Emotional CPR (eCPR): A Tool for Systems Transformation

June 4, 2014

Email: info@emotional-cpr.org
Web: www.emotional-cpr.org
Phone: 877-246-9068
Presenters

Lauren Spiro  
MA

Reid Smithdeal  
MSW, LCSW

Daniel Fisher  
MD, PhD
Agenda

• Brief overview of eCPR
• Impact and ripple effect eCPR has at different levels:
  o Individual
  o Group
  o System / Organization / Community
• Dialogue—Transformative Communication
Individual Human Disconnection Effects Groups and Organizations

- I experienced such a profound lack of safety as a young person—it led me to cling to anyone who offered safety and anything that could numb the pain.
- I built a protective fortress around me and increasingly became stuck in a monologue, unaware.
- The lens became very tinted:
  - Disconnection/isolation
  - Powerlessness/victim mentality
  - Going through the motions of life, experiencing a lack of vitality
- No one seemed to know how to engage me in dialogue.
- Many similar stories. I did what was needed to survive.
eCPR: Connecting as a way to Communicate

C – Connection
P – emPowerment
R – Revitalization

• It started with connection, caring, and compassion and learning that I mattered and people saw me.
• Feeling seen, heard, and part of the world reminded me that I had agency. I could make good decisions and feel passionate and know I was empowered.
• Coming to understanding the impact of these decisions (effective behavior and ineffective behavior) and more genuinely embodying my role, relationships, and routines, learning to be engaged in life (rather than a bystander/victim) allowed me to feel revitalized.
eCPR: Connecting, emPowering, Revitalizing

What is eCPR?

A public health education and health promotion program that prepares members of the public to assist a person who is experiencing emotional distress or emotional crisis.

It is not a linear process but rather a process of opening the heart, navigating relationships while cleaning the lens, and moving towards dynamic mutual understanding.
## Comparing the eCPR Approach vs. Conventional Approach

<table>
<thead>
<tr>
<th></th>
<th>eCPR Approach</th>
<th>Conventional Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expressing emotions</strong></td>
<td>Show emotional response but stay focused on the person needing assistance</td>
<td>Try to maintain objectivity and suppress feelings</td>
</tr>
<tr>
<td><strong>Use of power</strong></td>
<td>Power with—we can figure this out together</td>
<td>Power over—I am going to fix you</td>
</tr>
<tr>
<td><strong>Sharing lived experiences</strong></td>
<td>Share as a means of connecting with and empowering other person</td>
<td>Keep your experience to yourself—don’t share</td>
</tr>
<tr>
<td><strong>Belief</strong></td>
<td>Holistic belief that the person is resourceful, has a good mind, and can figure it out</td>
<td>Belief that person is broken and cannot figure out what to do without professional help</td>
</tr>
</tbody>
</table>
## Comparing the eCPR Approach vs. Conventional Approach

<table>
<thead>
<tr>
<th></th>
<th>eCPR Approach</th>
<th>Conventional Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of labeling and</td>
<td>Avoided because it can diminish human connection</td>
<td>Typically used, following Diagnostic and Statistical Manual (DSM) or International</td>
</tr>
<tr>
<td>categories</td>
<td></td>
<td>Classification of Diseases (ICD) criteria</td>
</tr>
<tr>
<td>Training</td>
<td>Community focused: wisdom from life experience,</td>
<td>Expert focused: professional or pathology model training</td>
</tr>
<tr>
<td></td>
<td>eCPR training, and other trainings, such as</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intentional Peer Support</td>
<td></td>
</tr>
<tr>
<td>Accessibility</td>
<td>Inclusive, sensitive, culturally empathetic,</td>
<td>Structured, ethnocentric, institutional</td>
</tr>
<tr>
<td></td>
<td>individualized</td>
<td></td>
</tr>
</tbody>
</table>
eCPR is also a Primary Prevention Healthcare Approach

eCPR began as a way to share what we (experts in the lived experience of mental health recovery) learned about how to support anyone through an emotional crisis.

When eCPR is used as a way of life—a primary prevention approach—then we can often avoid the unnecessary and costly use of human resources.

We understand the ripple effect: Individuals impact groups, groups impact systems transformation.

Ultimately eCPR is a way to build cooperative relationships built on mutual understanding, which then contributes to inclusive systems and communities.
My Story
eCPR as a Way of Being

Man Cannot be one thing in one area of his life and another thing in another area of his life.

—Mahatma Gandhi
eCPR as a Way of Being in Relationship

The only reason to be on this earth is to be in relationship...

The only reason to be in relationship is to heal.
If you’ve come here to help me, you’re wasting your time.

But if you’ve come because your liberation is bound up with mine, then let us work together.

— Lilla Watson
Recovery Dialogues: Applying eCPR for Organizational Transformation

a) For systems transformation: maintenance to recovery

b) Based on eCPR and the six principles of dialogue
Building a Recovery and Wellness Community through Dialogue

Purpose
The providers, families, and the persons with lived experience of severe emotional distress enter into a new dialogue, by growing beyond the “monologues” and limited roles they have assumed within the mental health system.
Six Features of Dialogue

1. Using your authentic Voice
Before speaking, take a moment to take a deep breath and bring your awareness to your heart, your vital center. This is where you will find your deepest truth and your most authentic voice. This is “our deepest Voice, which most closely expresses who we are at that moment.”
Six Features of Dialogue (continued)

2. Listening together
Be willing to enter a neutral place where you suspend preconceived notions about the other participants, where you release any agenda or resistance. See if you can listen with your heart as well as your ears. See if you can be curious about the person who is speaking. What is being said beneath the words? What meaning is the person trying to convey?
Six Features of Dialogue (continued)

3(a). Respecting persons as whole beings
To be able to see a person as a whole being, we must learn respect. To respect someone is to look for the springs that feed the pool of their experience from their vital center. We look again at them, and in this second look can let us take in more fully a living being. When we respect someone, we accept that they have things to teach us.
3(b). Respecting and embracing differences
Respect the polarizations that may arise without making any effort to ‘fix’ them. It is useful to hold an attitude of curiosity; to look for value in thoughts and behaviors different from our own.
Six Features of Dialogue (continued)

4. Suspending our belief
• When we listen to someone speak, we can choose to defend our view, thereby resisting theirs (i.e. debate).
• Or, we display our thinking in a way that lets us and others see it and understand it, without needing to convince others or lose our Voice.
• We neither suppress what we think nor advocate it with unilateral conviction.
Six Features of Dialogue (continued)

5. Dialogue is heart-to-heart
• Allow yourself to feel another person’s emotions and their experience. Then show your own feelings, thereby encouraging an emotional dialogue.
• This flow of emotions unblocks thoughts that trap us in monologue, opening a holistic dialogue of mind, body, and spirit.
Six Features of Dialogue (continued)

6. Equality and the absence of coercive influences
Though each person has a different status or position in society outside of the dialogue, within the dialogue, it is vital that each person sees that everyone has something to offer. In one-to-one assistance, the supporter can shed symbols of power or rank such as a coat and tie. In a group, sitting in a circle further reinforces equality.

I believe that xxyyxx I believe that ooxxoo

Recovery Dialogue

Use your Authentic Voice

Enter a Neutral Place

Heart to Heart

Respect Differences

Suspend your Beliefs

Equality: Leave Your Hat At the Door
For more information contact us:

Daniel Fisher
daniefisher@gmail.com
Cell 617-504-0832

Reid Smithdeal
reid.smithdeal@MeridianBHS.org
Office 828-631-3973

Lauren Spiro
laurenspiro1@gmail.com
Cell 703-862-6512
Resources

Emotional CPR, [www.emotional-cpr.org](http://www.emotional-cpr.org)


Presenters

Daniel B. Fisher, MD, PhD
Dan’s life’s purpose comes from his lived experience of recovery from schizophrenia, which inspired him to dedicate himself to helping others find their voice and recover. He earned an MD and completed his residency in psychiatry at Harvard Medical School and has practiced as a board-certified community psychiatrist for 30 years. In 1992, he co-founded the federally-funded National Empowerment Center and serves as its executive director. He was a commissioner on the President’s New Freedom Commission on Mental Health, 2002-03.

W. Reid Smithdeal, MSW, LCSW
Reid is the Recovery Services Manager for Meridian Behavioral Health Services, where he coordinates clinical services and serves on the Leadership Team providing oversight and support to a number of programs. He believes that services should be focused on “human need” rather than medical necessity and that “the system” often gets in the way of people recovering. These beliefs guide his advocacy efforts around systematic change. Reid Smithdeal received an AAS in Human Services Technology from Central Piedmont Community College in 2001; BSW from Appalachian State University in 2004; and MSW from The University of North Carolina at Chapel Hill in 2007.

Lauren Spiro, MA
Fueled by a vision of an America where every individual is respected and included as a valued member of the community, Lauren focuses her work on developing our capacity for compassion, appreciating the vast creativity of the human mind, and building pathways so everyone may come home. A schizophrenia survivor, she is the associate director of National Coalition for Mental Health Recovery and has an MA in clinical/community psychology. Her memoir, Living for Two: A Daughter’s Journey From Grief and Madness to Forgiveness and Peace was just published. For more information see www.Laurenspiro.com.