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SHAREVISION: INNOVATION FOR COMMUNITY HEALING

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David Haddad: Ellen Landis, welcome.

Ellen Landis: Thank you David.

David Haddad: To begin, if you wouldn't mind introducing yourself, tell us about your background and training.

Ellen Landis: Sure, I am the offspring of two activist parents, both involved in community action work at a lot of levels, as thinkers and doers. I earned degrees in dance, dance therapy, and eventually, a PhD in expressive arts therapies. I'm a Licensed Marriage and Family Therapist. My doctoral research and much of my work is geared towards the decrease and prevention of secondary trauma. I have been focused on supporting people in high capacity roles in organizations and peer groups for years. I like helping people who like to help people. Over the years, my professional development has included mediation, EMDR and brainspotting training. I was the clinical director of domestic violence and sexual assault programs for a couple of counties based in Springfield Massachusetts. I co-founded a counseling and consulting organization called Sharevision with my wife Lisa Thompson, Richard Baldwin and in collaboration with Lynn Hoffman. How is that for a start?

David Haddad: Yes, this is a great start. I just have to say for the people who may be reading this that you and I also worked together and go back many years ago. Most recently you have been working on a new project, Building a Resilient Essential Workforce, through your consulting organization, Sharevision. Could you tell us: what led to the origin of this idea?

Ellen Landis: Great years working with you, back when People's Bridge Action (PBA) merged with North Central Human Services. So, the Building a Resilient Essential Workforce project is a project that emerged from a desire to address the mental health issues brought on by the pandemic. As the pandemic began, I was ready to volunteer. I called our local medical reserve

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corps which I was a member of years ago. This group gets called to serve when there is a local emergency or planned healthcare initiative.

I asked about their mental health response to the pandemic. There was nothing. The director, Lauren Davine, recognized the need and asked other medical reserve corps directors around the state if something already existed because we didn't want to reinvent the wheel if something was available. She couldn't find anything. Ultimately, I was connected with a local lead public health nurse, Jennifer Meyer, who was interested in seeking support for herself and her team due to the enormous stress they were facing as a result of the pandemic.The public health nurses had unending work hours, along with the challenge of parenting and the anger and fear of residents directed at them. I'm still volunteering with this group nearly two years later, [It's been under the leadership of a young and talented RN, Vivian Franklin for about a year and a half now.] Meyer also knew the school nurses were dealing with many of the same staggering issues; including working endless overtime hours. I was then connected with the city's lead school nurse Lisa Saffron. I've also been meeting with this group over multiple school years. Meanwhile, I continued to wonder about the statewide mental health response to the pandemic. I reached out to my local state senator's office. They also knew of no statewide program to address the mental health crisis. They connected me to someone working at Center for Health Information Analysis (CHIA) and the state's COVID Command Control Center. Through a series of interviews I became connected with another government office that's in charge, or has an umbrella role, in statewide analysis of healthcare research, data and programming all to improve patient safety.

David Haddad: So what is the name of this agency?

Ellen Landis: It's called the Betsy Lehman Center (BLC) for Patient Safety

David Haddad: Can you say something about your work with them?

Ellen Landis: Yes. Initially I learned the peer support programs they had been running in hospitals for doctors and nurses were shut down when the pandemic hit. They were closed out of hospitals just like the rest of us, no visitors allowed. Their peer support programs aim to care for providers as well as improving medical outcomes and bringing down rates of medical error.

David Haddad: So, initially the Lehman Center focused on medical providers versus mental health providers. So, would you say that your conversation was an attempt at expanding this to include behavioral healthcare?

Ellen Landis: When I met folks at BLC the focus was on COVID-19 frontline healthcare personnel and that included administrators. (They have many other initiatives as well.) I definitely talked about expanding the program based on the needs of everyone working in the hospitals and congregate care facilities. I think about the cleaning staff, PCAs and people who work in our morgues.

David Haddad: Okay, were these paid staff or volunteers like you?

Ellen Landis: Both. The amazing group was made up of Betsy Lehman staff and department heads working at other state agencies, the big Boston hospitals, McClean Hospital, Harvard (besides me, I serve as a private practitioner and another who recently retired from one of the big

David Haddad: Was the pilot something you developed, or was it a collaboration between the volunteer group?

Ellen Landis: It was a collaboration. I was part of this small group who took on the task of developing a model, handbook and facilitating a pilot group. I ran the first pilot study. There weren't as many pilot groups as we had hoped, since it was hard to get participants in the beginning.

David Haddad: What was that like for you?

Ellen Landis: It was challenging, and hard to believe the program might be dropped, especially knowing we could all see it was valuable for the participants. I felt the spirit of my parents, Lynn Hoffman, Dick Baldwin, Julia Byers and countless others who embody the idea that you don't just see a need and then walk away, you keep trying to do something. We all know there's an enormous need. Yes, I was vocal about continuing, at the very least, to offer another pilot group and pushing to build up the Betsy Lehman website, so people could find next step information on support groups. My local state senator, Joanne Comerford is the Chair of the Massachusetts Joint Committee on Public Health and also became the Chair of the Joint Committee on COVID-19, Emergency Preparedness and Management. She wanted written information on the program for Command Control on the state's progress, to pass the positive news, even though we had completed just one online group.

David Haddad: Very grassroots.

Ellen Landis: Yes, I was passing the state legislator's office emails requesting information to the Betsy Lehman Center to write it up, but they were so busy and for reasons unknown to me, they didn't get to it. I wrote up everything from my notes and I just kept passing on my brief reports including quotes from participants to the Betsy Lehman Center. I was hoping those documents might make it easy for them to respond to the Senator's requests for an executive summary. Then in June of 2021 the senator's office asked me to write up the program on an expanded scale. I turned dozens of pages of notes into a 4 page document. Turns out, there was an interest. Suddenly I found myself engaged in the legislative process trying to advocate, secure sponsors and cosponsors to fund an online peer support initiative for essential workers across the state.

David Haddad: So, shifting from volunteering on a committee to being engaged in a legislative process seems like quite the shift.

Ellen Landis: The shift was a big surprise to me, but ultimately very uplifting. I think our skills as counselors and listeners has something to do with the progress of this initiative. I asked questions, especially of past and present legislative aides and found their knowledge and skills really powerful. The gap between the needs of essential workers and programing is obvious. We know essential workers are very busy. We're talking about a population who makes everything from the lowest, minimum wage with no benefits to people who make high salaries in the medical field. Not everyone can afford to attend this sort of group even if it's free. With Building a Resilient Essential Workforce (BREW) we want to pay facilitators and participants. Many people need money to go towards a phone card or a babysitter. BREW support groups were not designed to happen during your professional shift.

David Haddad: So, there was a cost for the healthcare workers at the lowest end of the salary scales, and the funding was to help offset any financial obstacle that would prevent them from attending.

Ellen Landis: Yes, exactly, and because inviting people into non-work hours for professional development requires honoring their contributions and sacrifices. Money for policy and health research, increasing mental health emergency resilience preparedness and more are in the proposal. In the report I wrote for Senator Comerford the diagram outlining the flow, ultimately became the background for the Massachusetts American Rescue Plan Act Amendments, Building a Resilient Essential Workforce legislation. We partnered with the Global Resilience Institute out of Northeastern and DeeDee's Cry, an organization addressing mental health awareness among communities of color. We secured 16 House co-sponsors, and 25% of the state Senate co-sponsored the amendments. While we didn't get funded in this round, it definitely stirred proof of concept. We're being encouraged to not give up.

David Haddad: Wow, that's a great story for a first time grassroot lobbyists.

Ellen Landis: I prefer Activist and yes, while we didn't get funding, I'm so relieved to report that the Betsy Lehman Center got on board and went for ARPA (American Rescue Plan Act) funding to continue online peer support groups and that amendment did get funded.

David Haddad: Does this include behavioral health practitioners?

Ellen Landis: I think no, it does not. I believe this new funding is for medical staff in hospitals and nursing homes.

David Haddad: Behavioral health workers are in a whole range of places, hospitals, residential workers, home-based therapist, emergency services. So, this latest amendment can serve as a model for behavioral health.

Ellen Landis: I wholeheartedly agree.

David Haddad: So maybe that's a good segue to Sharevision, which was the basis for your support groups. Could you talk about the history of Sharevision and what makes it Sharevision?

Ellen Landis: Sharevision was developed by Lisa Thompson when she was a social work grad student, with Lynn Hoffman, legendary social worker and family therapist, Richard Baldwin, and the Family Services Outreach Team while working in Athol, Massachusetts, doing outreach family therapy beginning in 1987. The team was facing clients experiencing intergenerational domestic violence, child sexual abuse, substance abuse and poverty. There were no specialists working with this confluence of expertise at that time. Lynn Hoffman was consulting with the team in Athol. She incorporated ideas she had learned in Norway from Tom Anderson and his work with reflecting teams and his approach of participating rather than observing. Lynn led our team into an adaptation of supervision we call Sharevision. She switched the focus from herself as the supervisor and began the practice, during meetings, hearing from everyone rather than the one supervisor as cases were presented. So instead of the family therapist asking the supervisor how to handle a case, Lynn Hoffman said, "There's a lot of expertise in the room, let's hear from everyone. Let's hear from as many people as there are in the room about how to address the

situation."

David Haddad: Yes, like the reflecting team, the individual asking for support or supervision, listens and takes what they feel is most helpful for them. I thought some of this process would be too constrained by the emphasis on time, and perhaps feel that the process would not be very productive, but as I recall observing and participating in Sharevision, the process was very productive. I recall a group of women you all were working with who had a common involvement with DCF because of domestic violence. In the course of this Sharevision support group, these women went from being recipients of service, to experts providing consultation to the district attorney's office, the police and DCF.

Ellen Landis: Yes, that's true, Catherine Taylor, led this program. Back in the 1980's and 90's. Lynn was determined to shift our group supervision dynamic from power over to power with. Later in our research we discussed and coined the phrase "communal inventiveness" to describe Sharevision. Lynn said Sharevision "removes toxicity from group meetings." Instead of a facilitator being in charge deciding who speaks when, for how long and interprets what others are saying, and coalesces themes for the group, in Sharevision the focus is on each person's contribution and the variety of ideas that emerge. So, yes, while Sharevision often has a facilitator (mostly serving as a time-keeper), the facilitator role can rotate so everyone in the group develops their leadership skills.

David Haddad: Yes, so in this example members of the Sharevision group, entered as victims of violence, and became expert consultants to DCF, the District Attorney's office and police. Such a wonderful example of how participants in this process can reclaim the narrative that defines them.

Ellen Landis: It is. We have found that the quality of experience is so generative that people gain momentum with topics they bring up, from what we learn listening to others and with new perspectives and appreciation for those in the group. For example, while in groups with frontline nurses when PPE was extremely scarce, and some hospital regulations didn't make sense to these nurses, they shared alternative ideas with each other. Participants encouraged each other, saying things like, 'I spoke to my supervisor, HR, or union, about it' or 'I've never done anything like this, but I'm thinking about speaking with my hospital administrator or supervisor,' and people did. You know, they felt better having spoken up in order to help out, and some had better results with workplace concerns. With Sharevision we don't tell people what to do, or give advice. Instead, we share experience with "I" statements like, "I tried, I found, I felt, I dream, or my grandmother says."

David Haddad: So, they were empowered by the conversation and ideas generated by the group.

Ellen Landis: I think so. Lynn and Lisa described it as "transformative exchange." There're benefits in having the chance to collaboratively reflect with colleagues who understand the work/life challenges and to exploring larger issues rather than leaving it at group venting. It builds incentive. That's very much what we're seeing now and we've seen it over and over again.

David Haddad: Can you say more about one experience that stands out?

Ellen Landis: After the Sandy Hook Elementary School massacre, I was brought in to work with the local NPR affiliate station. They were some of the first people to arrive at the school. We used Sharevision to debrief journalists and folks on the production team. They found the structure supportive as they connected in new ways with people they had worked with for years. We have come to realize it's a format for collaborative inquiry. It's easily adaptable for professional development and learning groups in many settings including schools, colleges, community, non-profit organizations, business groups. And given that it emerged from a home-based, trauma informed family therapy team in Athol, Massachusetts it speaks volumes to the power of innovation—which is exactly what I think we need given these unprecedented times.

David Haddad: You mentioned there was a structure, could you take us through a Sharevision process. What does that structure look like?

Ellen Landis: Great, these are fast paced meetings. We use a little bit of time to do a great deal. The process always begins by taking a moment for quiet, to breathe, to center, to just put the brakes on from all you've been doing, and prepare for the meeting you're now in. This is followed by a brief check in, maybe a minute to hear from each participant, something you want others to know about you. As we were developing this years ago, we included a check-in because we were making up what our colleagues were thinking and feeling based on our read of their facial expressions, body language and tone of voice. One might think another is mad at you and then react based on this imagined situation. The check-in gives participants a venue to lead the narrative about them. So, for instance we found out that a quality or tone was related to being up all night with a sick child or struggling with car trouble. Then, when using Sharevision as a support or consultation group, regardless of the number of people in the room, you divide up the time equally, so each person might just have five or ten minutes to describe a situation, ask a question and hear a response from other participants. Then the person who posed the question gets the last word. We can focus on listening rather than competitive speech where you're trying to figure out when to jump in to get a word in.

David Haddad: I see the relationship of the reflecting team here, posing the question and then listening to the wisdom of the group. Yet, ultimately, the person who asked the question decides what is useful to them.

Ellen Landis: Yes, this is not dialogue as usual, rather it is the sharing and gathering of multiple ideas and experiences. Sometimes an unusual or surprising response sparks a valuable direction or new focus.

David Haddad: Yes, here the speaker leaves the process with whatever ideas speaks to them, rather than a top-down expert-based model. So, the Sharevision process is an hour, what happens next?

Ellen Landis: The amount of time for the group is flexible. Meetings can happen in less than an hour, for an hour or go for a full day. If there is a smaller group, then participants can take longer or hear from everybody a second time. My experience has been that participants are motivated to keep to the time plan because the last person in the room has a topic or question; and the group is responsible and interested in everyone being heard. During the pandemic before closing I've started to ask people to think about self-care, inviting them to write down what they might do for themselves over the coming days. Often we end the meeting asking participants to name a take-

away from the group. This way we hear different viewpoints of the meeting. Also, we encourage people to talk outside the meeting. You can picture our team of family therapists having follow up ideas and information for each other.

David Haddad: As I was listening to how you describe Sharevision, I was thinking about applications to traditional supervision.

Ellen Landis: Yes, that's how it began. People with a lot of experience and interns meeting together and in a flattened hierarchy, asking questions and listening to a variety of responses. It's an alternative to supervision and not intended to replace it. It's a way to circulate and cultivate the wisdom in the room. It can be used for team building, with boards of directors, within behavioral healthcare, or support groups. In higher education, it's a great way to talk about ethics and standards in clinical practice, reading material and internships. Sharevision can be used in many different contexts, as the structure allows participants to put anything on the agenda, even conflict. It's a structure that can be applied as needed.

David Haddad: Yes. I like that, it's an alternative to Robert's Rules of Order, that are often used in public meeting spaces, and is much more intentional, where participants share the responsibility for what happens, rather than one person holding that responsibility.

Ellen Landis: I have wondered about that. For instance, could a town or city use it for committee work?

David Haddad: So, what's your vision for Sharevision?

Ellen Landis: First, we're working towards supporting people who have been most impacted by the pandemic. This includes offering more people of color the resource as participants, facilitators and trainers. I'd like to see training material developed by a diverse group. It would be great to have free, simple, fun, creative videos that demonstrate the format, and guidelines which include values of equity for leadership and participation. I picture all this on a website with people introducing new ways Sharevision is being used as well as adaptations to the process that suit different communities or situations. I envision this online hub as a public health resource. Right now, there are not enough free and accessible resources for the public on mental/behavioral health supports.

David Haddad: So true, and the pressure is enormous. So, Sharevision is a form of collaborative inquiry that can assist groups in taking care of members, whether they are clinicians, nursing, staff, teachers etc.

Ellen Landis: True, and we also have experience with youth. Here's another example, if you and a group of colleagues want to experiment with Sharevision, we would have a meeting online to get the experience. If participants find it helpful, they could then use the free handout we currently have on the web to convene a group. That way we can exponentially create resources to share.

David Haddad: I appreciate you talking about Sharevision as a form of participatory research. One of the conversations that NEAFAST has started to have with its community is about the challenges in community behavioral health systems. For example, the productivity demands often leave little time for self-reflection. It seems that the Sharevision model might be a very useful tool

for these kinds of community conversations.

Ellen Landis: That's it! In this way you harness the concern, expertise and enthusiasm of the group members. It feels like there is synergy for this right now.

David Haddad: Having participated in many Sharevision in the past, and as you were talking I was recalling how uplifted I felt in these experiences. The energy of the participants was incredibly meaningful.

Ellen Landis: Yes, relevant, healing, educational. With many people looking for additional ways to deal with this mental health emergency, small groups are a good option. More people are looking for counseling than there are licensed clinicians. Let me add a little more here about my vision for next steps. I think a way to start training people how to facilitate Sharevision groups is part of a series of six groups which include a focus on the format and guidelines. Then these people would lead a new group and return to their original group for debriefing, learning and planning about facilitating a Sharevision series. This way we layer the support. It is not lost on me that those of us in community behavioral healthcare along with other essential workers are interwoven with each other. We rely on one another for our healthcare, for education, and with our joy & sorrow. Given the status of the country it seems that our collective task is to meaningfully uplift the spirit so that we can stay in the game. Whatever we can do to add value for the essential worker and their role, and engage new people towards these incredibly important jobs is of critical significance.

David Haddad: I appreciate the emphasis on the interconnection we share with each other. How we practice, show up in our lives is so important, and we all do better when we have the support of our community. Ellen, this has been a rich conversation. The combination of these engaging ideas and catching up with an old friend and colleague has been uplifting. Before we end, is there anything else that you would like to say?

Ellen Landis: I really want to thank you for this opportunity to reconnect, to talk about our legacy as family therapists and the creative potential that can come from it. As you can tell, I'm excited about the potential with Sharevision as a way for more people to build useful connections, to generate resources, and lift spirits. Giant gratitude for Jessica Avery, Nicole Bibber, Dr. Brandy Brooks, Tonay Burton, Julia Byers, Stephen Flynn, Deborah Muyskens, Sarah Patton, Tuti Scott, Linda Thompson, Lisa Thompson, and everyone who has pitched in to pave the way towards bringing Sharevision to the essential workforce and others who are most impacted and have given the most for the common good.