Recovery Dialogues: An Avenue for Culture Change in Psychiatric Hospitals

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Archive

This Webinar will be recorded. The PowerPoint presentation and the audio recording of the teleconference will be posted to the National Empowerment website at:
http://www.power2u.org
Questions?

At the end of the webinar, there will be a Q & A session. You are invited to ask questions at any time through the “question” function. Questions will be taken in the order they are received. You are also welcome to make comments using the “chat” function.
Today’s Agenda:

1. Housekeeping, background, and speaker introductions – Oryx Cohen
2. David de Voursney
3. Daniel Fisher
4. Jacqueline Ducharme
5. Valerie Comerford
6. Patrick Whalen
7. Dialogue
Building a Recovery and Wellness Community through Dialogue

Purpose
In this workshop, the providers, families, and the persons with lived experience of severe emotional distress enter into a new dialogue, by growing beyond the “monologues” and limited roles they have assumed within the mental health system.

Six elements of Dialogue
The first four are adapted from William Isaacs, *Dialogue, the Art of Thinking Together*, 1999 and the fifth is the work of Dan Fisher, and sixth is from *Magic of Dialogue* from Yankelovich
Six Elements of Dialogue

1. Using your authentic Voice
Before speaking, take a moment to take a deep breath and bring your awareness to your heart, your vital center. This is where you will find your deepest truth and your most authentic voice. This is “our deepest Voice, which most closely expresses who we are at that moment.”
Six Elements of Dialogue (continued)

2. Listening together:
Be willing to enter a neutral place where you suspend preconceived notions about the other participants, where you release any agenda or resistance. See if you can listen with your heart as well as your ears. See if you can be curious about the person who is speaking. What is being said beneath the words? What meaning is the person trying to convey?
Six Elements of Dialogue (continued)

3(a). Respecting persons as whole beings
To be able to see a person as a whole being, we must learn respect. To respect someone is to look for the springs that feed the pool of their experience from their vital center. We look again at them, and in this second look can let us take in more fully a living being. When we respect someone, we accept that they have things to teach us.
Six Elements of Dialogue (continued)

3(b). Respecting and embracing differences:
Respect the polarizations that may arise without making any effort to ‘fix’ them.” It is useful to hold an attitude of curiosity; to look for value in thoughts and behaviors different from our own.
Six Elements of Dialogue (continued)

4. Suspending our belief
- When we listen to someone speak, we can choose to defend our view, thereby resisting theirs = debate.
- Or, we display our thinking in a way that lets us and others see it and understand it, without needing to convince others, or lose our Voice.
- We neither suppress what we think nor advocate it with unilateral conviction.
Six Elements of Dialogue (continued)

5. Dialogue is heart-to-heart
   • Allow yourself to feel another person's emotions and their experience. Then show your own feelings, thereby encouraging an emotional dialogue.
   • This flow of emotions unblocks thoughts that trap us in monologue, opening a holistic dialogue, of mind/body and spirit.
Six Elements of Dialogue (continued)

6. Equality and the absence of coercive influences
Though each person has a different status or position in society outside of the dialogue, within the dialogue, it is vital that each person sees that everyone has something to offer. In one-to-one assistance, the supporter can shed symbols of power or rank such as a coat and tie. In a group, sitting in a circle further reinforces equality
weCPR

Recovery Dialogue

Enter a Neutral Place

Heart to Heart

Respect Differences

Suspand your Beliefs

I Believe that

I Believe that

Use your Authentic Voice

Equality

Leave your Hat at the Door

Maria Osthimer May, 2017
Recovery Dialogues: An Avenue for Culture Change in Hospitals

Jacqueline Ducharme
Val Comerford
Patrick Whalen
In the Beginning

• Dr. Daniel Fisher was a colleague at work that trained a group of us how to conduct/hold Recovery Dialogues in the community.

• Held a Recovery Dialogue in the community for about 5 years. The dialogue was comprised of people with lived experience, clinicians, program directors, office staff, family members and Clubhouse Staff.
In the Beginning

• In September 2016, I was hired as the Director of Recovery for Central MA DMH. I have responsibilities in the community and at the hospital.

• Knowing that I had experienced success in the community with Recovery Dialogue I decided to approach hospital administration about the possibility of bringing it to WRCH.
In the Beginning

- They agreed and we hired the National Empowerment Organization to come and do a presentation and demonstration.

- Dr. Daniel Fisher and Oryx Cohen came to the Worcester Recovery Center and Hospital in August 2017 the hospital to introduce Recovery Dialogue and give 50 employees from nursing, administration, psychiatry, psychology, human rights, rehab and social work an opportunity to participate in a dialogue.

- The presentation and demonstration lasted 90 minutes with positive results.
Our First Dialogue

• In October 2017 we started a Recovery Dialogue on one of the patient units.

• We had very limited success but kept at it until January 2018. Having the dialogue on a closed unit made it difficult to get a broad range of people involved. Attendance was poor.

• We wanted representation from all disciplines and departments. I wanted to build connections and relationships in order to improve communication across departments. (Hospital and community)
Huddle for Success

• Needed it to be an open forum
• Marketing to the patient advocacy council.
• Restarted the Recovery Dialogue on May 11, 2018 and it is now held in the Chapel. It is open to anyone that would like to come. The design of the Chapel is perfect. We are able to construct a circle to meet our changing needs.
Success in the Making

• We have had as many as 33 people attend. Patients, peer services, psychology, psychiatry, HR, social work, training and development, campus police, chaplains, rehab, mental health workers, etc.

• Average number of attendees is 24.

• Bi-weekly email reminders get sent out by administrative support personnel.
Success in the Making

• Continuously talk about dialogue with new employees and patients, and have included a visit to Recovery Dialogue as a part of new employee orientation at the hospital.

• I update our area administration and hospital administration every month regarding attendance. They have been extremely supportive and have helped me to think about how to reach out to new people in order to keep attendance up.
“Because this facility is so large, one of the best things about recovery dialogue has been getting to meet new people and putting names to faces. I feel reminded that each of us has a story, whether we’re giving or getting services, and that having a context for a person’s life can help me to be a better provider and colleague. Leaving our hats and titles at the door is a great way to help us learn about people without first focusing on what they do/who they are in the organization. And most of all I really like that as a group we’ve shared some laughs and a lot of common experiences.”

Debika Paul, Ph.D.
Psychologist
Testimonials

“For me, the experience of participating in the recovery dialogue has been completely positive and I am thankful for the experience. Being new to WRCH, the conversations allowed me to learn and connect to all who attended in a way that would not normally be possible. The sessions provided an opportunity to come together and get to know others on a personal, humanistic level. I was provided the opportunity to interact with people as a person and not as ‘administration.’”

Tara Callahan

Asst Chief Operations Officer, DMH
Testimonials

“Recovery Dialogue has given me the opportunity in my busy work day to give me an extra moment for introspection and connect on a very human level with people I have the opportunity to sit with and next to every day in this hospital. The topics discussed are always helpful for further reflection and help remind me of the various reasons why I strive to be a better clinician and person in general.”

Benjamin Mathews MA, LMHC
Psychology Department
Testimonials

“I appreciate the presence and mission of the Recovery Dialogue in this hospital because it gives space for meaningful and powerful exchanges that otherwise wouldn’t take place in standard treatment groups. The Dialogue fills an important gap by acknowledging and removing the barriers that get in the way of developing a more authentic coming together about recovery and healing. It allows for there to be shared human experience without the labels of patient and staff, which feels incredibly empowering to witness and be a part of.”

Julie,
Social Worker
“When the larger hospital community at times can be lost in the demands of documentation, deadlines, and meetings – Recovery Dialogue gives me permission to stop and make the essence of what recovery is a priority. Recovery Dialogue is a space, a community really, where I connect, reflect, and ground myself in what is important. I get to be vulnerable and share my empathy in this community, which only helps to strengthen my relationships. In turn, my fellow Recovery Dialogue champions do the same, creating a bond and sense of comradery that expands beyond the walls of the dialogue—to the everyday interactions throughout our busy days. Through Recovery Dialogue we build a true sense of mutual respect, understanding, and compassion and I bring that with me wherever I go.”

Megan Mooney, MS, OTR/L
Occupational Therapist
My Dialogue Experience

- First experience with Recovery Dialogue in the community from the perspective of a person receiving services / Feeling valued there and appreciating having the space to share thoughts with others while being in early recovery.

- Attended Dan Fisher and Oryx Cohen’s presentation of Recovery Dialogue at WRCH
Co-facilitating Recovery Dialogues

- Trained by Val to co-facilitate Recovery Dialogue at the hospital

- Ongoing collaboration with Val around determining topics, discussing ways to improve future Recovery Dialogues and developing more strategies of reaching out to invite more people.

- Developing rapport with other staff as a result of being involved with Recovery Dialogue
WRCH Peer Services Department

• Peer Services Team attend Recovery Dialogues and support people with learning about it and getting to the dialogue.

• The Peer Services heavily focuses on the mutuality aspect of dialogue.

• While we are not there in our role, as the dialogue is intended, often our lived experience does come up when we share.
WRCH Peer Department

- We’ve been able to connect with and learn about other disciplines that we may not interact with on a regular basis.

- Through focusing on human experiences rather than the role, we’ve been able to connect with other disciplines whose role is very different from the Peer role.
Mutuality and Recovery Dialogues

• We speak from our own experience
• Being authentic promotes mutuality and suspends judgment.
• There is a mutual give and take while listening to a person share their experience.
• We allow equal space for anyone who would like to share.
• Attendees learn from each other.
Outcomes

• There is a general sense of ‘we’re in this together’ when coming together as a group engaging in dialogue
• Building relationships
• Fostering Hope
• Supporting each other in the workplace
• Providing opportunities to better understand and promote recovery
Contact Us

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