

Now I See A Person Institute Using Community Engagement: A Collaborative Recovery Model

Transcending Diagnosis and Co-creating Client Directed Sustainable Change

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Introduction to Study

This research reflects the concepts of a novel recovery model to induce sustainable change in clients previously considered unable to change and not progressing in traditional models of therapy. We call this recovery model Community Engagement: A Collaborative Recovery Model (CEACRM). CEACRM embraces the tenant of recovery and collaborative theories. (Anderson, 1997, Anderson & Gehart, 2007, Gehart, 2012, & Swim, Priest & Makawa, 2013). The cornerstone of this theory is to provide therapeutic services to establish collaborative, genuine, and caring relationships that foster conversations of hope and new possibilities for change, co-developed by the therapist and client in dialogue. To further foster an atmosphere of dialogical safety, all therapeutic conversations are co-created within a naturalistic environment on a horse ranch, all therapist wear jeans and additional ranch attire, all offices are within sight of four therapeutic horses, and all conversations are within the clients' language devoid of modernistic psychological terminology in favor of "common talk" or language which the clients perceive as instrumental in defining and solving their challenges. Each client is spoken with and treated as a person devoid of deficiency language or diagnostic labeling. No modernistic psychological terms are used to define a person or used in any conversation. Therein a therapeutic relational space co-occurs where clients feel safe to speak about pain and trauma in a time and manner they desire and in an ordinary setting (Swim, et al., 2013 & Sharpe & Strong, 2015) that fosters normalcy and nurturance (Nussen, 2012) .

The method of study reflects ethnography to co-generate dialogue transcending other methodic discourse to find consensus (Kvale, 1996). Dialogue reflecting the participants experience in therapy is of pivotal importance in this study. Narrative design (Swim, 2002) is compiled by collaborative inquiry; narrative accounts produced what each felt was effective therapy. Content analyses produce thematic titling of data and outcome.

The intent of this study was to inquire what effective therapy was for each client, who had not progressed in traditional venues, before attending therapy at Now I See a Person Institute (NISAPI). Traditional venues were described as office settings, wrap around-in home therapy, or hospitalization. All clients had either multiple hospitalizations or multiple in-office interventions where the client had continued to display self- harm, violent behavior, destructive behavior, family relational disintegration, and narratives of hopelessness for the clients and their families.

NISAPI is a mental health, substance, and training (graduate and post-graduate) nonprofit agency devoted to serving mental health and substance populations who have not succeeded in traditional therapy or institutionalization. At NISAPI our focus is on personal identity and not the diagnostic labels people have often been assigned. We believe such diagnostic themes often bind personal narratives to deficiency rather than strength-based narratives (Anderson,

1997 & Anderson & Gehart, 2007). We assume each person has inherent strengths and self-agency to transcend diagnosis, symptoms, and trauma.

All clients at NISAPI have individual and relational therapy (Gergen, 1994, Gergen, 1999, Gergen, 2001, Gergen 2006, & Gergen 2009, Rambo, 2013, Swim, et al., 2013). To establish a therapeutic relationship with the clients and their family members, all are assigned individual and family therapists. Sessions may last two to three hours and several times a week until the initial crisis has been transformed into narratives of hope, strength, and change. We take time to develop relationships with each person in the client's community of support, to hear their need as well as the client's, who previously has been defined as a problem.

The tenants of CEACRM are: (1) Therapeutic normalcy with the use of horses and outdoor offices, (2) multiplicity of individual and family needs and voices heard, (3.) No strict time limits,(4) Narratives transforming problems and deficiencies into strength and hope, (5) Narratives of genuineness and transparency between therapist and client, and (6) An atmosphere from the therapist of care and curiosity rather than pre-knowing or therapist led conversations to produce sustainable change regardless of previous diagnosis, ethnicity, socio-economic status, or age. We see clients as "knowers" of their extreme hardships, co-developers of the therapeutic conversation, and co-directors of how and when change occurs. Therapy at NISAPI is a client-led endeavor and clients take ownership of therapy and strength in the change they co-create with our team.

Background

This research explores our theory of Community Engagement: A Collaborative Recovery Model (CEACRM). This model was first introduced to the field in 2007. The ideas were started with the help of two international colleagues, one with a training institute in Mexico. Our goal in developing this theory was based on recovery and collaborative models which in our decades of experience produced proficient therapy in populations where change had previously not occurred (Kinnaman, and Swim, 2007). All three of us were providing novel therapy for these populations.

Chaveste had opened a client driven substance center where clients were in charge of their treatment and solutions, Kinnaman worked with aboriginal populations often providing therapy outdoors, and Swim used her two horses, a ranch and naturalistic environment to provide an atmosphere of safety and normalcy to those diagnosed with parity challenges and who were viewed as unchangeable.

The purpose of this model which Swim continued to refine after the initial launch in 2008 was to (1) de-stigmatize those suffering from mental health and substance challenges, (2) to transcend diagnosis in lieu of seeing people as people who are suffering in life events and challenges, (3) to see people as people and not be limited to see them or their seeing themselves as a diagnosis nor being bound to one, (4) for clients to see themselves through the strength based lenses of a therapist and (5) to co-created strength based client led solutions and new possibilities. With the humble start of ideas of community engagement NISAPI further defined this budding theory into three core principles and evidence based practice.

There are three core principles that we operate upon: recovery-focused care, collaborative practice, and connection-collaboration-and-change.

Recovery-Focused Care

Any participation with clients must derive from authentic collaboration. Our clients see themselves as the directors of their services. Clients wish and need to be in charge of their treatment within therapeutic services and lives. We see our clients from strength-based perspectives. Our key is surpassing deficiency language in search of the authentic self in everyone.

The purpose of each therapeutic action is to promote recovery. This action cannot be duplicated for every client. There are no cookie cutter recipes for each client and a book or article does not do therapy. Therapy is a live action. We believe each person has inherent strengths to find their recovery.

Collaborative Practice

All services are self-tailored to the client and their community. We try to bring in all who are part of the client's system. This could include schools, mandated operations (CPS, Probation), potential employers, social workers, caseworkers, psychiatrists, specific friends or relatives, or anyone that can support the system. It is important to know their needs and have their collaboration.

In community based work we work within the entire system. There are continuous conversations between all involved. Therefore therapist, psychiatrist, social workers, client, and community support are all team players, empowering the client to gain self-agency which engages self-responsibility in the client-led direction. This enables meaningful change to occur. In previous publications we have called this, "A Sea of Ideas" (Swim, et al., 2012).

Within CEACRM each member of the client's family or system has an assigned therapist and each client is engaged in family therapy as well. Often sessions address individual and then communal concerns and goals. Seamless conversations ensue to provide collaborative individual and family change. Therein sessions may last for hours until hope and new possibilities occur.

Connection, Collaboration, Change

Connection

We wish to create an environment where no one feels judged and instead, is allowed a conversational space where the client leads our team of therapists to what is important to talk about. Clients need the freedom to express their thoughts in an environment that respects and acknowledges their ideas for change. We talk in the client's language; we call this "Full Presence" (Swim, St. George & Wulf, 2001). Full presence reflects the genuineness and transparency between therapist and client, and does not judge but strives to understand. Full presence refers to a therapist's posture of genuinely honoring and valuing the client's and community's narratives by speaking honestly and caringly, as well as co-creating genuine trust and humility, enabling the strengths of the client to abound. When we are believed and listened to, then we can have the courage to create change within ourselves. These ideas reflect the theory of process ethics (Swim, et al., 2001).

Relational Collaboration

Relational Collaboration refers to the completely shared and egalitarian experience of defining the focus and direction of therapy and community services. Conversations are client driven. All clients have ownership in their conversations for change. Our clients are empowered to be active in how therapy can be the most proficient help for them. Clients define therapist relational collaborations as pivotal in describing their journey to change. Clients report that being told what to do by the therapist leads them to feeling deficient and hopeless. When clients feel in charge of their therapy, their inherent strength develops.

Change

Our relationships with clients create sustainable change for our clients. Change occurs through conversations that are self-tailored to the needs of the individual and their family. We do not treat clients with techniques for similar symptoms or distress. Each client is viewed as unique and a "Person" whose challenges occur within individualized and relational contexts. In such, our clients begin to see themselves through our strength-based and hopeful lenses. Clients create solutions. Sustainable change occurs when clients feel safe to talk, direct and have ownership of their therapy, and create solutions that fit them and their environment.

Methodology

Postmodern Qualitative Ethnography: Narrative Design and Collaborative Inquiry

Postmodern ethnography (Kvale, 1996) invites subjects to present their voices, uncensored by the researcher. The goal is to facilitate dialogue based on the design questions. The design questions offer an opportunity to capture the subjects' experience on what they feel is important to disclose and discourse. The goal is to access verbatim accounts through an interview. Narrative design offers an opportunity for clients' voices to be accessed and honored by what they perceived to be helpful in therapy and resolving their challenges. These techniques reflect both collaborative and recovery modalities: to access what a client wants in therapy and ways to aide in that occurrence.

Data Collection

The research participants were five clients chosen randomly from fifteen client interviews by a research assistant. Data was elicited for five case examples.

Interviews

All interview conversations were video-taped after each client signed a written consent. Each client was asked three questions and allowed the necessary time to discourse about the question. All interviews were conducted in our barn offices near the horses, similar to where therapy is conducted to aide in the naturalistic process of talking which they were used to and to provide consistency of client conversations.

Word Theme Analysis

Participants named and emphasized themes they experienced which were relevant to the research questions. After reviewing the videotapes, a research assistant pulled themes and thematic statements that were relevant to this research study. The questions presented to the clients (research subjects) were: (1) How was therapy different here than previous therapy? (2) What was helpful for you here? (3) What was perhaps not so helpful here?

The questions were designed to aid the clients in feeling relaxed and safe in conversing about the interview questions. The client participants used the questions as a springboard to talk about what is helpful in therapy. The intent was to capture what they felt proficient therapy was about for each, as well as find what we could have done differently to increase the proficiency of therapy.

Results

Client Themes

Like A Family/They Care

Client #1: "Dr. Swim and the staff were full of hope and confident that change could occur. Other therapists had less hope and referred us to a psychiatrist. Therapists here genuinely care for the client and get to know them. It's a whole different environment."

Client #2: "You guys are like a family. It's like a second home to us, and it's easier to communicate with you guys than everyone else. It's like a family but only better. I can talk about anything here. At other places I had to lie."

Client #3: "I feel like you can relate to me, and not only my daughter. You helped me see and change the way I am with my daughter and I couldn't do that before in therapy. You are always here for her if she or I need you."

Client #4: "We are treated like a family here and that we matter. If there was a crisis I knew she could come here or talk to you, she knew she could talk to you...she received the intensive care she needed. It's a peaceful ranch, not like an office, it's like a family with snacks, water, and horses...while you're getting therapy your just talking and not thinking you're getting therapy...it's great here, thank you."

Client #5: "Dr. Swim and her staff treated us like family. Dr. Swim and her staff always had a smile for us and we felt welcomed, warm, and relaxed. Dr. Swim has a lovely smile and she's warm and welcoming and treats you as a family. She's always available anytime if she (my daughter) has a problem or concern she knows she can contact her and that made her feel safe and comfortable. Any time she feels overwhelmed she can come here and feel peace. The ranch, the horses, and Dr. Swim give her a place to just think and get away from her problems. We love coming here and even for me it's very relaxing. We really feel like family with Dr. Swim."

Hope

Client #1: "NISAPI helped improve my daughter's self-esteem. With my daughter's confidence she got better grades in school and became an inspiration to the soccer team."

Client #2: "Whenever I come here and whenever I see you guys, I just get happy. You guys really listen and being here makes me feel happy and better and then I take that (feeling) with me. Finding peace transforms into my personal life."

Client #3: "I feel like you can relate to me. We are able to see her through your eyes. She has self-confidence now and goals, before she had no goals or hope. Watching the animals made my daughter so much more at peace. I don't even have the words for the change in her and me as well. It gives me hope because when I first came here I had no hope. I really didn't have it. Now I have hope and see her future. NISAPI has given me a different way of talking with my daughter...I didn't have any of that before, even when I met with previous therapists."

Client #4: "When I first came here I had no hope, I thought I was going to bury my daughter. I didn't want to come here. Although they said it was something new, I had no hope and thought she would die... Now my daughter has goals and wants to do things; she's in school, has quit trying to kill or harm herself and has a new group of friends. I feel my daughter would be dead if not for NISAPI...I saw my daughter change into a different person, before she wanted to go to the grave and now she is happy and has put this behind her."

Client #5: "She felt hope and they listened to her, she began to think she could get better. Talking here in the outdoors helped her believe and have hope. Dr. Swim helps her to get hopes. Dr. Swim has hope and my daughter believes her and has hope. I truly think I have my daughter because of her, I really do. Her medication has been cut to very little and that's because of the therapy coming here."

Non-Judgment

Client #1: "We felt comfortable and relaxed. It's a lot more open and accessible; she can let her guard down."

Client #2: "Being here makes me feel relaxed. You don't judge me here. You guys make me feel safe. I have a connection here. Before it was like everything is fine really but it was really horrible (when I was talking to my past therapist). You have to feel comfortable."

Client #3: "Here she wasn't judged or labeled...she wasn't treated like she had something wrong with her."

Client #4: "It is very peaceful here and you can open up more than an office or anywhere I have never experienced this any other way before (having therapy)...you help us put all of these things behind us, we all needed help not just the child because this affects all of us, we were treated as a family."

Client #5: "We all can talk about anything here...we can be open."

Not Feeling Like Traditional Therapy

Client #1: "The environment sets it apart from other therapy. I think this is the only way to treat children and teens."

Client #2: "I get to be open and talk about whatever I want to talk about...here I can be active and comfortable...feels like a home but better because we have you, the horses and the help we need."

Client #3: "Interacting with animals made my daughter so much more at peace. She has learned she can handle anything. NISAPI has given me a different way of talking with my daughter. I didn't have any of that before, even when we met with other therapists."

Client #4: "Were getting therapy without knowing we're getting therapy. Here it is peaceful and you can open up more than in an office."

Client #5: "We both feel at peace here and safe to talk about anything. An atmosphere that immediately puts you at peace and you're allowed to take your own time with whatever it is that your feeling and address those issues within an environment where you feel support."

Lives Change Dramatically

Client #1: "We saw change right from the first day. The anger and violence stopped after one session. NISAPI has completely built up her self-esteem. She has grown in such a short amount of time. It's unbelievable our whole family dynamics changed.

"It's a miracle. With (my daughter's) confidence she got better grades in school and became an inspiration and a leader to her soccer team."

Client #2: "Whenever I come here it makes me relaxed and helps a whole lot because I have had a lot of stress to deal with."

Client #3: "NISAPI helped me and her... It helped her focus on herself and gave her self-confidence...change here became change at home and her daily life. NISAPI helped not only my daughter but me as well...I didn't know how to talk to her and we would just get more angry at each other...we were both treated, we both mattered. I didn't think we would ever talk...I am so thankful. She's not named something but treated as a person, not that she has this or that...I don't even have the words to describe the change in her and me as well. It gives me hope, because when I first came here I had no hope, I really didn't have it...no words to describe the change in her...we both needed it...if it wasn't for NISAPI I could not see her future or her graduating...if she had a problem she could call you...when she wanted to hurt herself and she called you. She reached out to you...and she was ok and I could help her, thank you."

Client #4: "Past therapy and hospitalization made her worse. Granted she was a victim of a traumatic event no one should have to live through...I didn't know who she was and I honestly thought we would bury her...she was cutting herself and wanted to kill herself, we weren't sleeping...it was day and night after coming here. Before I came here I didn't know who my daughter was. I honestly thought we were going to bury her, but thanks to "Dr. Swim and the therapist here, it made a difference. This was the only thing that helped her and saved her life... I felt my daughter would have been dead had it not been for NISAPI."

Client: #5: Dr. Swim really cares about her patients, she listens, mostly she listens, it's a great support and that's what helps, that's why we have all changed. Also knowing we can contact her or be here anytime. It benefits my daughter and me. Having the horses and talking to different therapists helps. My daughter had seen four other therapists and was not getting better before here. She is in school, making all "A's" and has friends again."

Client Driven Approach/People Not Diagnosis

Client #1: She's treated as a person and not as a diagnosis. It's like a clean slate. No strict time limits; clients are free to leave when they feel it's time. She had to buy into therapy. Traditional therapy didn't work; I thought she may buy into therapy where the client directed therapy like it said on the web site. In the other therapy accountability didn't work or behavioral contracts, she didn't improve and in time wouldn't go to therapy. No change was occurring and our life was hell...full of anger episodes, the family was walking on egg shells and there was nowhere to turn. I read about you on the web site and change occurred the first session. We were there for two hours and I kept apologizing since the previous therapist had a timer and time was up when the timer sounded...she left the first day asking how this is therapy? This has changed all our lives. She has self-confidence and has grown in a short amount of time. She went from not going to school and failing to making a 3.67 in honors classes. Our whole family dynamics have changed... with her confidence she has better grades and this has translated to all areas of her life"

Client #2: It wasn't like your daughter is this or that... I felt I didn't have to lie to you...I could be open with you."

Client #3: NISAPI saw my daughter; she was treated as a person...not a label.

Client #4: "She was able to put behind her what happened...I have my daughter back."

Client #5: "Before coming she had four different therapists and after she left here and was with the horses she always felt good. Here they believed in her and listened to her."

Summary

Clients were asked to participate in interviews to highlight experiences at NISAPI. All clients were asked the three research questions and allowed the amount of time they desired to answer each question. A team of staff members organized the data into six thematic areas. As stated in the transcripts, clients view our facility as being different from traditional therapy because they are treated as people instead of being labeled by their diagnosis, in turn fostering hope and leading to significant, positive life changes for them and their families. Therapists treat clients with compassion and never pass judgment, ultimately leading to the empathic, family-like environment here at NISAPI.

The family atmosphere at the ranch creates an environment conducive to recovery, where clients feel safe to discuss things that previously went unspoken. Our community represents an ideal family, offering the support and understanding that has been missing from our clients' lives. With therapists always available, clients feel capable of solving problems on their own, outside of therapy. As our clients develop hope, their minds become clear and they are able to tap into their own strengths through a new found sense of confidence. When we liberate our clients from the label of their diagnosis, it frees them from the limitations with which the diagnosis is associated. They feel comfortable discussing things they were once apprehensive about sharing in past therapy sessions that were held in

an office setting. The nontraditional, open atmosphere here at the ranch allows the therapy to progress in a way that feels more natural to the client and less forced than traditional approaches. At NISAPI, clients are able to explore their lives and develop sustainable life changes.

Significant change occurred for these clients and their families. All clients stopped self-harm or acting out behaviors and are non-symptomatic in any of the symptoms reported initially. All clients were diagnosed outside of NISAPI with severe mental illness and four of the five had multiple hospitalizations, one being told she would not recover and would need life time care. All were viewed as unchangeable and resistant before treatment at NISAPI.

At NISAPI our success rate is 98%. The 2% reflects clients who drop out of therapy. Every client who enters therapy leaves healed and transformed according to their self-reports. With the use of horses and multiple staff members, NISAPI has witnessed healing and recovery in a venue that could be considered impossible, again every client reports 100% recovery from the presenting problems and symptoms. What makes our theory and therapy successful is the community of support that embraces our clients. I define this community of support as multiple therapists, four horses, and a peaceful horse ranch. The importance of community of support is represented in both collaborative therapy and recovery models (Gerhart, 2012).

Most of our clients are referred by DCFS Department of Children and Family Services or Victims of Crime. The clients and their families arrive afraid and hopeless. They have largely encountered therapy in a different manner. Upon coming to the ranch, they meet staff in jeans and boots. Therapists are met in an ordinary and not therapeutic manner. Clients are able to establish a relationship with their therapists before any conversations of why they are in need of therapy occurs. Therapist and client form relationships, we feel it's pivotal for the clients to know who their therapist are and have authentic presence with them (Swim, Helms, Plotkin & Bettye, 1998, Swim, et al., 2001). They first meet the horses who I feel give us legitimacy (Sharpe & Strong, 2015). If you can begin to have fond feelings for a horse, then you can think about trusting a therapist who owns or cares for them. We are different on purpose. Our goals are to create a safe atmosphere where conversations unfold in a natural way. Initially these conversations are filled with painful narratives as with any therapeutic endeavor. Immediately clients build trust and, out of this trust, hope occurs. These narratives of hope replace narratives of diagnosis or trauma. Soon clients develop strength – based narratives to self-solve their lives, ultimately becoming autonomous, self-sufficient, and no longer requiring therapy.

References

Anderson, H. (1997). *Conversation, language, and possibilities: A postmodern approach to therapy*. New York, NY: BasicBooks.

- Anderson, H. & Gehart, D. (2007). *Collaborative Therapy: Relationships and Conversations that Make a Difference*. New York, NY: Routledge.
- Anderson, H. (2001). Ethics and Uncertainty: Brief Unfinished Thoughts. *Journal of Systemic Therapies*, 20(4), 3-6.
- Andersen, T. (2001). Ethics before Ontology: A Few Words. *Journal of Systemic Therapies*, 20(4), 11-13.
- Gehart, D. R. (2012). The Mental Health Recovery Movement and Family Therapy, Part II: A Collaborative, Appreciative Approach for Supporting Mental Health Recovery. *Journal of Marital and Family Therapy*, 38(3), 443..
- Gergen, K. J. (2001). Relational Process for Ethical Outcomes. *Journal of Systemic Therapies*, 20(4), 7-10.
- Gergen, K. J. (1994). *Realities and relationships: Soundings in social construction*. Cambridge, MA, etc.: Harvard University Press.
- Gergen, K. J. (2001). *Social construction in context*. London: SAGE.
- Gergen, K. J. (2009). *Relational being: Beyond self and community*. Oxford: Oxford University Press.
- Gergen, K. J. (1999). *An invitation to social construction*. London: Sage.
- Kinaman, C. & Swim, S. (2007). Now I See A Person: The poetics of learning therapy-A Supervision Story. *Unpublished Manuscript*.
- Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage Publications.
- Nussen, J. (2012). *Soul recovery updated: equine assisted activities for healing by abuse from others, loss of others, and loss of self*.
- Rambo, A. H. (2013). *Family therapy review: Contrasting contemporary models*. New York, NY: Routledge.
- Sheldon, P. (2007). H. Anderson and D. Gehart (Eds.), Collaborative Therapy: Relationships and Conversations that Make a Difference. *Contemporary Family Therapy*, 29(1-2), 107-110.
- H. Sharpe, & T. Strong. (2015). *Embodied relating and transformation: Tales from equine—facilitative counseling*. New York, NY: Springer.
- Swim, S (2001). Process Ethics: *Collaborative Partnerships within Therapeutic Conversational Communities*.
- Swim, S., Priest, A., Mikawa, T. (2013). "A See of Ideas in the Reflecting Process: Reflective Techniques in Community Engagement: A Collaborative Recovery Model. In Rambo, A ., (Ed.) *Family Therapy Review: Contrasting Contemporary Models*. New York, NY: Routledge.

Swim, S., Helms, S., Plotkins, S., and Bettye. (1998). "Multiple Voices: Stories of Rebirth, Heroines, New Opportunities and Identities. *Journal of Systemic Therapies*, December 1998, Vol 17 No 4 72-8

Swim, S., S. St. George, and D. Wulff. "Process Ethics: A Collaborative Partnership." *Journal of Systemic Therapies* 20.4 (2001): 14-24.