

# **The Tidal Model®**

**Mental Health,  
Reclamation and Recovery**

**Phil Barker and  
Poppy Buchanan-Barker  
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# The Tidal Model

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## Reclamation

### The art of the possible

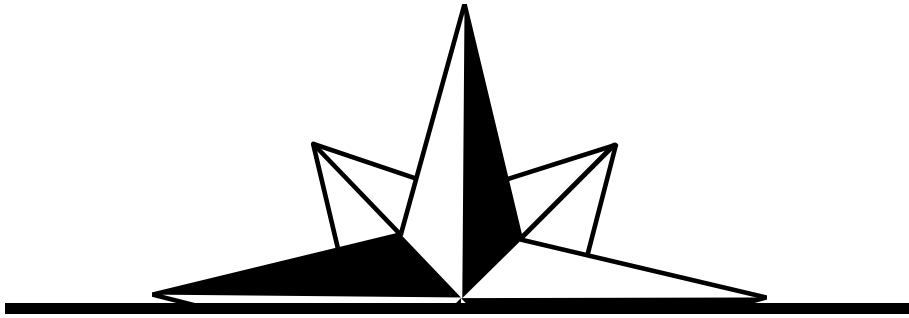
Breakdowns rarely happen overnight. In the same way, recovery does not happen suddenly—but develops at the person's own pace, depending on their circumstances.

We realise that recovery may take a long time. We are like people mopping up after a great flood. We know that it will need a lot of effort, from ourselves and perhaps from other people. Most of all, we suspect that nothing will ever be the same again.

However, 'mopping up' is exactly what **needs to be done**. We are clearing up and rebuilding the lives that have (almost) been destroyed by the flood. This becomes our most important work.

Through this work we **reclaim** our human nature. We do what **can be done** and no more. If we can do that, we may well recover the lives we thought we had lost.

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*All people are no more than stories. Stories they tell themselves and others, and stories others tell about them.*

*In the **Tidal Model** we help people reclaim the stories of their breakdown, their distress and their difficulties, so that, once again, they can own their experience.*

*By talking about themselves, people become more aware of how they are 'living'—and perhaps, by 'doing whatever needs to be done', they might move beyond their problems, into a new story—of their own making.*

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## **Acknowledgement and Dedication**

We have worked with many people over the years. They have given generously of themselves, and told us their stories, to help develop the **Tidal Model**.

These people are too numerous to mention but the success of the **Tidal Model** belongs to them.

We thank them all. We are forever in their debt.

We dedicate this manual to the thousands of nurses and other professional colleagues who have worked with us, over the years, who inspired us with their commitment to human caring. They know who they are, for we have told them.

May their numbers multiply and may their commitment to caring eventually be recognised.

Poppy and Phil

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## Tidal: The First Ten Years Evolution and Change



### **The Tidal Model: 1997-2007**

The **Tidal Model** was developed between 1995-1997 and the first formal **Tidal** trial was conducted in England, between 1997 –1999. This manual represents a fully revised version of the original guide to the practice of the **Tidal Model** first written in 1997, and published following the completion of the first full trial, in 2000.

Readers who have read the original manual—*The Tidal Model: A recovery based approach to mental health care* - will appreciate the many developments in **Tidal** practice over the past decade. A traditional ‘acute in-patient care’ ward provided the setting for the original **Tidal** trial, and many of the practice templates for the Model were geared towards that setting.

Since 2000, however, the **Tidal Model** has been used across a wide range of community, hospital and clinic settings, encompassing public and private sector mental health care, as well as voluntary and charitable sector funded services. We have revised many of our practice templates and illustrations, to reflect some of the key developments, which have so impressed us.

This evolution and development of the Model is in keeping with the key principles of **Tidal** theory. *Nothing lasts!* We hope that in another 10 years, we shall find that **Tidal** practice has continued to evolve and develop, as practitioners discover other ways to put **Tidal** theory into action.

### **Hospital or Community—Clinical or Home care**

The **Tidal Model** provides a structure for the development of person-centred , collaborative care in *any setting*. **Tidal** may be used in a person’s own home, where the focus is to address a crisis in the person’s life, to prevent possible admission to residential

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care. **Tidal** may be used as easily in a residential setting, where the focus is on resolving well established problems, as preparation for returning the person home.

In all settings the *purpose* is the same: to *identify the problems of living* that are the source of the person's distress or disturbance, so that *together*, the person and the professional helpers (and family and friends) can begin to explore what needs to be done, to resolve, or help the person come to terms with them.

## **Ordinary Language**

The **Tidal Model** prizes the use of ordinary language, aiming to speak in the same voice as that of the person who is in need of help. This is in stark contrast to typical psychiatric or mental health care, where medical psychological or bureaucratic jargon often 'muddies the waters' of the caring relationship.

We believe that by embracing 'ordinary language' we show respect for the person and the person's culture. We also believe that this conveys our willingness to talk with people on their level, showing that we are not trying to bamboozle them with professional jargon, or make life more complicated than is absolutely necessary.

We hope that you, the reader, will agree.



Poppy and Phil

Scotland, 2007