An innovative model for working with people in crisis with an approach that ultimately seeks to help individuals feel heard, respected and validated.

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A Needs-Adapted Treatment that serves as a new model that will ENGAGE patients as PARTNERS in decision-making and treatment planning, in an OPEN and TRANSPARENT manner, tailored to the needs of the patient.

Has 2 basic features of interaction:
- Participants feel heard and responded to.
- Uncertainty is tolerated by holding ideas “lightly”.

OPEN DIALOGUE PRINCIPLES
- Principles AB2 has incorporated into our daily inpatient rounds:
  - Physical environment: “Sitting around a kitchen table.”
  - Many VOICES (Patient, doctor, nurse, social worker) and point of views contribute and are EQUAL.
  - Use of Recovery-Oriented Language. Emphasize the patient’s story without jargon and judgment.
  - Transparency, engaging in open discussion, reflection and planning in the patient’s presence.

“NOTHING ABOUT THE PATIENT WITHOUT THE PATIENT.”

PATIENT FEEDBACK
- “I liked feeling included in the plan. I felt heard and my opinion mattered.”
- “Sometimes it was hard to sit and listen and not interrupt, but at the end I could give my thoughts and it was heard.”
- “I appreciate that the treatment is tailored to meet the patient where they are at.”
- “It was nice to hear the thoughts behind the plans and it was good to hear everyone’s input.”
- “It gave me insight into my behavior, hearing how I act and how people see me. It made me realize how my illness does not just effect me.”

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PATIENT-CENTERED LANGUAGE
SUPPORTS recovery, FOSTERS equality, REMOVES jargon, and ALLEVIATES stigma.

Instead of:
The patient continues to be delusional.
The patient is refusing all meds.
He is Schizophrenic.

Say:
The patient fears the government is targeting him.
The patient is declining to take meds.
He is living with Schizophrenia.

Model for Patient-Centered Rounds

Description:
- The “kitchen table” setting facilitates a more relaxed and equal setting.
- The traditional patient interview occurs between the patient and psychiatrist.
- Nurse openly gives report in patient presence and the team then discusses their observations, feelings, and reflections, in response to the listening phase, in a transparent manner. Options in planning treatment, medications, and discharge plans are put out as ideas and are open for discussion. This interaction is not directed to patient, rather about the patient.
- Patient reflection is last in rounds. Here, the patient becomes part of the decision-making rather than feeling like the decision has been made already.