

Allegheny County Coalition for Recovery, Collaborative for Recovery Dialogues
And
Center for Public Service Psychiatry of Western Psychiatric Institute & Clinic
Webster Hall, Pittsburgh, PA
December 1, 2016

In attendance were 11: 4 persons in recovery, 6 Residents and 1 Fellow in public psychiatry

Facilitators: Wesley Sowers and Charlene Saner

Summary writer: Margaret Park

Introductions and ideas for discussion

First theme: The frequent changes that are usual to the public service system and how that impacts the relationship for both doctors and patients

Persons in recovery: It takes a long time to get to know a therapist and open up then they move along. It is disappointing. Another said it was good for her to be in a single system because no matter how often the providers had to move the next one could follow along with her. Another said she had been in three different studies but she was lucky because each time it was the same doctor. Yeah, said another, it takes a while to break them in! My insurance stopped the first week I saw a therapist. Now it is just med checks. Another added he would rather see a psychiatrist than a therapist because the psychiatrists can get into more insight. Patients complained that they didn't want their meds changed ... again!

Question: What is it like for the doctors?

"People have told me that they were tired of having a new doctor every year." "I don't like saying goodbye—I'm just getting to know them. I end up feeling guilty. I know I shouldn't but I do." Another said, "It was helpful to have the old doctor introduce to the patient."

Question: How does it affect the relationship?

Persons in recovery: "Yes, saying goodbye is like a piece of you is gone. You have to get to know their personalities. It's discouraging starting over starting over."

Question: What is the impact on the relationship?

Fellow: "I wonder how they are doing. I miss them! I feel guilty and have feelings of uncertainty about how they are doing."

Resident: "'Recovery and wellness' are missing because you don't see them getting better."

Person in recovery: "I wonder if she [the doctor] left because I let out too much of myself. So I feel guilty."

Fellow: "I have similar guilt feelings. I'm hoping the next fellow will provide good care." Another said, "I'm afraid the next fellow will think I'm not as good as they are because the patient didn't get totally better".

Question: What do people want from the relationship their doctors or patients?

Persons in recovery: "I want longevity—till I'm OK." Another said, "I go with a private practice. That makes a huge difference". "For me (public psychiatry recipient) it's just a matter of developing a relationship with whomever accepts your insurance. It's like finding a spouse." Another said, "I want progress from the relationship". "I want some motivation to not isolate." "I want trust—it's give and take. I want them to hear me. They need to hear me. I want them to hear me."

What happens when the relationship stops working?

Persons in recovery: "I had one who was arrogant and controlling. She didn't help me. She knocked me down." "There is a power struggle."

What happens when there is discomfort on either side in the relationship?

Residents: "We've all had difficult relationships." It's best if you're both working on a common goal." Sometimes it's outside issues—like extreme tardiness." "It's best if the relationship is developed right off the bat."

What happens when there are power struggles?

Persons in recovery: "You have to have the power to commit-- the power to control with meds and the courts. Clients have power by cooperating or not." "I have the power when I say I need a new doctor—that works."

Question: What makes for mistrust in the relationship?

Persons in recovery: "I kept asking questions about changes in my physical health when I was in a study for meds. I didn't get answers. As soon as I left the study I discovered I had kidney disease. The doctor seemed frazzled and got irritated with me." Another said, "The group he put me in was a bad fit. I was a Tigger in a room full of Eyores." "I didn't like the way he received my questions." "He took me off all my meds in one appointment and put me on all new ones!" "I didn't trust the one who kept telling me how I was feeling—he kept disagreeing with me on how I was feeling!"

Residents/fellow: "There are gray areas—I want to do well. Each person is different." It is frustrating when you can't hear what they are saying. I want honesty—tell me if you stop taking meds."

Question: How do doctors handle "home remedies" or alternatives such as marijuana for pain management? How would those alternatives effect the relationship?

Residents/fellow: "I want to know so I can address my concerns. They have heard it before. But it may affect my prescribing." "Honesty is important. It makes me nervous."

Why would we not be honest with each other?

Persons in recovery: "I don't think I've ever been lied to." "I don't want to be honest because I'm afraid to have the meds they want to force on me." "They may involve the courts."

Residents: "There is a chance they will judge me." "There is a temptation—a fear of the patient's response—like you'd call CYF. But you don't want to upset them."

Question: Do we hold back information to get what we want—the response we want from the other?

Person in recovery: "I told them about previous drug use and now I can't get pain management. I'd rather have the doctors prescribe prescriptions instead of going to the street."

Residents/Fellow: "You don't want to taint the relationship—I think about them going forward after you have finished your rotation. You want them to stay in the mental health field to get the help they need." "When I do what is best for the patient they might disagree and it's a clash."

What is the good or bad in the relationship?

Persons in recovery/residents/fellow:

Good is when you compromise or make a referral if you can't be comfortable.

Question: Is there an ethical line for the doctors to take?

Resident: "You might refer then to a specialist."

Question: What do we do when the doctor or the patient is actually offensive?

No responses.

Question: How do we collaborate or cooperate to plan for treatment and other services? Who is in control?

Resident: "That presumes the patient is rational."

Person in recovery: "Why are my choices so wrong you don't want to hear it?"

Resident: "How would you want your doctor to say it (referring to collaborating on a treatment plan)?" "It depends on the doctor's comfort level. If I don't have experience with it (substance use), I won't treat it."

Question: How do we draw boundary lines? Is the doctor/patient relationship one of equals?

Person in recovery: "Don't talk down— to me." "Don't be condescending."

Question: Should we be "friends"?

Full consensus: "No!" "No!" "No!" "No!"

Person in recovery: "I've had the same therapist for 30 years—I have no idea about her husband or if she has children."

Question: Should the doctors share things from their personal lives?

Person in recovery: "Yes" "Every therapist should have a therapist."

Do some of the thoughts on that come from stigma?

Persons in recovery: "Yes" "No" "It should be up to the consumer." "R.D. Lang said there should be no boundaries. He said mental illness is not a disease; it is a symptom of a sick society."

Resident/Fellow: "I wouldn't want to taint the relationship with confusion over boundaries within the relationship."

The facilitators thanked everyone for coming and participating.

