

Potentiating Transformations: The Role of Experiences

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Understanding the Business of Helping: The Hierarchy of Offerings

- I. Commodities
- II. Products
- III. Services
- IV. Experiences
- V. Transformations

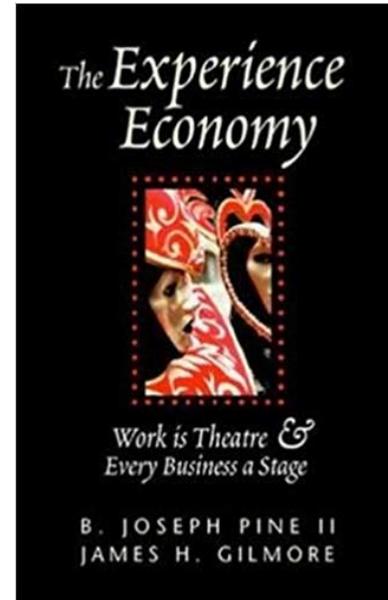


- Gilmore & Pine, 1997

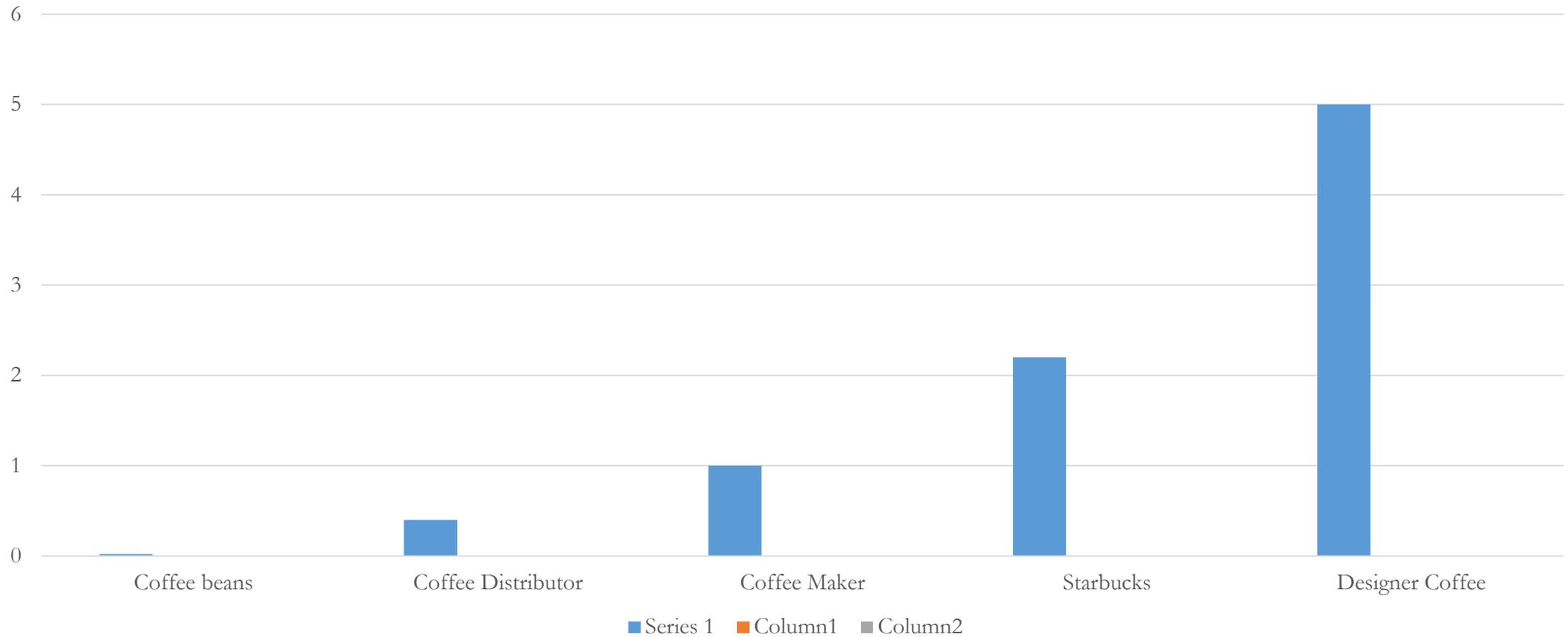
The Experience Economy

- Personalized engagement is the foundation of the experience economy
- **Mass customization** rather than mass production (not individualization)
- Experiences might be necessary to potentiate transformations
- People are willing to invest far more in experiences than in services or commodities

- Pine & Gilmore, 2010



Relative Investment in a Cup of Coffee when moving from Commodity to Service to Experience



We talk about engagement or therapeutic alliance.....

- **Engagement** is the strengths-based process through which individuals with mental health conditions form a healing connection with people that support their recovery and wellness within the context of family, culture and community. NAMI, 2018
- What is the **therapeutic alliance**? It is the trust between you and your therapist that allows you to work together effectively. It's what helps you to believe that your therapist is trustworthy and has your best interest at heart D. Cabannis, 2018
- But how do you do that? Are there magic beans?

Things happen in peoples lives...

Sometimes, these events lead someone to believe that receiving care from a mental health professional might be helpful.

Possible referral sources for adults:

- Internal recognition of value
- Family and Friends
- Other Medical Professional

Possible referral sources for children:

- Parents/Guardian
- School staff or Teacher
- Other Medical Professional

Adults recognize that care might help. Individuals with limited means must rely on public systems for support.

This is where story in the system begins...



Upon referral, a person or family must go through an initial interview process.



Sometimes this is called an 'intake,' 'discovery,' or 'welcome' process.



The Initial Interview

STEP 1

The person shares their story.

STEP 2

The interviewer listens to the story.

STEP 3

Often there are multiple story tellers. These stories can differ.

STEP 4

These multiple stories must be combined into a single narrative. The best narratives are when everyone agrees on the story.

This process is called completing the assessment

Sometimes the person doing the initial interview is also the clinician(s) providing treatment. However, often the person or family's story is then shared with the program or clinician who will provide treatment. This sharing of the story is critical so that people and families are not expected to retell their stories multiple times just to get help.

Multiple story tellers can take multiple forms

- Different people involved with the child and family
- Prior educational testing
- Prior medical history
- Prior psychological or neuropsychological testing

- All of these sources can contribute to the child and family's story



How do we manage this as an experience?

- Do not use mass production approaches of treating all new cases exactly the same.
- Do your homework so that you understand the person/family presenting as much as possible prior to meeting
- Have a mental model in your head of what you need to know and use that to guide the story—try not to actively structure the story telling by commandeering the agenda—but you need to identify common themes
- Do not be judgmental—avoid words that imply judgments—good/bad, right/wrong, and so forth to the extent possible. Be someone people want to spend time with
- Give everyone the opportunity to speak—make a clinical determination of whether it is necessary to have separate conversations.
- Treat everyone as equals from a human perspectives give respect

Combining multiple, different stories

- Child Family Team
- Present other stories to family in accurate and concrete ways giving equal respect to all perspectives. Focus on specific behaviors or examples when possible.
- Allow agreeing to disagree
- Focus on the ‘what’ not the ‘why’. Shame and stigma is in the why
- Focus on the fact that getting the story as accurate as possible is in the long term best interests of the family
- Virtual and sequential processes for consensus also possible



Assessment is not an event

- It is a process NOT an event
- Remember the fundamental corruption of the service system—assessments should not be used to ‘Justify Service Receipt’
- Any form of helping requires constant assessment
- Therefore the very nature of helping is understanding. Understanding is often call assessment
- Try not to make a family retell their story every time they meet someone new AND they of course should not have to repeat their story each time a re-assessment is done.
- Therefore you need a efficient means of recording and communicating the youth and family’s story

Throughout treatment, the story of the youth and family continues to unfold.



Stories are dynamic and will change over time. In some cases, the individual or family may not have shared their full story with the helpers in the system. Or, with help people's lives improve, which also changes their story.

The end of care should be...

..marked by a review of any progress



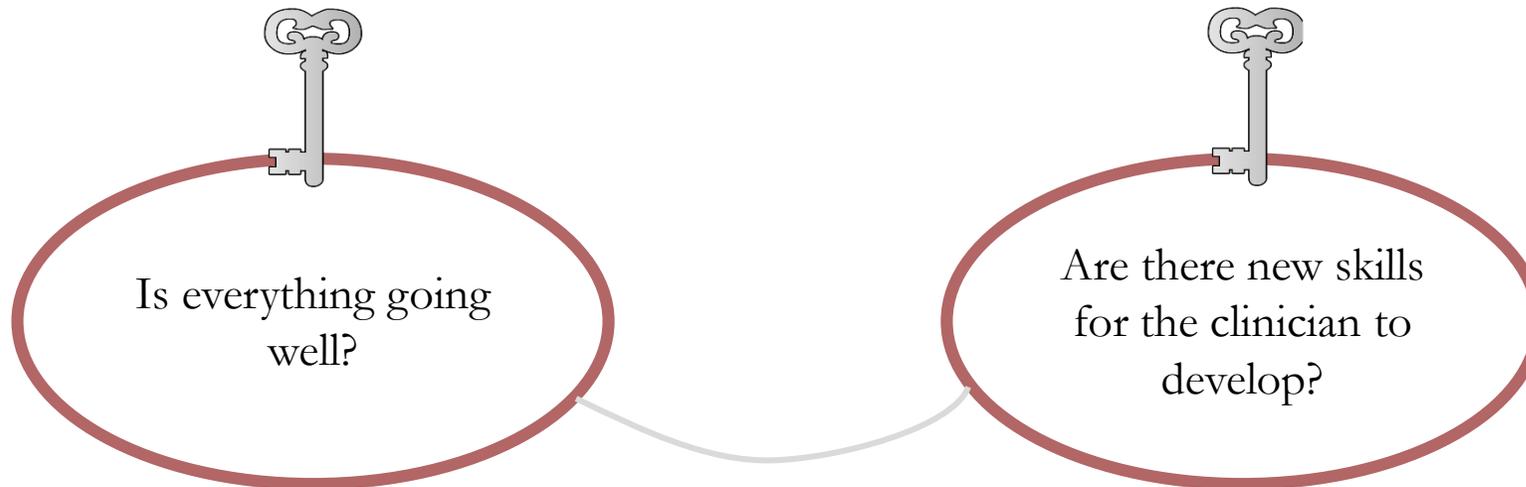
- Celebrate the changes made
- Develop a plan to address any ongoing needs
- Record the impact of the investment in treatment
- Set the stage for communicating the story should the person need to return

Assessment is not an event

- It is a process NOT an event
- Feedback is critical to creating an experience for both helpers and the helped.
- Any form of helping requires constant assessment—this constant assessment is the source of meaningful feedback.
- Therefore the very nature of helping is understanding. Understanding is often call assessment
- Celebrate successes and collaboratively invite challenges when things are not going in a positive direction.
- Always think in terms of mass customization.

The Helper's experience is also important

There are always 2 key questions throughout treatment



These questions should be answered based on the changes to the stories of the people that the clinician serves.

Over the course of treatment, a supervisor is able to help

Supervisors should track the status of all cases on a supervisee's caseload and provide input when they are stuck or struggling and praise when they are successful.

Supervision should be trying to create transformational opportunities for supervisees

In our service system, supervision has devolved into a compliance activity

Program managers

- Program managers must also seek transformational change.
- Should base program policy on understanding the stories of the people served in the program
- Staff training needs should be based on understanding which common themes the program staff struggle with addressing effectively
- Program entry and exit should be designed to optimize the impact of the program
- Program components should be designed based on the common themes of the stories of youth and family's served.

System Administrators

- Just like the people we serve, system administrators should be seeking transformational change.
- The goal should not be the creation of systems OF care, the goal should be systems THAT care
- No one cares about things they don't know about
- System administrators need to know the stories of the youth and families served just like direct care staff
- This requires a rapid and efficient means of communicating people's stories to the system level