

Values Based Practices

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Editorial

Value based practices (VBPs) are practices that are grounded in “people first” values, such as choice, growth, personhood, etc. (Anthony, 2004b). Currently, the concept of value based practices (Anthony, 2004a) has nowhere near the cachet nor credibility of its sister concept, evidence based practices (EBPs). However, in the future it is my belief that the notion of VBP will take its rightful place as a concept as useful as EBP.

The President's New Freedom Commission on Mental Health (New Freedom Commission on Mental Health, 2003), while not using the VBP concept specifically, strongly and consistently emphasized the importance of the values underlying their vision of recovery for people with severe mental illnesses. For example, Goal 2 of the President's report stated that mental health care must be consumer and family driven. Included in the text describing the practices leading toward this goal are such values as partnership, individualization, healing relationships, flexibility, integration, consumer preferences, rights, control and choices.

These and other types of values have been identified by people with psychiatric disabilities as key components of recovery oriented services. Concerns have been raised that these values will be lost in EBPs that are driven only by adherence to fidelity scales (Essock, Goldman, Van Tosh, Anthony et al., 2003), rather than fundamental recovery values.

It is worth considering the possibility that EBP outcomes are due in part to the values underlying EBPs. Some EBP proponents are emphasizing correctly that EBP implementation be guided by recovery oriented values (Stultz, 2004), essentially making EBPs also VBPs as well. A combined EBP/VBP intervention raises the question of how much outcome variance is contributed by each. Furthermore, the possibility remains that practices that have not been designated as EBPs might achieve recovery outcomes based simply on their incorporation of “people first” values into their service delivery procedures and policies.

In essence, I would recommend that any practice, EBP or otherwise, become a VBP in order to facilitate recovery outcomes.

References

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