

Summary of the Wesley Spectrum Dialogue

Allegheny County Coalition for Recovery

Consumer-Provider Collaborative

Dialogue: Wesley Spectrum Highland Dialogue

Title: What is Recovery and Who Makes Choices in Treatment Planning?

Date: 2-27-09

Number of Consumers _____7_____

Number of Providers _____6_____

Number of Family Members _____0_____

Facilitators: Wes Sowers, James Kindler

Service Provider Participants:

Sonia Grehian – psychiatry resident; finished medical school 3 years ago; Mon Yough in child clinic

Joe Mahoney – MSW Intern Milestone; student at Pitt; worked with children and families for 3 years

Nicole Harris – Integrated Milieu Counselor – 3 years; Milieu Therapist to Milieu Counselor; works in sensory integration room

Ali West – Integrated Teacher; 1st year in mental health world with educational world

Dave Grabowsky – Manage of Intake for WS Highland and Integrated; started in 1980s; interested in recovery; wants the people who work around him to use the same language

Jerry Wessel – Clinical Supervisor of Middle School program; 20 years of outpatient, Wrap Around, RTF, school-based partial hospital; worked with kids with Spina Bifida initially in the 1980s

Consumer Participants (names confidential):

7 adolescents – 6 boys, 1 girl

2 from WS Integrated Services

5 from WS Highland partial hospital

Observers:

Jeremiah McAuliffe – Community Mental Health Therapist at Milestone in Wilkesburg (formerly Allegheny East)

Gary Suehr – Allegheny County Coalition for Recovery committee; interested in becoming a facilitator; works for Mercy Behavioral Health

Jen Kostolansky – Communications person for WS; communicate some of great initiatives happening throughout WS. Photos and taking notes.

Ryan Turner – note taking

Question:

What is recovery? What is resiliency?

Consumer themes:

Recovery from injury. One consumer had lost his arm from playing with fireworks. He said recovering from that injury was the hardest recovery he ever had to go through.

Recovery from drugs and alcohol. One consumer said his dad was an alcoholic and most people in his family were into drugs and alcohol.

Recovery could be mental recovery, such as from traumatic experiences.

Recovery from illness or disease. One consumer talked about being diabetic and not taking very good care of himself.

Recovery is for everybody. Infants to adults to elderly persons. Teenagers, too.

Recovery can be long-term. I'm in recovery from a situation with police (legal). Police just saw me as another black person on the street doing something wrong.

I think recovery is a way to redeem yourself. Health problem (artery problem). I still lived through that. It sets me back sometimes. I still recover from it. I can't play sports or do anything active. I try to do as much as I possibly can. Got depression from not being able to do what I want to do.

Everybody has a second chance.

Provider themes:

Getting through difficulties and bad experiences.

Getting through tough things.

Recovery is opportunity. Could be a crisis that leads to an opportunity.

Healing. Being safe. Taking risks to move forward.

Families are essential for kids to recover.

Recovery is resiliency.

Recovery is showing up every day to school.

Being able to overcome things that are hard.

Doing things that are not particularly attractive, i.e. things that are hard to do.

Doing things you don't want to do at the time but you know if you do them it will be good for you in the long run.

I think recovery is a learning process for everyone. I think we learn from each time and it helps us recover the next time.

It's something we get better at each time.

I think when we recovery from something it doesn't mean everything is fixed the way we want it to, but we learn to maximize the other stuff that's right.

Question: is the system helpful to you? Does anything get in the way of helping you? What might not be so great in the relationships with service providers? Are there times when building relationships are hard? Are there times when relationships are not good? Anybody ever had difficulties in putting those relationships together? What is like when it doesn't work? Are there some things that make communication easier or harder for folks? Are there some things that people do or say that makes it hard to connect?

Wes and James had to ask a lot of open-ended questions before the kids understood what we were targeting for information. That is why I listed so many questions above. The kids were stuck on relationships with their parents and families. We were more interested in their relationships with service providers.

Consumer summary:

My staff, I know I can talk to them about anything. I feel closer to them than I do with other people. I felt really comfortable with my staff and can tell them stuff that happens sooner than I would with other people. They always say "Hi", they are always polite, and they are everything you could ask for. They are there for everyone, too. It's amazing.

Sometimes I don't feel comfortable talking about my feelings to people I don't know.

For me I can't share my feelings with my dad. I don't feel comfortable and he just never takes anything seriously. I am more comfortable talking to my therapist than my dad.

Praise is a good reward for me because I don't get much of it. I've had a pretty bad life. I never met my father, I've been sexually abused, and I've been emotionally abused. I've held up pretty well considering all that's happened to me. It's mostly because of the people who worked with me.

Provider summary:

As a provider I get frustrated with not being able to access things that kids and families need. Sometimes they are not timely and not out there. I think the system needs to be there to support people, but needing to access things is tough.

Relationships are so important. This is why I enjoy this field.

I think what we try to establish with relationships is consistency. I think you talk about how you can count on these people every day.

One staff at my shelter told me he was going to put me through a wall when he thought I did something wrong. I still can't trust him to this day. The other staff I've worked with...I've gotten along with everyone but a few.

Question: Who should be in charge when you are talking about recovery? One of the things people struggle with is who has the authority to make decisions?

Consumer summary:

No one can tell you how you are feeling. No one can make you do anything.

I don't respond well to directness, when it's like, "This is how it's gonna be". Saying, "I don't care what you think, what you feel is not good."

Sometimes people are not in the best position to make their own choices.

I think it would be OK if you said: "If you are not in control of yourself right now...you need someone to help you."

One guy tells me what to do. He does not show me respect. He disrespects me and degrades me. He threatens and consequences me.

When someone flips out you need to take control so no one gets hurt; but when you take control just to take control because you like the power that is a sign of weakness because it is going to your head.

Provider summary:

I'm in favor of the kids or families' choice on what happens in their treatment. My problem is helping other people to grasp that, too.

I think one of the difficulties as a provider is maybe when their choices are not so good. How do you step in? You don't always want to say, "This is what I think I need to do". How would you guys like to hear that from your provider?

Sometimes it's difficult to see the potential and see the kid not work to their fullest. I like to say: "When you are ready we can do this together." I think we can equip the kids with the tools they need and when they are ready, hopefully they will use it.

Relationships that have to deal with power and control are not healthy. That does not speak at any level to helping kids.

It sounds like it is annoying when people take control when it seems like there is no reason to take control.

Wrap Up:

Question: What did people think? We wanted to see how this felt for everyone?

Consumer summary:

I've been asked to a lot of meeting type things in this school. I was nervous at first. Hearing how everyone handled things and what kind of person people in the room were, it made it easier to talk. It was helpful.

I'd like to say that by far this is one of the best meetings I've ever been to. You were all very nice people. I just want to say thanks for having me and it was great to be able to voice my opinion and my thoughts.

I'm glad I came. Meet new people. Thanks for having me.

It's been great really talking and letting feelings out. One of the best meetings I've ever been to.

Despite the fact that there are some people in this field that don't take it seriously but there are people in this field that really care and I'm thankful for that. And I hope that more people can be like you guys.

Thank you all. You were really cool.

I thought it went really well and it was a moment we all had to connect and get to know each other.

At IEP meetings, we get very little time to tell them what we need to do. They spend all this time telling us what we need to do and we get a very little amount of time to tell what we need to do. This was so much better.

Provider summary:

Today makes me want to continue to put forth an effort to help.

What you guys all talked about, I know I'll carry it with me as I go into my career.

We don't do this kind of stuff enough. How do we continue in this process?
What can we do next?

The nice thing about this is you get to tell us what we need to do better. Different from IEP meetings where you guys are told what you need to fix.