

MFI Wrap Up 7.14

Soteria- see notes elsewhere

Peer Run Respite- Chris et al

- A lot peer respites choose to have IPS as a training; relational training
- Chris doesn't work in peer respite but gets to see a bunch vicariously
- wide array of people involved: one bed respite, (I missed a bunch here)
- what are people doing, what are the differences in similarity, what's working and what are challenging.
- then started to develop a charter for peer respites, please add and sign up for
- didn't agree on everything which made

Charter

environmental rights, qualities of people who work there (2 more)

- freedom to come and go, choice about being there in the first place
- do we need to use word peer, is it be
- freedom to make own meaning and pathway
- option to stay connected
- self determination
- self responsibility for medical records, right to refuse recommendations
- transparency in all communications, nothing about us without us

Environmental factors

- trauma sensitive environment
- fosters trust and compassion
- where word 'safe' is redefined
- where comfortable to express all fully
- who can come and visit be in space (consensus)
- express voice outlet

Qualities of the Group

- consensus
- culture of mutual responsibility
- responsible to work together collectively
- culture of people treated as capable to ask of what needed
- focus on relationship
- no assumption of illness or problem

Qualities of People who work there

- empathetic and compassionate
- tolerance for unusual behavior
- willing to openly share and identify with challenges
- allies ID as being in full support of approach and charter
- commitment to cultural competence
- commitment to working alongside the (community?)

Open Dialogue- Al et al; Ed Altweiss; Nick Putnam

- Finland: treatment/network/family meeting involves 2 or 3 people who come to meet with the network- early episode psychosis (80% full recovery)
 - conversation between team and family/network
 - conversation between team members
 - listening, not coming with our own ideas, trying to create rich understanding from each persons perspective and validate
 - these meetings happen on each level of service; in peoples' homes before they get involved, in hx (if go), on unit and after people leave hx
 - meeting seen as hub
 - decisions made openly about any additional pieces
- NYC: run meetings the same way
 - people already been in conventional services- ER etc
 - goal to get people before they have already been in
- Beginning to happen in US people getting trained
- in track we learned how the meetings work
- create environment where people are encouraged to say things have never been said before and share stories
- talked about some of the challenges
 - how to adapt in service system
 - how to use peers
 - what do when person ends up in hx despite
 - how to train people, not enough capacity currently
 - how to spread this approach into mainstream system
 - would be great to introduce in FL which would mean educating people in academia but mostly need a program to make it work
 - school nurses is place where there is a lot of confiding; kids go because they need attention- think about presenting this to school nurse
- Mia Curtain was on skype from Finland
- question: ways to build dialogic skills even if not using the system, how to help clinicians come to a place of having transparent conversations where might otherwise talk behind peoples back
 - step by step process; at parachute trying to use 'ear of the client' to get people adjusted to process of transparency
- what if person does not want to participate or wants to confront family/system
 - can have separate meetings
 - work creatively, no one forced to work together
 - meet with family/network and leave door open so person at center can walk in and out as wanted

Hearing Voices Network- Matt et al

- comments: feedback about word expert used in MFI invitation; HVN very clear that language is not used- call them the live and breathers
- thematic cross-over: space is not a physical entity but opened up between ourselves opened in a dialogic context, no building needed, relate to each other in a radical way
- a lot accomplished but somewhat theoretical; day to day very different
- Keeping HVN Ethos alive- danger of co-optation
 - well meaning people who want to use as a billable agency
 - read USA HVN charter out loud
 - core principles that must happen
 - person's experience of themselves is valid, person needs to allow to express in their own (terms? etc)
 - what if person comes in using medical language/framework; same as if person comes in comign from alien framework- non-judgemental, not having to correct that persons' experience
- Fears of liability having HVN group in more traditional setting
 - liability is a fear (emotion) emotion is real
 - fear of person in crisis, fear of ourselves in crisis
 - how to have a conversation
 - open discussion and dialogue can reduce person's fear in that place
 - HV group can take place in other settings; charter great tool when placing in less than optimum setting, can help create open setting in the group, open conversations about what fears are, valid, what's going on about the pain, talk about fear rather than which lawyer we need to talk to
 - to notice fears and still step toward someone and hear the person in the own words
- People from all over the country doing groups to connect
 - how to stay connected- create more cohesive group
 - how were different groups launched
 - how to train more facilitators
 - learned I'm not alone
 - anyone who gets with the ethos can be a part of the network, which is a different thing than group (peer respite center can be part of network etc)
 - how to use ethos in settings where it might not be as receptive
- Questions: NYC can be hard to get people into an alternative; maybe mentor relationship can help people get out
- resources to share with people- hearing voices website

Taiwan

Karen studying psychology and nursing

- some community but mostly medical model
- only 1% alternative
- concerned about subjectivity, human experience
- house situation is disappointing and frustrated
- 20X population density; crowded could be good

- provides support to mutual support
- bus stop is emotional gathering- members in center are ambassadors, cooking center
- have fundamental to get more people as involved in community
- professional to facilitate connection
- housing like big family that live together and take care together
- people required to take medications
- help people to do what they want in their community
- if someone need help other people can help to solve problem
- help people to not feel scared to go into community and not feel so alone
- hearing voices not a bad thing but can be a cool thing

The Sunrise Center track was very successful. The report on the Sunrise Center track will be added to the website later.