stem from the management and employees' joint investigation into what actually works. Many of the guidelines that were set up at the start have changed, because they have been found to not be meaningful in practice. For example, originally the fridges were unlocked so that they could be used around the clock by the residents to create a free and homely atmosphere, but this policy had to be changed because there was too much food waste.

In general, there is very little staff turnover in the group, which means that employees have a very strong sense of solidarity and knowledge of each other. At Åse Marie it is believed that employee well-being is essential for the working of the residence. The fact that employees have well-being is not only a necessity to be able to handle the tough and difficult situations that may arise, but it also rubs off on the residents to an extent that creates a basic sense of security and peace.

The values of professionalism, well-being and respect are the foundation upon which all professional work at Åse Marie is based. The relationship work is central to this, and this both requires and enables well-being and respect. The following chapters in this methodological description will attempt to clarify what these values mean, and how they form the basis for the practical work.



3

THE GOOD LIFE

Well-being, respect and quality of life

The aim of Åse Marie's educational work is to give people with mental disorders and substance abuse problems the opportunity to live a good life. A good life means first and foremost that the residents thrive. The prerequisite for residents experiencing well-being is that they perceive themselves as being respected and recognized as the people they are. Well-being and respect are the two core values which constitute the basis for the concrete practice at Åse Marie. In the wake of values such as well-being and respect follow concepts such as recognition, equality, and honesty.

There is no specific definition of quality of life or the good life, there is no recipe that you can just follow. On the contrary, each individual has the potential to develop their own standard. Åse Marie's view on humanity is based on the belief that all people should be regarded as autonomous, worthy individuals, who should be respected for their own life choices and uniqueness. This means that the employees respect the residents' conceptions about a good life and the residents' private lives. It also means that there is an expectation that residents respect each other and the employees, because this is the most important precondition for everyone together experiencing well-being at Åse Marie.

The residents of Åse Marie constitute a marginalized group in society, as they exist on the periphery of what is described as normal. In society's eyes, the residents are an expression of and the creators of social problems. Identity is created through

interaction with other people and so our identity is always a social identity (Goffman 1964). The social characteristics created by a hard-lived life overshadow the residents' other qualities, not only in relation to society, but also to the residents themselves. The residents' perception of themselves is linked to how other people perceive them, and so respect from other people is necessary if the residents are to respect themselves.

However, concepts such as marginalization, stigmatization and social identity depend on the context. Something that is stigmatizing in one place, does not have to be so in another. At Åse Marie the aim is to create a culture which has space for all non-standard existences, by avoiding dictating a norm that residents must follow. By showing respect for the residents and treating them as worthy people who can formulate their own visions of a good life, opportunities are created to change the residents' negative self-image. Åse Marie's employees see the residents as whole people, not just as the mentally ill or addicts, but as complex people who, like all other people, have many different qualities and character traits.

WHAT IS RESPECT?

- To be considered an autonomous and responsible human being

Both staff and residents at Åse Marie know that respect is a central precondition for the community to work and that respect goes all ways: from employee to employee, from employee to resident, from resident to resident and from resident to employee. Respect means that you listen and give a person your attention – that you see them in their own right. It is a way to respond to other people and to express that other people have value. However, there are many ways to show respect: by keeping a distance, by helping, by praising, by being obedient, by being honest, by setting boundaries, by showing care, and so forth. It depends on the person, on the relationship, and on the situation.

Overall, one can say that the concept of respect is realized in two different ways at Åse Marie: 1) by recognizing the individual resident's individuality and self-determination, and 2) by setting boundaries and a framework through an honest, authentic, and present relationship. These two sides of respect both refer to the recognition of each resident as an autonomous individual, and as a result there is also the expectation that they will take responsibility for their own lives with the help and support of the staff.

It is important that the employees understand that the residents need more inclusive, tolerant and supportive relationships than

many other people. However, it is equally important that residents feel that they are considered to be people with their own motivation and determination, who are competent to make decisions about their lives. Psychologist Robert Frank writes in this connection:

A very common way to look down at a person with a mental illness is when you say "She is sick after all, so she cannot help it." If a person no longer "can help it", they have no responsibility nor any competence as a human being. If you allow this attitude, then both you and the person lose respect for each other.

(Frank 2013: 22)

By giving responsibility back to the residents, the employees show that they respect the residents as equal individuals. For example, one resident has the experience at a previous residence of having to get out of bed at certain times, prompting the negative consequence that she felt that she was not considered to be an adult who could take responsibility for her own life. Respect from others is a basic precondition for the residents to be able to respect themselves. And it is only when residents see themselves in this light that they also see the possibility of changing the things that they want in their lives.

RECOGNITION

- The need to be seen

Associate Professor of Psychology Lis Møller writes that recognition can be understood as a person's fundamental psychological and existential need to be seen, heard, and recognized as a living reality by other people. This is therefore a fundamental setting and not a pedagogic method, as recognition is incompatible with a strategic and instrumental approach to people. Recognition is a process where one will also sometimes fail (Møller 2008). At Åse Marie a precondition for recognizing people is that employees respect the residents' individuality, their special experience of the world, and their reasons for acting. Thus recognition is a way to enter into the residents' world and to meet them where they are.

Acceptance of substance abuse

It is critically important that residents are recognized as who they are, so that they can find peace, security, and motivation to recover. At Åse Marie recognition starts with the acceptance of residents' substance abuse and the social challenges that

a hard-lived life has brought with it. By reducing unnecessary conflicts that may arise in connection with high requirements, the level of stress in the residents' everyday life is reduced and they can concentrate on other things in their life. At the same time, open and trusting relationships are built up with the employees, since residents can be honest about all aspects of their lifestyle, including their substance abuse. In this way, residents can get care and support in difficult times, as well as help to create the changes in their lives that they are looking for.

Åse Marie's target group are people who for large parts of their lives have had massive substance abuse and have already been in and out of various treatment and rehabilitation services, without this leading to positive results. Substance abuse will not disappear even if you ban it, and for many of the residents substance abuse and mental illness have become part of their life history and identity. The way that Åse Marie works means that there are few requirements on residents, but it also encourages each resident to take more active control over their own lives. The starting point for Åse Marie's view on humanity is, in other words, a non-judgemental attitude towards the residents' lifestyles and substance abuse, which is considered an individual's choice and private matter.

A pivotal issue in Åse Marie's educational efforts is harm reduction. Harm reduction means a reduction in the health, social and financial harm that abuse of drugs and alcohol can lead to, without insisting that the abuse stops. At Åse Marie it is first and foremost about moving the residents' focus to something other than substance abuse. This is achieved, for example, by organizing a gymnastics team, a knitting club, bike trips, allowing residents to help in the garden, or encouraging residents to spend their money on things other than substance abuse – for example, a new sofa, television, computer, or meal program. Another part of the harm reduction work consists of dialogue and openness about the abuse, which can help reduce the scope of the abuse, the side effects of bad fixes, etc. In this way it also becomes possible for employees to support residents in stopping their abuse if they so desire. However, the desire must come from the residents themselves. As a result of Åse Marie's harm reduction work, many of the residents abuse less today than when they moved in, and have achieved a more stable daily life. Among the residents, 80% are undergoing addiction treatment, and some have also found the resources to completely stop their substance abuse.

In principle, harm reduction is included as an essential element of all of Åse Marie's work. By showing care, and by supporting the residents in dealing with their everyday lives, it is possible to reduce the harm their mental illness, social background and abuse have led to. For one of the residents this meant that he got a dog, who he had responsibility for and had to care for, that he began to get out of his apartment more, and thus the focus was moved away from his substance abuse. For another resident, a positive effect was achieved by buying a PlayStation and playing with others online. What works for one resident does not necessarily work for another. Therefore harm-reduction approaches are organized on the basis of the individual resident's needs and unique qualities.

Recognition of the residents' reality

It is important that residents perceive that employees can accommodate the experiences, feelings and frustrations that the residents express, without the employees being harmed or damaged. Accommodating the residents is not the same as agreeing with them, but is rather a question of respecting and accepting the individual's interpretation of the world, without any reality correction. This can often be difficult because the resident's experiences can be absolutely incomprehensible and outside the employee's frame of experience.

If a resident is suffering from strong delusions and/or paranoia, it is no use saying: *"You are in a wrong world, what you are experiencing does not make sense."* In contrast, the employee must acknowledge the resident's experienced reality in order to be able to navigate in this reality and thus help the resident. Recognition is about regarding the other person as an authority with regard to their own experiences, values and feelings – even if they are not at all similar to one's own (Møller 2008: 17). Even if the employee does not know what it is to experience strong delusions, to be persecuted by the CIA or to have legs filled with flies, the employee shows an understanding of the feelings that such an experience must inevitably lead to. For example, by saying: *"I can't know how you are feeling, but it sounds terrible."*

People with both severe mental illness and large-scale substance abuse live a chaotic life with complex challenges because the two things are connected and make each other worse. Due to the residents' long-standing substance abuse, mental disorders, and for many, a life of failure and lack of care, they find it difficult to decode social norms and behave in social communities. Residents are very impulse-driven and easily become agitated and aggressive if they experience hardship or things do not go



their way, and in this context often react inappropriately. Being met with inclusiveness, tolerance and understanding when they are psychotic, shouting at people or are drunk and must be carried into bed, creates a safe space for the residents.

The experience of being met with recognition of the sides that the residents themselves may have difficulty accepting allows the possibility for a greater degree of self-acceptance. It gives residents the opportunity to see themselves anew through the employees' eyes. The recognition approach means that employees should always ensure that residents perceive that they are being seen and listened to, that employees do not correct the resident's experience of reality, but rather ask about it and examine it, and also in some cases challenge it in a positive and open manner. Recognition also includes more subtle expressions such as mirroring, tone of voice and body language; a general expression that shows the residents that the employees see them as equal human beings with integrity, life history, challenges, resources, and opportunities.

THE HOME

- Security and stability

The target group "Mentally ill people with addictions" consists of people who have difficulty maintaining a home on their own, either because they lack the necessary energy for it or because they do not have the skills that it requires. Many of the residents at Åse Marie have a background with stays at various institutions, hospital admissions, prison terms and life on the street. Many of them have also experienced being thrown out of previous housing because it has been unable to accommodate them, either because of their substance abuse or because of their provocative behaviour.

A home and a stable housing situation is a fundamental precondition for being able to work with the residents' well-being and quality of life. For the residents, the physical framework of Åse Marie means first and foremost that they have a home, with the opportunity to develop their own lifestyle. The apartments are respected as the residents' private area, and there are no rules for what residents should do inside their own home. Employees only have access to the residents' apartments with permission from the residents. However, Åse Marie also has a duty of care to the residents, so the staff should be able to unlock the door if they suspect that a resident is hurt or feels bad. When taking up residence, a clear agreement is made with the residents in this regard.

At Åse Marie the residents' apartments are considered to be permanent, which means that residents can live there without any risk of being thrown out, no matter how inappropriate their behaviour might be. Residents are people who are used to always being on guard and looking over their shoulder. Many of them have previously lived with the daily uncertainty of not knowing if they had a place to sleep for the night or if they would get something to eat. At Åse Marie the residents know that there is always food and a bed, that there is always someone to pick them up when they fall, and that the employees will always meet them with a smile every day, no matter what their behaviour was the previous evening. This form of security is one of the most important benefits of having a home at Åse Marie.

People have basically two interrelated needs: the need for self-determination and individuality plus the need for security and community (Møller 2014: 29). At Åse Marie the apartments are the place where residents can retire to and close the door when they want peace and quiet. The apartments give residents the opportunity to have a private life and a life as close to "normal" as possible, with their own shower, toilet and kitchen. However, the right to privacy does not preclude sharing a community. That is why the employees take great care in the arrangement of the common housing, and that the physical framework expresses a friendly and welcoming atmosphere. In the dining room there are always lit candles, flowers and a thermos flasks with coffee and tea for free use. The furniture has a fresh lime green colour, and in the living room there is a sofa and a large flat-screen TV where residents can relax and watch television. It is a conscious choice that Åse Marie appears new and modern, both inside and out. This demonstrates to the residents that they deserve good housing, and that it is expected that the residents will also help to keep Åse Marie as a home where it is pleasant to be. In this way, the surroundings and decor help set a positive framework for the community and the culture at Åse Marie. Similarly, Åse Marie has adorned the walls with quotes from everyday philosophy, focussing on life and being human, and which can create food for thought.

Åse Marie's target group are people who are used to fighting for their lives individually, which also makes its mark on the community. Some residents may sometimes take up a lot while others remain more in the background. The idea is that common areas should be comfortable for everyone, and therefore residents who are acting very inappropriately, perhaps because of the heavy influence of intoxicants, will be asked to go to their own homes. For the sake of the community, it is also not allowed to consume alcohol in common areas, with the exception of celebrations such as Christmas and Easter, when residents are offered

beer or wine with their meal. It is up to the residents themselves to what extent they want to get involved in the social life. Many of them visit the common house every day, either to participate in the meals, to drink a cup of coffee, or to have a chat with the staff and some of the other residents. Others stay mostly in their own homes, with visits from guests or alone. In the evening hours the staff often stay in the common area, so that residents can come out and talk as much as they want.

To experience something as being a home is very much about the sense of ownership and a positive acceptance of one's presence. It is important that Åse Marie presents itself primarily as a place that is the residents' home and only secondarily the employees' workplace. Therefore the employees try, in the best way possible, to reduce institutionalization and break down the symbols of power relationships. For example, the staff do not carry a large bunch of keys, but use electronic key bricks as

large bundles of key can remind residents of stays in institutions or prisons. In addition, the door to the superintendent's office is practically always open to show that residents are welcome. The staff area is only locked off once a week when the staff meeting, practice guidance or supervision is held.

Severe mental illness, substance abuse and other problems such as a weak social network, insecure housing conditions and a difficult financial situation are all factors which influence one another. For residents, a stable housing situation can be the thing that means that they experience an element of security in an often unstable existence. At the same time, a stabilization of their housing situation helps the residents to have a surplus to focus on their physical and mental health problems, as well as to construct a meaningful everyday existence and a good life. The home provides security, security creates peace, and peace creates a surplus in their everyday life.





4

RELATIONSHIP

Good chemistry is more important than method

The employees' most important task is to promote the well-being and development of the residents. In this context, the relationship work and good relationships between the employees and each resident are quite crucial, not because the relationship is the only thing that works, but because the relationship is the place through which all other programs are provided (Kongsgaard 2014: 39).

Good relationships are about the residents and the employees being able to sense, feel and read each other – the residents must feel that the employees wish them well. This does not mean that good relationships are only built on positive experiences, but on

the contrary that they are based on a sense of presence, stability, and empathy. It takes time to develop a good relationship. It requires that residents and employees experience each other in different situations, and perhaps overcome their differences and resolve conflicts. At Åse Marie, it is important that the employees are not only there *for* residents, in a supporting role, but also that they are there *with* them (Roepstorff and Valter 2012: 40). Some residents enjoy one thing and others enjoy something else, and one can only find this out by spending time with them. If you are bringing medication over to a resident, then maybe you can sit down and get a cup of coffee and a chat. Spending time with the residents shows that you like them. Being together builds trust and confidence, enabling the relationship to take wings.

Success in the residents' development and well-being depends on the employees being able to continuously choose the right

combination of different methods and approaches in their relationship work. Not all residents need the same type of relationship, just as changes in a resident's current state can mean that the employees must change their way of interacting with the resident. The residents of Åse Marie are very changeable in their mood and energy, and therefore employees should always be ready to change their approach and attitude to them. A resident can one moment be happy and welcoming, and the next moment be aggressive and reserved, and this has great importance for the type of presence and interaction that the residents require.

It is important that the relationship between staff and residents is equal in the sense that both parties respect each other. However, professional relationships are generally asymmetrical as one is there for the other, and they direct their attention to the other's situation and needs (Møller 2014: 110). Good professional relationships involve human qualities such as presence, empathy, involvement and personal integrity, but also knowledge, clarity and distance. When an employee has a personal interview with a resident, it is not because they are friends, but because the employee is there to help. Åse Marie is a home, not a treatment centre. That is why there is relationship work with the residents, not therapy. For the residents, Åse Marie, including its employees, is the secure base where they can return to build up their energy, gain strength and be motivated, if they so wish, to start treatment elsewhere.

THE MEETING WITH THE OTHER

- *Having a positive attitude*

The way we experience ourselves, our inner states, is strongly connected with the way we are met in the interaction with other people. The initiatives and reactions that we show towards others are related to the initiatives and reactions that other people show towards us. In relationship work, this means that in the meeting with the resident, the employee, by their presence and actions, creates the preconditions for the resident's way of being. The employee thus has the possibility of influencing the resident's behaviour positively by changing their own attitude, appearance and action. If the employee meets the resident with openness, respect and friendliness, the employee creates the precondition for the resident being able to encounter the employee in the same way. If conversely an employee meets a resident with insecurity and frustration as the predominant feeling, then the resident will quickly feel anxiety and irritation towards the employee (Frank 2013: 21).

A large part of the residents have a history of mistrust and

failure, and these experiences form the response patterns for how they react in their interaction with other people. A resident may become uncomfortable if there is more than one employee present in their apartment, and react by refusing the contact, or a resident may feel offended if they are awakened in the morning by the staff, and therefore react angrily. Thus, a resident could show a much more appropriate behaviour in the relationship, if the context is changed. In the first case by only one employee at a time appearing in the resident's home, and in the second case by making an agreement with the resident that they are not to be woken up in the morning. The way that we are present as humans, and our opportunities for development are determined precisely by the situation and relationship which we are part of at the moment. In a conversation between a resident and an employee, the resident's response pattern will therefore be determined by things such as: who is talking, how they talk, what time of day it is, in what room the meeting is taking place, what experiences the resident has previously had with this type of conversations, and so on.

No two people are identical, and therefore all educational work must be elastic in the sense that the work is based on the individual's uniqueness, needs, and characteristics. Although all employees at Åse Marie have a good and professional relationship with all the residents, there are some relationships that are characterized by an especially good chemistry. A good chemistry is not something that is necessarily achieved through "real" educational approaches, but occurs when two people experience a very good relationship which has precedence over others. It may be that an employee has been present a great deal during a particularly difficult period that a resident has gone through, which imparts a feeling of connectedness. By recognizing the good chemistry as a strength in the work, a flexible framework is created for optimal development, learning and well-being for both employees and residents. That there is room for diversity and that there is an acceptance that certain employees are particularly good with certain residents makes it easier to have a good relationship.

AUTHENTICITY AND HONESTY

- *The good contact*

A central element in relationship work at Åse Marie is the employees' courage to be honest when needed, and to have an authentic presence when meeting the residents. To be authentic and honest means that there is a congruity between the feelings and thoughts of the employees in the way they meet the residents. This means that residents experience a congruity between what

employees say and what employees express. If these two things do not match, residents will either not be able to decode the message, or they will respond to what is expressed, instead of what is said (Frank 2013: 24). If an employee asks about how a resident is feeling, but with their body they express that they do not want to be in the situation, then the resident can feel it. Being authentic is not something you either are or are not, but rather something you can be to a greater or lesser degree. In different situations everyone can be ruled by fatigue, stress or demands. It is inevitable that a professional, like all other people, sometimes “falls out” of the contact and presence (Møller 2008: 65). At Åse Marie, it is important that employees have the opportunity to take a break from a resident if they have experienced an especially demanding period of contact, then the employee can gather new energy to be able to meet the resident again.

Using oneself

It is necessary for workers to use themselves in their work with the residents. Among other things, this means that employees are aware that they are acting as role models. It also means that employees can draw on experiences from their own lives when they talk with the residents. In this way, the staff become an important source of inspiration. A resident may come to ask an employee how to make new friends. Then the employee might give examples of places where he or she has found friends, in their studies or at a dance, and that you can meet someone there who you can begin to talk to. In this context, the employee and the resident can also talk about the possibility of the resident being able to start a leisure activity, and make an acquaintance with someone who does not have substance abuse problems. Thus, the good relationship becomes an active part in the resident's self-reflection and can have a positive effect on their well-being and development.

The residents' self-awareness needs to meet opposition in order to develop, and therefore the employees also have to appear as individuals, with their own experiences and their own perspectives. The employee shows that their perspective is clearly different from the resident's, but without it being presented as more valid. It is presented instead as a subjective attitude, whereby the employee shows him or herself to be an authentic human being with their own values and attitudes, rather than a representative of “what is right”. A recognizing relationship is borne both from empathy and from difference. For example, if a resident has the experience of being too weak to go down to the supermarket, the employee can recognize the resident's perspective by listening and by trying to understand what it is the resident finds to be difficult. But

the employee also tells the resident that they disagree, and they believe that the resident will be able to handle it. The employee provides opposition to the residents' perspectives, in the sense that the resident is challenged positively. If the employee simply goes along with things and always agrees with the resident, the relationship stiffens and there is no opportunity for development.

The fact that the employees use their personality as a part of their professional work does not mean that they are private. However, in working with people, especially with the mentally ill, one will find that this boundary is continually challenged and sometimes violated. As an employee you will also sometimes feel that you should have acted differently in a given situation; that you lacked boundaries, sensitivity or lost track of the bigger picture. However, this is a precondition for being authentic and honestly present in the meeting with the residents.

Honesty, humour, tone and language

At Åse Marie, honesty is highly valued. It creates security for the residents that they know that the employees are not holding anything back from them and that they can count on an honest response to what they say. An open and honest culture is necessary to build the trust that is a precondition for good supportive relationships. This also means that employees sometimes have to say things that are not nice to hear. For example, employees may have to tell a resident that he has to take his medicine under supervision, because a number of employees have seen him put it in his pocket instead of taking it. An honest message is something residents can understand and relate to, giving them a sense of security. It makes sense to the residents when the employees say that they are locking the kitchen at night because otherwise food gets stolen. If the staff did not say why they did it, but simply explained it by saying: “Because we say so”, or gave an indirect and vague answer, then the employees would not be showing respect for the residents, and the power relationship between residents and employees would be negatively highlighted.

As residents have stayed in various institutions and residential facilities during their lives, they are used to what could be called “pedagogical language”. Therefore, some of them will react negatively to the usual pedagogical formulations because they can recognize this type of language as professional standardization. At Åse Marie an attempt is made instead to meet residents using relaxed, normal human language. It is important that residents feel that the employees are “themselves” in the contact, and that the employees do not change their tone or language, depending



on whether they are talking with colleagues or with residents.

Humour constitutes a large part of the linguistic culture at Åse Marie. For example, a resident can call an employee an 'old crow' for fun and get a funny remark back. The group of residents at Åse Marie are accustomed to rough and humorous language from the street, which is why a good chemistry between residents and employees will often be supported by a kind of linguistic recognition. For residents, it may be a relief that things are not wrapped up. Residents listen to the employees, because the employees are talking to them in an equal and human way – and that is the starting point in being able to provide residents with the help and support they need.

A large part of the employees' professionalism involves being able to talk with the residents in a way that they want to listen to, and humour can help in this by breathing life into an otherwise difficult and tedious conversation. However, the employees are aware that not all situations require a humorous tone. It requires intuition to know what way to approach things in certain situations and in certain relationships. There is a fine balance between meeting the residents linguistically and removing dogmatic pedagogical terms, and at the same time setting an example and

being a good role model that residents can mirror themselves in. The employees' tone and language is part of a structure that supports development, and therefore employees always have an awareness of how things are being said – the form is just as important as the content, or rather the two are inextricably linked.

Linguistic communication is also about the employees being aware of what is being said "behind the words." It can be lonely and frustrating for residents not to be understood, and therefore it is an important part of the relationship work that employees develop an understanding of the individual resident's forms of expression and ways of communicating. For example, there could be a case where a resident yells "you stupid bastard" at an employee. However, the employee knows the resident so well that they know that the anger and frustration is an indication that the resident needs care and company and just needs confirmation that life can be hard. Employees will often act as a dustbin for residents' frustrations because residents know that it is a safe place to get rid of them. This does not mean that all types of behaviour are acceptable, but it means that a lot of behaviour is tolerated because it often represents something else. But residents are also told if they cross the line or show disrespectful behaviour towards employees or each other.



5

DEVELOPMENT AND EVERYDAY LIFE

The small steps

Although many of the residents have a desire to be free from drugs, to be able to move into their own apartment, get an education or a job, most of them are so burdened by psychological and social problems that the establishment of a stable life situation can be enough of a goal in itself. The starting point for Åse Marie's work is therefore an everyday life perspective, focusing on the residents' daily life and their challenges in dealing with it.

An everyday life can be described as a pattern of repeating and more or less predictable activities. Everyday life is identity-affirming because it provides content to the stories we tell about ourselves (Bech-Jørgensens 1995). A secure and meaningful everyday life is thus connected to the resident's self-image and well-being. However, being able to handle everyday life is not a given, and all the residents at Åse Marie need varying degrees of help and support from the staff. For some residents, everyday life is so controlled by substance abuse, anxiety, delusions or paranoia that all their energy is used in managing this. Others have managed to establish fairly stable routines.

Åse Marie works in the belief that a determined and sustained approach towards people with mental illness and substance abuse problems produces results. Although from outside the results may appear to be small, they have great importance for the residents.

ACTION PLANS AND MILESTONES

- Documentation and visibility

At Åse Marie the educational efforts are all about creating the best possible preconditions for residents to train and develop the skills needed to master everyday life. Here it is first and foremost about starting from each resident's needs in their daily life and the wishes they have for their life.

When a new resident moves in, a report is made of the challenges the resident has and the areas that need to be worked on. The report is based on three main themes: the resident's physical functioning, psychological functioning and social challenges. All residents are assigned two contact people at Åse Marie. In a collaboration between the residents themselves and the contact people, a targeted action plan is prepared with short and long-term goals and priority areas. At the same time, a plan is set out regarding how the staff can best support the resident in achieving these goals. In this context, one or two areas are chosen that will be specifically worked on in the following period. This kind of user influence is an essential part of the work supporting development at Åse Marie.

As for many residents it is difficult to deal with even the smallest tasks of daily life, development is about taking small steps. Therefore the milestones are often the most basic things. A typical priority area is for residents to become more independent in their own homes. This objective is then divided into smaller tasks, such as emptying the postbox every day, taking the garbage out, washing clothes and so on. Other residents have a wish to take an education or get a job. In this context, one milestone could be something as elementary as the resident getting out of bed in the morning. However, progress does not mean that residents must be constantly pressured to do more. For many residents, maintaining the status quo or avoiding a worsening of their condition and life situation is a big enough challenge.

At Åse Marie emphasis is put on professional documentation and the visibility of employees' daily efforts. Therefore, the employees use an indicator system which uses graphs to make an electronic measurement of the residents' progress. If a milestone for a resident is that he should vacuum once a week, then each week the employees record the extent to which the resident performs the task independently, with a score from 0 to 4. Using this system, the staff can evaluate the residents' progress and consider the factors which affect the residents being able to do the job for themselves without help, or whether they need a lot of support. For example, this could be that residents have more

energy to perform tasks independently at certain times of the month or time of day.

The documentation is both for internal and external use: for the staff, municipality, social worker, relatives, and especially for the residents themselves. It is a way to display residents' development and to give quality assurance for Åse Marie's work.

MOTIVATION

- Finding what works

Motivation is something that arises in the relationship between staff and residents, and through the actions, dialogues and meetings that are part of the educational effort (Kongsgaard 2014: 46). At Åse Marie motivation is about training residents to recognize that it is through their own efforts that they can achieve success. The employees support the residents all the way, even when it is hard, but residents are responsible for carrying out the actions that make change possible. Through successful experiences, residents get the necessary confidence so that they are motivated to undertake further self-development.

For many of the residents, everyday life is characterized by social anxiety and low self-esteem. They are burdened by their mental illness and long-term substance abuse, and may have trouble dealing with even the smallest tasks. In order to strengthen the residents' motivation and desire for change, the employees' task is first and foremost to support the individual resident's self-belief. Residents are motivated by the employees supporting them, but also by employees telling them that 'they can do it' and expressing ambitions on their behalf.

Motivational work is also about meeting residents with patience and understanding. Employees recognize that residents can have a bad time, but it does not mean that they are abandoned or that the employee gives up on the resident. If a resident is not feeling particularly good one day, the employee can say for example: "*You can feel bad with me, I can easily cope with it. We can easily go for a walk even if you are feeling bad.*" Residents do not have to show anything, they can just walk a little way. Like everyone else, residents sometimes need a little push to get started and to get themselves in a better mood.

Of course, there may be days when a resident is feeling *too* bad, or does not want to go for a walk at all or even to get out into the fresh air, and this is of course respected. If a resident does not feel like it one day, the employees will try again another day. For some residents, it is not until the fifth or fourteenth time of asking

that they say yes. Persistence is a necessity if the residents are to feel that they have not been forgotten or abandoned. It also gives residents the opportunity to seize the opportunity when they are ready for it. Through good relationships and cooperation with each resident, in time employees find out what good reasons this particular resident has to get up in the morning. Motivation is all about making residents aware of things in their everyday life which may be worth doing. When this becomes more apparent, it is also more likely that residents will find the energy to work with some of the restrictions that mental illness and substance abuse create (Roepstorff and Valter 2012: 27).

Motivational work requires time and patience. It requires that employees find the right door to come in, where the motivation is reflected in the resident's own desire for change. For one resident, motivation came when she learned to use the computer and send e-mails, so that she could more easily keep in touch with her family and friends. She is now talking about making a trip to Malmø. For another, the motivation was that she completed a hygiene course and thus proved both to herself and to others that she was good for something. This gave her the courage to work some hours a week in Åse Marie's kitchen. When residents have a function in everyday life and feel that there are positive expectations of them, it strengthens their well-being and motivation. Therefore it is possible for residents to get paid tasks at Åse Marie, either as a kitchen helper or as a gardener. Other residents have jobs outside Åse Marie, for example at ITC – a work and community project in Køge for people who are physically or mentally restricted.

One of the methods used in motivational work with the residents is to move the focus away from problems to opportunities and resources. This method is particularly relevant because the residents are accustomed to seeing themselves as problematic and weak. However, an increased focus on resources can create a positive energy which creates positive change. For instance, instead of employees saying things like “*Have you been drinking again...*” or “*We had actually made an agreement that...*”, the focus can be on the positive moments – where residents actually have kept the substance abuse down. The employees also make sure that they do not deny the problems, difficulties and vulnerabilities. Residents need to be seen and heard as a complex whole in order for motivation to work. It is both important to recognize the residents, for example, by saying: “Yes, I can see that it is hard”, but also “*Wouldn't it be a good idea to...*” or “*You are usually good at...*”. It is about focusing on the good things in the residents' lives, but also about relating them to the consequences of, for example, their substance abuse. Residents are told that they are responsible for their own

actions, and that they therefore also have the choice to change the things they want – even if it is hard. However, it is important that this responsibility does not seem so overwhelming that they drown in it. The employees' primary task is to be honest, to make clear the various options and also carry the hope in their hands.

FIXED FRAMEWORKS AND DEVELOPMENTAL BOUNDARIES

- *Strengthening relationships with ourselves and with others*

An environment of inclusiveness, acceptance and recognition is necessary to create well-being and positive development, but it is not enough in itself. A precondition for development among the residents is that they are met as people who are able to take responsibility for their own actions. When one talks about development at Åse Marie, it is therefore also about development-oriented boundaries and frameworks, as boundaries and frameworks encourage the development of internal management and social skills among the residents.

Setting boundaries involves an ethical balance. On the one hand, boundary-setting should not undermine the residents' freedom and self-determination, and on the other hand, a lack of boundaries can have an affect on the community, as well as supporting inappropriate behaviour. Many of the residents have problems with boundaries. Their boundaries are either very strong or very weak. With clear boundary-setting, the residents know where they stand in relation to the employees, and this creates security, both for the residents and for the employees. It is important that the residents feel that the employees insist on being together with them, no matter how unreasonable they may be. At the same time residents also need employees to show where their boundaries are. It may be, for example, that an employee has to tell a resident that a close hug or disclosure of private information about family relationships or their home address is a breach of the employee's private boundaries.

According to psychologist Anne-Lise Løvlie Schibbye, there are two ways to set boundaries: *delimiting and restricting*. The restricting boundary-setting has the aim of reprimanding the other person's behaviour, while the delimiting case is where you relate in an open and curious way to the other person's actions, which contributes to self-reflection on both sides (Schibbye 2004). For a number of the residents, it is a great challenge to show inclusiveness, respect and patience towards others, either because they lack the resources, or they have been used to operating

in troubled environments where they had to take care of themselves. When one works with boundaries at Åse Marie, it is in order to develop the residents' social skills.

When a resident shows unreasonable and unacceptable behaviour, the employee has a talk with the resident when he or she has calmed down again. Here the employee can, for example, cite the two core concepts of well-being and respect because the resident knows them, and because they are the shared values for everyone at Åse Marie, both for the residents as well as the employees. The resident's aggression is in general not corrected, but through dialogue the resident is encouraged to reflect on their own behaviour and consider whether there are other more appropriate ways to act and react. Often it makes no sense to have the conversation while the resident is still agitated, psychotic, or under the influence of drugs. In the actual situation, it is always the employee's job to de-escalate the conflict, and it is a judgement call whether this is best done by getting involved or by withdrawing.

Setting boundaries is a way for employees to communicate society's social norms to the residents so that they also learn to interact outside Åse Marie. Therefore, boundary-setting is also about telling the residents, in a friendly, equal and often humorous way, how to behave in their home, in other people's homes, at the doctor, on the bus, and so on. It could be by pointing out to the residents that they should not lie on the sofa with dirty shoes, that it is not polite to belch at the dinner table, that they need to use a knife and fork, and so on.

Boundary-setting is a fundamental element in recognition practice. It is a way to look at residents, not as addicts or the mentally ill, but as people who are able to take responsibility for their own actions. Like most people, the residents do not want to appear unpleasant, and often they have a bad conscience if they have behaved aggressively or otherwise inappropriately. Residents sometimes need someone to come in and say stop if they are out of control, and they are often thankful when employees do it. When residents are met with boundaries and frameworks, it strengthens both their relationship to themselves and to others. As an example, one of the residents was very psychotic and difficult to work with when he first came to Åse Marie. He was violent, abused his medication, and threatened staff. In this situation the employees decided to stand together and make a clear and solid framework for the resident, get a grip on his medication, and take on any conflicts that arose. The solid framework gave the resident peace, which contributed to a greater sense of security and stability in his life. Today the resident is no longer involved in substance abuse and is saving up for a new sofa.

At Åse Marie the focus is on minimizing the use of force. This is out of respect to the residents' feeling of security, but especially the safety of personnel, which comes before everything else. If a situation nevertheless escalates and the use of physical force is unavoidable, all employees are trained in the Durewall method, a conflict-management approach focused on how to most sensitively and securely handle any physical conflicts that might arise.

STABLE FRAMEWORKS AND PREDICTABILITY

People with mental illness and substance abuse often live a chaotic life, so it is important that their surroundings and daily life is marked by peace and stability. Some degree of predictability in daily life – having an idea about what will happen tomorrow, the day after tomorrow and in the near future – is an important element of a stable life for the residents. Therefore, offering fixed activities is a conscious choice in Åse Marie's work. For example, all meals are served at fixed times and the week's menu is always on the notice board in the common room. Likewise, activities such as the knitting club, gym classes, bingo and cycling are always at fixed times. In addition, Åse Marie has established various traditions such as Christmas and Easter, the celebration of birthdays, with the option of brunch or cake, and much more. These fixed points help to provide a counterbalance to the internal chaos that residents sometimes feel inside, and give them the feeling of being part of a community. The aim of having stable routines is also so that the residents are able to connect to a predictable daily rhythm. They have the option, if they wish, of participating in the various activities which they *know* are there.

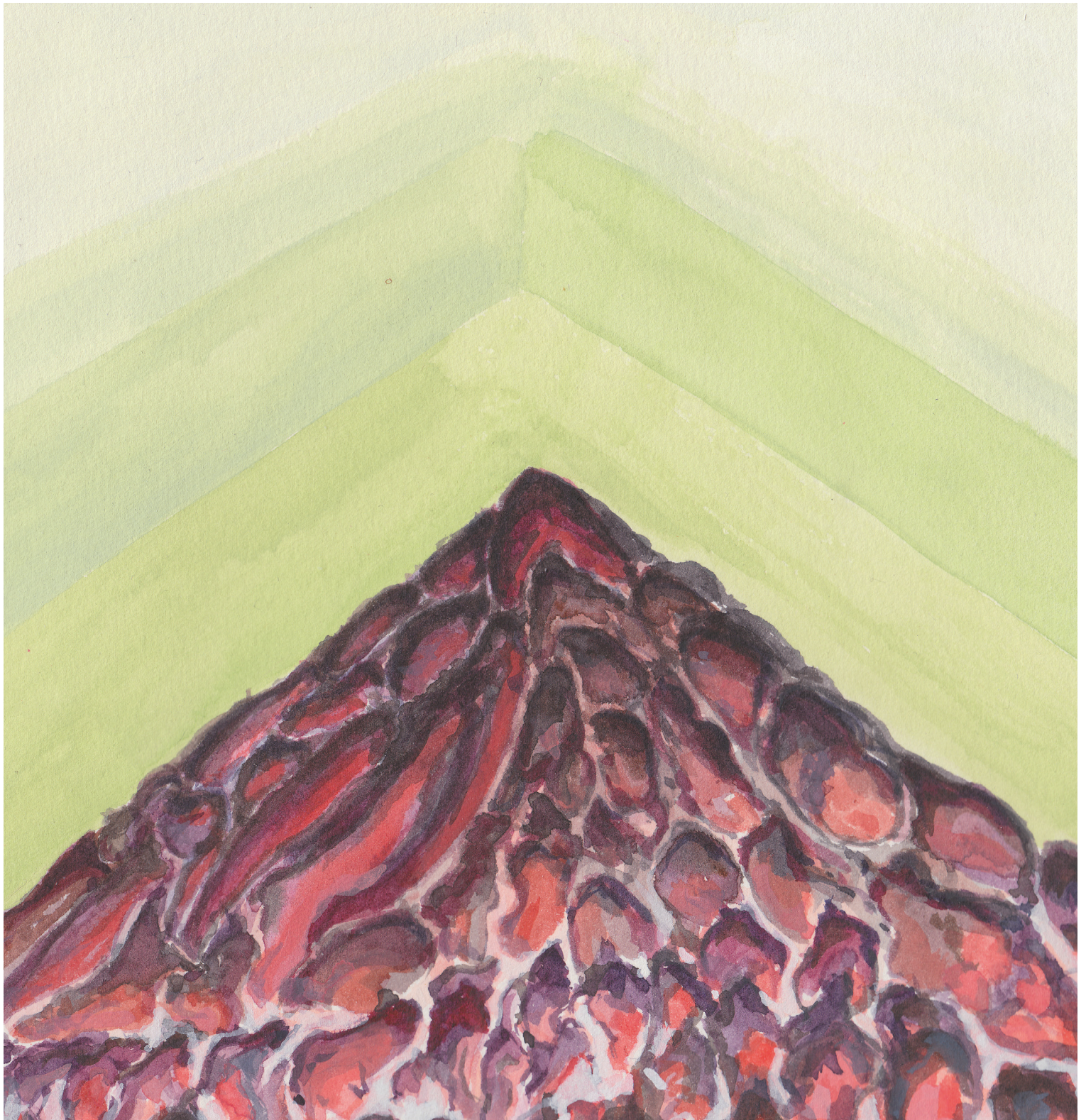
It is important that residents know the frameworks that operate at Åse Marie; that it is clear what is negotiable and what is not. Examples of things which are not negotiable could be: taking intoxicants in public areas, payment of joint expenses, and security precautions such as some residents not being alone with female employees. It may also be that it has been decided among the staff that one resident is not permitted to take food in the buffet, for reasons of hygiene. Other rules may come from outside, in the form of treatment sentences or other court decisions. A general rule at Åse Marie is also that what is not permitted in society is not permitted at Åse Marie. Among other things, residents know that violence and threats are not acceptable and that all incidents of violence will be documented and reported to the police.

However, most things are up for debate – things such as times for taking medication, routines of daily life, milestones, responsibilities,

help, support, and so on. It is of great importance for the residents that they all experience being met with understanding of their particular situation, and that the approaches are always based on the resident's individual needs and desires. For example, for one resident it is important that he gets his medication exactly at 17.00, not five minutes before. For another resident it is important that practical tasks, such as cleaning, do not take any longer than

seven minutes. Therefore, agreements about routines and tasks are always made in consultation with the residents.

Fixed frameworks provide structure, structure provides peace, and peace is the precondition for the residents feeling well-being and finding a surplus of energy in their everyday life.





6

A GOOD AND MEANINGFUL LIFE

Quality and ethical obligations

When one talks about quality in social work, the concept of quality should not only be based on the question of to what extent one is meeting a number of professional and organizational standards, but it is also concerned with the ethical obligations that we have towards the individual.

At Åse Marie the ethical demand is that both management and employees are continually striving to be guided by what best benefits the residents, both in the short and in the long term. But this is not always an easy task. Different goals will often conflict with each other. On the one hand, employees are required to make residents aware of the consequences of their substance abuse and lifestyle. On the other hand, they must also respect

the individual resident's choice, without moralizing.

Meeting this challenge requires that employees are constantly able to relate reflexively to ethical issues, and to make informed choices often 'here and now', in the situation itself. This requires that employees have a professional anchor, but also that the management allows employees freedom in their work, because there will always exist a need for professional judgement.

Åse Marie has many success stories: Residents who previously shut themselves up in their rooms, who now come out and participate in the community; residents who found it difficult just to get out of bed, who are now able to do a couple of hours of work in Åse Marie's kitchen; residents who had previously been very aggressive, psychotic and unapproachable, who have now found peace; residents undergoing substance abuse treatment,

who have now scaled down their abuse or completely stopped.

There is no formula for what will work in the *individual* case, but there a number of conditions which characterize the overall practice at Åse Marie:

- *Respect for the individual's life choices and ideas of a good life*
- *Focus on a meaningful life, instead of substance abuse*
- *The residents having a secure home with a stable framework*
- *The employees having the courage to be honest with each other and with the residents*
- *Time for the residents*

Åse Marie believes that all people, regardless of their life history, should be able to build a good life – as good a life as possible on the basis of the resources that they now have. This requires not only persistence and patience in order to succeed, but also the courage to be honest and present in difficult situations. It

requires employees who dare to give of themselves and who are prepared to pull together, employees who make use of each other and develop together. It requires that people dare challenge customary working practices and dare to try new things. But most of all it demands the determination to maintain the hope for change, even when it seems a long way off.

If a person is to change, they need time, peace and care. Being cared for is understood as feeling loved, appreciated, understood, accepted, and respected. Similarly, people need to feel that they have self-determination over their own lives. The paradox of change is that we can only change ourselves when we are recognized for who we are (Roepstorff and Valter 2012: 162). Everyone needs someone who can and will be there with you, even when you are the most unreasonable.

Åse Marie wants to be an oasis for the most vulnerable. To be a place where they can find peace and feel safe; a place they can call their home. Åse Marie believes that a stable framework, warmth and closeness gives residents the courage to move out into the world and try new things – that recognition and respect precede well-being, and that well-being precedes change. The goal is that every day should be a good and meaningful day, based on the individual resident's wishes and ideas of a good life. It is this that is the heart of Åse Marie's work.



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