

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover

# Recovery-oriented Crisis Services: Applying Principles of Open Dialogue and Peer Support

Christopher Gordon, MD

Senior Vice President and Medical Director, Advocates, Inc.

Keith Scott, CPS

Vice President of Peer Supports and Self - Advocacy, Advocates, Inc.



# Resources and Continuing Education

**“Download Materials Here” available now**

- Speaker bios

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- Certificate of Participation
- Link to NAADAC Continuing Education
- Participant feedback opportunity



# Recovery to Practice

An illustration featuring several interlocking gears in various colors (pink, light blue, green, orange, blue, yellow) arranged in a horizontal line. Two dark grey hands are shown reaching up from the bottom, one holding a green gear and the other holding an orange gear, symbolizing collaboration and support.

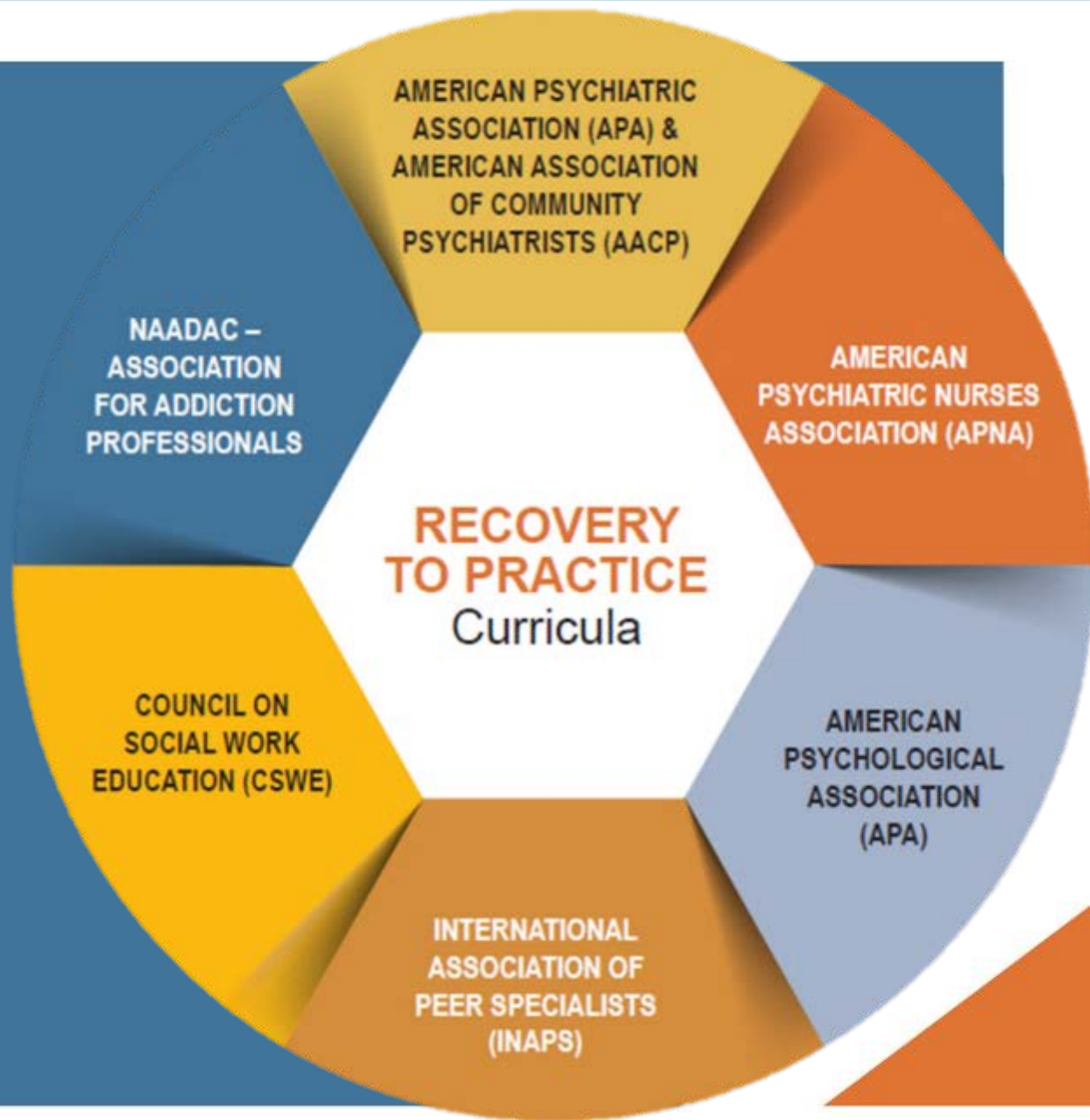
Through education, training, and resources the Recovery to Practice (RTP) program supports the expansion and integration of recovery-oriented behavioral health care delivered in multiple service settings.



SAMHSA's  
10 Principles  
and  
4 Dimensions  
of Recovery in  
Behavioral  
Health



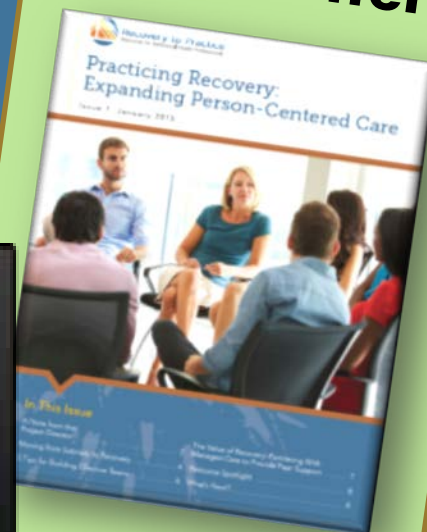
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# RECOVERY-ORIENTED CRISIS SERVICES: APPLYING PRINCIPLES OF OPEN DIALOGUE AND PEER SUPPORT

Christopher Gordon, MD

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# We envision crisis services that

Are welcoming, respectful,  
helpful, accessible and safe.

Serve people in mental health crisis  
or extreme states in ways they  
would endorse.

Reduce the risks of seeking help.

# ADVOCATES

First, we listen ...

... this is our journey

- Full-service, non-profit agency
- Striving to be as recovery-oriented as possible and minimize coercion
- Reality is we still commit people to hospitals and serve people with guardians.

For people in mental health crisis...



...hospital emergency rooms can be difficult places to obtain care.

## In Emergency Medicine...

**There is a premium on rapid, accurate diagnosis and early, effective intervention.**

**Often this is lifesaving.**

Not always the best fit....

**This same paradigm for  
responding to mental  
health crisis is not always  
the best fit.**



# Emergency Rooms may miss the mark



***Some also have the effect of traumatizing people.***

Many crisis services lack a recovery orientation

- Feel unwelcoming
- Overlook the perspective of the person
- Fail to amplify the voice/choice of the person
- Use methods that can interfere with or even prevent natural resolutions of crisis

# What Is a Crisis?

Something that  
feels potentially  
overwhelming

Something that's  
been going on for a  
while and becomes  
too much

Sometimes  
out of the  
blue

Sometimes  
a crisis can  
be truly  
dangerous

May be the  
first step  
toward change

# What Do We Need in a Crisis?

## Helpful Attitudes and Approaches

Support

Protection

Safety and Reassurance

Respect

Time, Space,  
Rest and  
Options

What Made Us Feel Safe Before

# Recovery Principles



- *Emerges from hope*
- *Person-driven*
- *Many pathways*
- *Holistic*
- *Supported by peers and allies*
- *Supported through social networks*
- *Based in culture*
- *Supported by addressing trauma*
- *Building on strengths*
- *Based on respect*



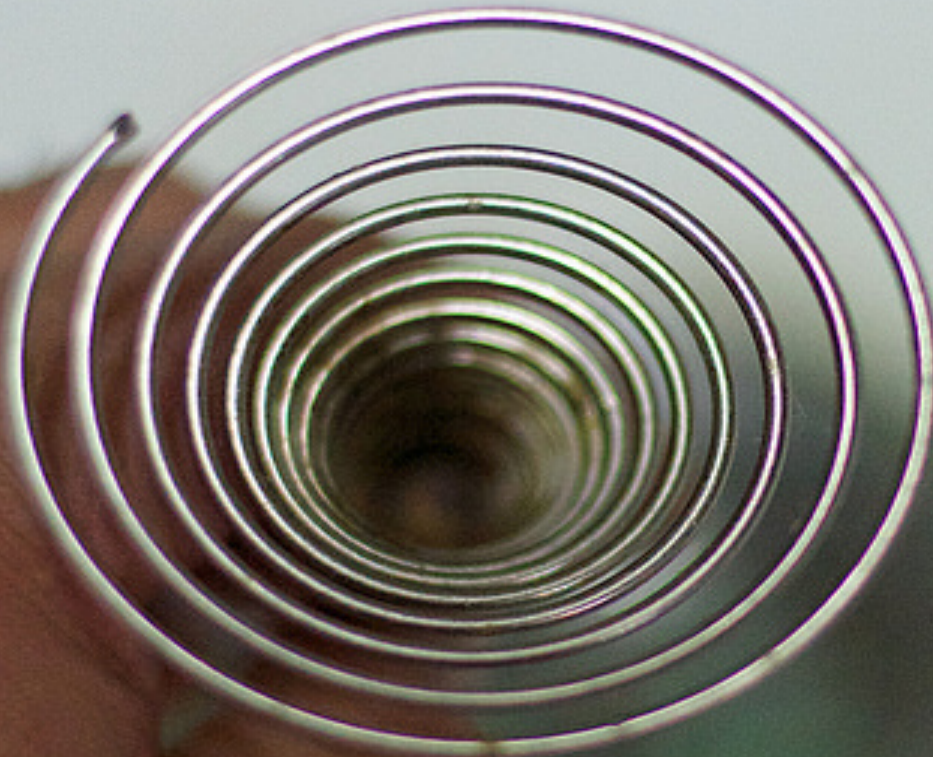
# Common missteps and missed opportunities



- Drawing unwarranted conclusions
- Overlooking strengths
- Offering premature and unwelcome explanations or diagnoses
- Separating the person from his or her supports



# More common missteps and missed opportunities



- Using language that confuses, frightens or hurts
- Speculating about diagnoses and prognoses
- Over-using strong or invasive treatments

# Peer specialists in psychiatric settings and ERs



## *For the setting*

- Provide information about the role of peer support
- Educate Peer Specialists about emergency room policies and culture
- Be clear about relationship between crisis clinicians, ER staff, Peer Specialists and person in crisis

# Peer Specialists in Psychiatric Settings



## *For the Individual*

- Provide support based on shared lived experience and mutuality
- Provide advocacy, access to information
- Participate in all discussions about care
- Listen and help the person feel as comfortable as possible
- Inquire about the person's interest in follow up

# Open Dialogue



Open Dialogue is based on the idea that when people are in crisis, they and their loved ones should have an opportunity to process together what's best to be done or not done.

# Eight Principles of Open Dialogue

Immediate Help

Involve family and other natural supports

Promote gentle psycho-pharmacology

Tolerate uncertainty

Mobile and Flexible

Promote dialogue among network/clinicians

Provide what's needed wherever person is

Provide what's needed for as long as needed – no more



# Network Meetings

WHO

Whomever the person in crisis would prefer

WHEN

As early in the process as possible - ideally, “strike when the iron is cold”, but anytime is OK

WHERE

The least pathologizing setting is best; but can happen anywhere

# What Happens?

- Open-ended questions
- Follow the conversation
- Families and networks as sources of support
- Total clinical transparency
- “Reflection”
- Commitment to shared decision making
- Modest goals: meet again?



- “What happened”, not “what’s wrong”
- Stories over symptoms

# Open Dialogue at Advocates

- The Collaborative Pathway
- Open Dialogue in Community Based Flexible Supports
- Abby and Paul partnership in CBFS



# Peer specialists team with crisis clinicians

- Understanding of each other's role, expectations and code of ethics
- Proactive work to avoid crisis and develop relationships
- Collaborative follow-up after resolution of crisis
- Support for evolving crisis planning
- Keep and review data



# Embedded Crisis Clinicians and Peer Pairs

- Fully mobile
- Embedded in community; known in the community
- Offering services as far upstream in crisis as possible
- Able to see people often



**Abby:** a seasoned clinician, certified in Open Dialogue

**Paul:** a seasoned Certified Peer Specialist



# Some Simple Ideas



- Friendliness, neighborliness
- We are glad you are here
- You came to the right place
- Tincture of time
- Include family and other supports
- Offer comforts
- Share decision-making and control

# More Simple Ideas



- Notice and appreciate strengths and opportunities
- Appreciate coping
- What's helped in the past?
- Imagine modest goals
- Elicit and honor ideas
- Recruit and honor Peers and other supports

# Becoming a more recovery oriented agency...





Questions?

**Chris Gordon M.D.**

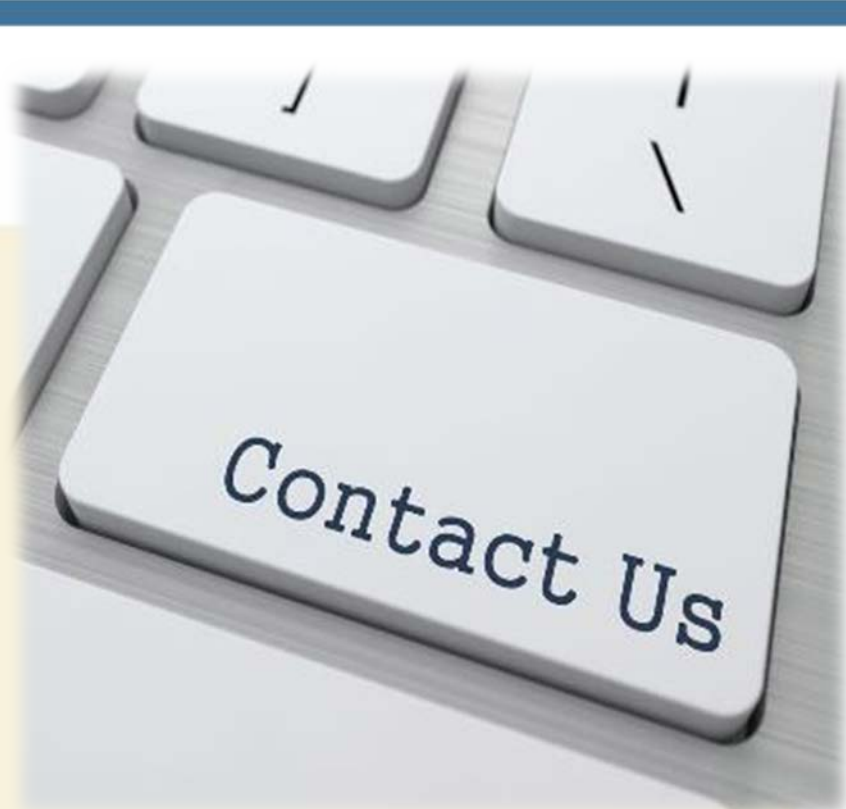
[CGordon@advocates.org](mailto:CGordon@advocates.org)

**Keith Scott**

[KScott@advocates.org](mailto:KScott@advocates.org)

**Recovery to Practice**

[RTP@AHPnet.com](mailto:RTP@AHPnet.com)



# Coming up soon!



- February 2: **Hospital diversion and alternatives in crisis response**
- Spring RTP webinar series: **Stay tuned!**





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