Acceptance and Change

Barry Johnson's Polarity Map helps us analyse the upside and downside of working with Acceptance and Change in our interactions with people using services - and others too. Different stakeholders respond differently (e.g. staff/relatives, staff/staff, person/relatives). Some families are into change while others have several generations of focused 'acceptance'.

The upside of Acceptance	The upside of Change
• Avoids placing too much pressure on the person for progress and perfection so people feel OK. • Go at your own pace and identify your own goals. • Risk and opportunity management is not imposed. • Builds trust at the start of the relationship and forms a starting point for change • It's OK to fall apart here or exhibit awkward behaviour in this non-judgemental relationship. • Life is about constant change so this is a sanctuary from all that hassle. We all like our own comfort zone! • Celebrates assets, strengths, positive abilities and tiny steps forward, so that the person feels valued. • Have fun rather than working on our goals. • By accepting the person as they are, we are accepting ourselves as we are too. • The Social Model of Disability – shows how to accept the person and challenge problems in society. • Can support people with severe disabilities.	• Involves eager curiosity, non-coercive encouragement, problem-solving and reflective practice as we think outside the box. • Uses the Social Model of Disability and aims to change the community as well as the individual. • Life is about constant change, so work with it. • People want it. It searches for and harnesses the person's positive motivation to improve their life. • It is what services are funded for and meets targets. • Some people get discharged or use fewer services. • It fits in with positive systems like care planning and risk management when they are done right. • Creates a partnership between the person and the worker's positive ambitions • Focuses on achievements and assets, not deficits. • People get a better life, confidence, recovery and inclusion as change is closely linked to hope. • Staff job satisfaction as routines are challenged.
Acceptance	**Change**
The downside of Acceptance	**The downside of change**
• Consigns some people to a 'can't change' group and offers boredom with no opportunities to progress • Tolerates poor behaviour from the person or the community that would and should not be accepted and this reinforces and accepts the public's negative view of mental illness or disability. • For people with low self-esteem, even accepting praise ('you have great potential') can be perceived as pressure to perform. • Fosters institutionalisation, dependency and poverty of aspirations as staff and service users collude in their respective roles and power relations. • Deskills the person and staff as there is no innovation or challenge and people stay in services for ever. • It's unsatisfying to achieve nothing and get stuck • It makes an easier caseload and less pressured working day, but ends up wasting resources and assigning help to the wrong people	• Can be driven by the worker abusing power. • Implies criticism of the status quo and so can be change for change's sake. • May increase relapse, distress, or negative behaviour as change is uncertain, frightening, unsettling and beyond the comfort zone as familiar support is withdrawn. • Feels uncomfortable – requires courage, skill and sensitivity. Too much leads to burnout. • Care planning and risk management processes can be corrupted so that they block change. • Forced change (e.g. detaining someone) can make people defensive and resistant. • May lead to failure, rejection, demoralisation and even a sense of letting staff down. • Some people don't seem to want to change, so it is discouraging for staff • Lose entitlement to benefits and other help