



MIMIND Memorandum

THE THERAPEUTIC ALLIANCE: ONE TOOL IN SUICIDE PREVENTION



*Cathrine Frank, M.D.
Co-Director, MI Mind*

The therapeutic alliance is an important part of any treatment relationship. Although a bedrock in psychiatry, it is also a key component in the treatment relationship of any type of medicine. This trusting bond between the patient and clinician is built through empathy, shared goals and communication. For any specialty, building a therapeutic alliance will improve information sharing, adherence to treatment, and outcomes.

Developing this kind of relationship may also be an important component in suicide prevention. A strong working alliance between patient and clinician may encourage patients to confide in and collaborate with their providers, including the patient's sharing thoughts or plans of suicide. This in turn allows treatment and intervention.

Clinicians can build solid partnerships with patients by interacting with compassion, responsiveness, and authenticity. Setting realistic goals with your patients and offering support in managing stress enhances the treatment relationship.

Patients who are psychologically healthy are usually open to developing therapeutic alliances with providers, which creates an avenue for the work of treatment and health improvement. However, developing a relationship becomes challenging when patients have significant mental health problems or a history of relationship issues. In these situations, additional effort to establish a therapeutic alliance will be needed.

So, what can clinicians do to build or enhance a therapeutic alliance?

If the patient has difficulties in confiding problems or adhering to treatment recommendations, talk about it with the patient. I might ask: "It sounds like it is difficult for you to share your concerns and follow up on recommendations. What do you think about that?"

I listen to the concerns, and be sure I am not "dictating," but collaborating. I also use playback to ensure the patient feels heard and supported: "Let me make sure I heard your concern, you told me..." At the same time, you will reaffirm that you understood the patient.

Finally, be self-aware. Listen actively without distractions, look at the patient during conversations, and show respect through simple things, like apologizing if you are late.

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MIMIND

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THE THERAPEUTIC ALLIANCE: ONE TOOL IN SUICIDE PREVENTION

In some cases, establishing a treatment alliance may not be possible and may require psychiatric referral or referral to another provider who could be a better “fit” for that individual.

As you meet with patients, I invite you to think of the therapeutic alliance as a clinical intervention and tool that can potentially reduce suicide risk and save lives. Even small moments of connection with a patient can be profoundly meaningful.

Recommended Reading

[In Shock: My Journey from Death to Recovery and the Redemptive Power of Hope](#), by Rana Awdish, M.D., Critical Care Medicine, Henry Ford Health.

[“The Therapeutic Alliance: The Fundamental Element of Psychotherapy,”](#) by Dorothy Stubbe, M.D.

JOIN US FOR LIVE ‘ON MI MIND’ WEBINARS AND SATISFY YOUR SCORECARD REQUIREMENT

If you haven’t joined us for an “On MI Mind” webinar yet, [visit our website](#) and register for an upcoming topic. We invite experts in their fields to present and offer fascinating insights related to suicide prevention. The webinars are free and open to anyone — you need not be a MI Mind provider or healthcare professional to attend. Please share the webinar information with colleagues who might be interested.

The final two webinars of the 2025-2026 series are:

- Thursday, April 23, with [Anthony Reffi, Ph.D.](#), who will review the state of the literature on the links between sleep and suicide with a specific focus on insomnia and nightmares, the theories and putative mechanisms behind the sleep-suicide relationship, and emerging evidence showing the effect of behavioral sleep medicine on reducing and preventing suicide risk.
- Tuesday, May 19, with [Amy Loree, Ph.D.](#), who will discuss the unique concerns related to mental health conditions during pregnancy and postpartum and evidence-based approaches that can be implemented in healthcare systems to prevent, identify, and treat perinatal mental health conditions.

As a reminder, CME and CEU credit is now available. Also, if you are in Years 3+ these are your last two opportunities for the training year to satisfy the webinar requirement on your VBR scorecard. You only need to attend one webinar per training year.

MIMIND
Live Webinar

SLEEP AND SUICIDE

Speaker:
ANTHONY REFFI, Ph.D.
Associate Scientist, Henry Ford Health; Co-Director, Sleep and Traumatic Stress Institute

April 23, 2026
Noon ET

More Information henryford.com/mimind

MIMIND
Live Webinar

ADDRESSING PERINATAL MENTAL HEALTH IN HEALTHCARE SYSTEMS

Speaker:
AMY LOREE, Ph.D., LP, PMH-C
Associate Scientist, Henry Ford Health; Assistant Professor-Research, MSU College of Human Medicine

May 19, 2026
Noon ET

More Information henryford.com/mimind/events

PRACTICAL TOOLS TO PROMOTE PATIENT PARTNERSHIP AND COMMUNICATION

At MI Mind, research has led us to understand how important the provider-patient connection is in suicide prevention. Any meeting with a patient, whether for therapy or a physical, is an opportunity to connect with that individual and establish or deepen a trusting and open relationship. While it doesn't take more time, that connection does require intention and effective communication on the part of the provider.

Our team offers a few evidence-based tools to explore with your patients. We hope you find them helpful in creating communication that could be life changing for someone in your care.

Motivational Interviewing (MI): Partner and Invite Active Participation

Motivational Interviewing is a collaborative, person-centered communication style designed to strengthen motivation and engagement. It replaces "fixing" with partnership.

Key MI principles:

- Collaboration over authority
- Evocation over instruction
- Autonomy over compliance

Quick scripts clinicians can use:

- *"Would it be okay if we talked about what matters most to you right now?"*
- *"What feels hardest about this for you?"*
- *"On a scale from 0 to 10, how ready do you feel to make a change — and why that number?"*

These questions invite patients into the conversation rather than positioning them as passive recipients of care.

Validation: Acknowledge a Patient's Reality

Validation does not mean agreement — it means acknowledging a patient's emotional reality. Feeling validated reduces shame, defensiveness, and emotional escalation.

Examples of validating statements:

- *"Given everything you're dealing with, it makes sense that this feels overwhelming."*
- *"I'm really glad you told me that — thank you for trusting me with it."*
- *"A lot of people in similar situations feel this way. You're not alone."*

Validation helps patients feel seen as people, not problems to solve.

Empathy Micro-Skills: Small Moments, Big Impact

Empathy doesn't require long conversations. Micro-skills — brief, intentional responses — can significantly change how patients experience care.

Simple empathy micro-skills include:

- Reflecting feelings: *"It sounds like you're exhausted and frustrated."*
- Normalizing uncertainty: *"Many people aren't sure how to put this into words."*
- Pausing before the next question to allow space.

Short scripts to get started:

- *"Before we move on, I want to check — how is all of this landing for you?"*
- *"That sounds really hard. I appreciate you sharing it with me."*
- *"What do you wish I understood better about what you're going through?"*

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PRACTICAL TOOLS TO PROMOTE PATIENT PARTNERSHIP AND COMMUNICATION

Interested in further reading?

Download our [“Connection as Care” Evidence Summary.](#)

Checking in on Suicidal Intention

The process of connection often happens between or after clinical questions. As you check in on suicidal intention, consider an approach that communicates caring.

Instead of:

“Any thoughts of harming yourself?”

Consider:

“When things feel overwhelming like this, some people have thoughts about not wanting to be here or thoughts of suicide. Has that been part of your experience?”

This approach maintains clinical rigor while communicating care, respect, and safety.

Why This Matters for Suicide Prevention

We know that suicide prevention is not confined to a single screening tool or protocol. It lives in everyday interactions, especially moments when patients decide to open up or stay silent.

Connection:

- Reduces isolation
- Increases disclosure
- Builds protective relationships, especially within the patient’s treatment team (a protective factor for suicide)
- Creates opportunities for early intervention

Sometimes, the most powerful thing a clinician can say is not the “right” question — but *“I’m here, and I care.”*

Connection Is Care — and a Quality Improvement Practice

Every clinician interaction, no matter how brief, is an opportunity to improve care quality. When communication fosters trust, validation, and partnership, patients are more likely to engage, disclose concerns, and follow through with care — outcomes that directly support safety and effectiveness.

The tools outlined above are replicable, evidence-based communication practices that can be embedded into care and quality improvement efforts. They help create more reliable, patient-centered care — especially in moments of distress or crisis, including supporting someone at elevated risk for suicide.

REGISTER NOW FOR THE COLLABORATIVE-WIDE MEETING IN NOVEMBER

Join us for the 2026 MI Mind Collaborative-wide Meeting, Friday, Nov. 6, 2026, from 11 a.m. to 1 p.m. at [The H Hotel](#) in Midland. Physician Organization (PO) leaders are required to attend to receive credit toward their scorecards. Practice Clinical Champions and Practice Liaisons are welcome and encouraged to attend but are not required. Participants enjoy a delicious lunch in addition to opportunities to connect with MI Mind colleagues from across the state. To register, click [here](#).



REGIONAL MEETING REGISTRATION IS IN FULL SWING

The MI Mind team is in full planning mode for the upcoming MI Mind Regional Meetings, scheduled for 11 a.m. to 2 p.m.:

- June 16, 2026, at the [Amway Grand Plaza](#), 187 Monroe Ave NW in Grand Rapids
- June 23, 2026, at the [Kensington Hotel](#), 3500 S. State Street in Ann Arbor

Attendance at one Regional Meeting by a Practice Clinical Champion and/or Practice Liaison fulfills a requirement on your value-based reimbursement (VBR) scorecard. Physician Organization (PO) leaders are encouraged to attend but are not required. Choose the date and location that work best with your schedule and [register today](#).

TOP 10 REASONS TO PRESENT AT A REGIONAL MEETING IN JUNE

The MI Mind team is seeking Practice Clinical Champions/Liaisons and Physician Organization (PO) leads to present at Regional Meetings in June. Presentations are just 10-15 minutes long and should focus on a MI Mind-related topic such as your PDSA, care pathway or connection to resources. You'll present at just one of the meetings.

Why should you present?

Here are the top 10 reasons why you should present at a MI Mind Regional Meeting:

10. Refine your presentation skills in front of a forgiving audience.
9. Earn 10 additional points for your PO Scorecard.
8. Your MI Mind colleagues can get to know you better.
7. Your colleagues are genuinely interested in your work.
6. You'll make the MI Mind team happy.
5. Put it on your CV.
4. Enhance collaboration and patient care.
3. You already did awesome on your PDSA, why not present it?
2. Step outside your comfort zone in a safe space.
1. Teaching others is one of the best ways to enhance your understanding.

**Reminder: PDSAs
are due May 1.**

Need assistance?
email MIMind@hfhs.org

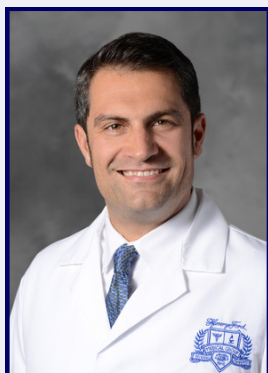
EARN ADDITIONAL POINTS FOR YOUR PO SCORECARD

In addition to presenting at a Regional Meeting, you can earn two additional points for your PO Scorecard by:

- Writing a [MI Mind blog](#) article.
- Writing an article for the [MI Mind Memorandum](#) newsletter.

For more information and to express your interest in presenting or writing, email MIMind@hfhs.org.

MI MIND DATA SHEDS LIGHT ON THE IMPACT OF INTERVENTION



Brian Ahmedani, Ph.D.,
LMSW
Co-Director, MI Mind

“Data is the catalyst for improvement,” states Brian Ahmedani, Ph.D., LMSW, MI Mind Program Co-Director.

And for the MI Mind CQI, 2026 marks the year data can be analyzed and when all participating sites can access the Data Dashboard. At your wave’s access date, you’ll receive an email inviting you to create an account. Access to the dashboard is given in waves (see chart below for detailed information):

- Wave 1: October 24, 2025
- Wave 2: January 15, 2026
- Wave 3: March 15, 2026
- Wave 4: July 1, 2026

“This is an exciting time – it’s the point we have been working toward from the beginning, when we can transition from training to quality improvement and see if we are accomplishing what we set out to achieve,” says Dr. Ahmedani. “The dashboards identify your progress completing specific steps. Initial measures — starting at the beginning of the care pathway — include screening rates, screen positive rates, and behavioral health follow-up rates.

All sites can see their own data and averages across the CQI. You’ll also be able to view data for clinics within your organization. At your own site, you can view data at the provider level.

As you look at your Data Dashboard, you may have questions about what your data means. “A lot of factors go into what you see,” explains Dr. Ahmedani. “In some settings, very high or very low rates may be particularly meaningful, but they also could reflect atypical factors occurring at that time. We will look at rates as part of the bigger picture and in the context of all the circumstances that can impact care delivery.”

The expectation is not for anyone in the CQI to be perfect, stresses Dr. Ahmedani, but to understand how the program can grow and improve: “We’ll identify gaps, discover barriers and consider alternate strategies. It’s a learning process and incredibly important for doing exceptionally effective, superior clinical work.”

The new Data Dashboard was launched together with the Data Guide, also available on the [MI Mind Partner Portal](#) in the Document Library under the section labeled, “Portal and Dashboard Guides.” The Data Guide has clear, practical information about data collection, reporting and use within the collaborative. If you missed the dashboard introduction MI Mind Sr. Analyst Jeff Warchall highlighted in the November 2025 MI Mind Memorandum, you can read it [here](#).

The MI Mind team encourages those who have access to check the Data Dashboard to see how your clinic and Physician Organization (PO) are doing. While there are currently three POs loaded into the system, advanced cohorts and additional POs are being added throughout 2026.

If you have questions about the Data Dashboard contact the MI Mind team at email MIMind@hfhs.org.

Wave	Access Date	Who is Included?	Status
Wave 1	Oct 2025	Physician Organization (PO) leadership for POs that have gone through the data onboarding process	Live
Wave 2	Jan 2026	PO leadership and practice clinical champions/practice liaisons from MI Mind's first cohort	Live
Wave 3	Mar 2026	All other PO leadership and practice clinical champions/practice liaisons whose PO leadership has gone through the data onboarding process since fall 2025	On deck
Wave 4	Jul 2026	Same as Wave 3	Next on deck

HOLLAND HOSPITAL'S THERAPEUTIC GROUP PROGRAM PROSPERS UNDER TEAM COLLABORATION



According to Kyleene Krause, Ph.D., Director of Behavioral Health Services at Holland Hospital, “When people connect, they thrive.”

Connecting people is a key part of the hospital's therapeutic group program, which began four years ago with a Dialectical Behavioral Therapy (DBT) informed skills group. Led by an experienced therapist, participants learn and practice mindfulness, distress tolerance, emotional regulation and interpersonal effectiveness for 24 weeks.

“Group members with similar struggles encourage and reassure one another that their skills can help them work through difficult issues and come out in a better place,” says Dr. Krause. “Groups are practical and empowering, showing that the effort is worth it and participants can build a life worth living.”

Director of Behavioral Health Services, Kyleene Krause, Ph.D., was a clinical psychologist for nine years at Holland Hospital before moving into various leadership roles. She also serves as a MI Mind Practice Clinical Champion.

From that initial group came an array of therapeutic groups, developed by Holland Hospital's outpatient behavioral health program team. The program's 24 therapists, psychologists, psychiatrists and psychiatric nurse practitioners see an average of 120 patients per day. The therapeutic groups are established and led by behavioral health therapists, who typically have a special interest and expertise in each topic.

From its origin with the DBT skills group, the program grew as six-week summer groups like mindfulness for middle schoolers, DBT for teens, and social skills groups for adolescents were added. Then more topics were introduced, like healthy aging for seniors, healthy sleep, art therapy, anger management, healthy lifestyle changes,

reducing alcohol intake in January, identity development for young adults, and skills development and support for adults on the Autism Spectrum.

“Awesome things come out of the groups,” says Dr. Krause. “Participants problem-solve, share resources and hear perspectives from their peers. We see teaching and support between members. Some even connect with community groups beyond ours through each other and meet for coffee after meetings.”

She describes the program as an extension of traditional one-on-one therapy: “It's beautiful to see the interactions. Therapists can recommend a change or approach, but when participants hear from others like them who have tried something and been successful, it carries a different kind of weight. They also challenge each other when needed.”

All participants are current patients, who are introduced to groups as inpatients, through the Partial Hospital Program or Intensive Outpatient Programs. Others are referred after seeing an individual therapist or medication provider at the outpatient clinic.



The team at Holland Hospital's outpatient behavioral health program.

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HOLLAND HOSPITAL'S THERAPEUTIC GROUP PROGRAM PROSPERS UNDER TEAM COLLABORATION

Groups are offered in person only. "COVID was isolating," explains Dr. Krause. "During that time, we quickly shifted to virtual options, but being physically present matters. We have now intentionally returned to in-person. Participants benefit from getting ready, leaving the house, and sharing space with others."

Dr. Krause says group leaders are as engaged as participants and enjoy using their skills in a different way: "They also love working together. It reduces their own professional isolation and presents opportunities to learn from seeing one another in action."

The support group coordinator keeps the program organized, and everyone plays a role, from staff answering calls and checking in participants to providers making referrals and explaining why groups are beneficial.

When a new group is proposed, therapists present research and data supporting it and describe the community need. They outline which patients will benefit so team members can confidently recommend the right fit.

Leaders also collect data through pre- and post-assessments and tweak the curriculum based on feedback. Because the groups are therapist led, they are billed to insurance, making them more affordable than other options.

CHELSIE DRYER, MPH, JOINS MI MIND AS QUALITY IMPROVEMENT LEAD



*Chelsie Dryer, MPH
Quality Improvement
Lead, MI Mind*

Chelsie Dryer, MPH, recently joined MI Mind's Quality Improvement team. Her passion for using data to drive quality improvement is an ideal match for her work with MI Mind.

"I strongly believe in public health and in using data to make large-scale improvements. It's important to me that my work is vision and mission aligned, and MI Mind enables me to support people in crisis from behind the scenes," she explains.

Throughout her career, Dryer has worked in behavioral health and advocated for public health initiatives: "Using data, I've focused on strengthening the quality and impact of public health and human services programs."

Originally from Michigan, she launched her career in Oklahoma working in substance abuse prevention and child abuse prevention with the Oklahoma Department of Health. She returned to Michigan to be closer to family, and joined Starfish Family Services where she supported evidence-based home visiting and behavioral health programs for families with young children, including maternal and infant mental health initiatives. She most recently worked with the Starfish Nurse-Family Partnership's national program office.

A strategic evaluation and quality improvement leader, her career has included directing cross-functional learning agendas, advancing data quality and performance measurement, and partnering with clinical and research teams to improve evidence-based model fidelity and outcomes.

She holds a Bachelor of Science in brain, behavior, and cognitive science and a Master of Public Health from the University of Michigan. She also earned a graduate certificate in program evaluation from Michigan State University.

CONNECTION IS CARE AND IT STARTS WITH US

Throughout this issue of *The Mem*, one idea surfaces again and again: connection is not an extra layer added onto any relationship—it's a core part of care itself. *Connect: Building Exceptional Relationships* invites us all to recognize how the quality of our relationships shapes our daily lives. For clinicians, this means seeing how these connections influence patient outcomes and the health of our teams and practices.

In busy clinical environments, it can be easy to default to problem-solving and advice-giving. Patients arrive seeking answers, and clinicians feel pressure to move efficiently from assessment to intervention. Yet the book suggests that what people often remember most is not the information shared, but how connected they felt in the interaction. Listening with curiosity, acknowledging uncertainty, and allowing moments of authentic presence can strengthen trust in ways that clinical expertise alone cannot.

This approach does not ask clinicians to abandon professionalism or boundaries. Instead, it reframes vulnerability as a thoughtful, intentional skill — one that signals openness and humanity without sacrificing clinical judgment. When patients feel seen and heard, they are more likely to share openly, collaborate in decision-making, and remain engaged in care. In this way, connection becomes a practical strategy for improving communication, adherence, and safety.

The ideas in *Connect* extend beyond the patient-clinician relationship. Healthcare is fundamentally a team endeavor, and the strength of a practice often reflects the quality of communication among colleagues. When clinicians feel safe asking questions, acknowledging challenges, or offering honest feedback, collaboration improves and professional isolation decreases. Strong relationships within a care team create an environment where information flows more easily — and where patients experience continuity rather than fragmentation.

Importantly, the book challenges a common concern among healthcare professionals: that deeper emotional engagement leads to burnout. Instead, it suggests that authentic connection — grounded in clear boundaries — can reduce the sense of disconnection that often contributes to exhaustion. Many clinicians enter the field because they value meaningful relationships; reconnecting with that purpose can restore energy rather than deplete it.

As healthcare continues to evolve, clinicians are being asked to balance efficiency, outcomes, and patient-centered care. Strengthening relational skills offers a way to meet those demands while preserving the human side of medicine. *Connect* does not present connection as a personality trait reserved for a few — it frames it as a set of learnable practices that can enrich clinical work and strengthen the culture of care across an entire practice.

In a healthcare environment where communication and collaboration are increasingly recognized as drivers of quality, investing in stronger relationships — with patients and with each other — may be one of the most impactful steps clinicians can take toward sustainable, compassionate care.

RECOMMENDED READING

The lessons behind
the legendary Stanford
Business School course
Interpersonal Dynamics

Connect

Building
Exceptional
Relationships
with Family,
Friends, and
Colleagues

David & Carole
Bradford & Robin

Written by Stanford professors David Bradford and Carole Robin, *Connect* explores how authentic relationships are built through self-awareness, trust, and intentional communication. Drawing from decades of teaching interpersonal dynamics, the authors present research-informed insights and practical frameworks that help readers strengthen connection in both professional and personal settings. Rather than offering scripts or quick fixes, the book focuses on developing relational skills — including listening, vulnerability, and navigating difficult conversations — that deepen trust and collaboration. For clinicians and healthcare teams, *Connect* provides a thoughtful lens for understanding how strong relationships can enhance teamwork, communication, and the overall experience of care.

One lucky reader will win this book! Winner will be selected via random drawing from *The Mem* subscriber list and will be notified by email the week of 03/02/25.

THE THERAPY DOG BUDDY LIFTS SPIRITS ACROSS HENRY FORD HEALTH AND AT MI MIND



Buddy makes the rounds at Henry Ford Hospital with his handler, Rick Wisniewski.

The MI Mind team is an animal-loving group, and every week they look forward to visits from their “adopted” dog Buddy, one of Henry Ford Health’s many full-time therapy dogs. Buddy’s handler, Rick Wisniewski, walks Buddy through One Ford Place on Tuesdays and the MI Mind team is always ready for a visit. On Mondays and Fridays, Buddy makes the rounds at Henry Ford Hospital, and on Wednesdays and Thursdays, at Henry Ford West Bloomfield Hospital.

“Buddy loves it,” says Wisniewski. “I don’t think there is a more perfect therapy dog. He’s an active dog, but during his work, he knows exactly what he’s doing. He is calm as ever, has a perpetual smile on his face, and interacts with people during their toughest days. He’s a special dog.”

Research shows that animal therapy can lower stress and anxiety levels, improve blood pressure, increase patient mobility, and provide an alternative focus from pain. Animal visits are proving to be just as important for healthcare workers like the MI Mind team as they are for patients. In a 2024 study conducted at The Ohio State University, healthcare workers self-reported an immediate decrease in perceived stress, emotional exhaustion, depersonalization and burnout after engaging with therapy dogs. Positive mood nearly doubled among the healthcare workers after these interactions.

Henry Ford Health’s therapy dog program has a mix of facility-owned dogs and dozens of volunteer, owner-handled teams. They work across the system in emergency departments, intensive care, rehabilitation units and wherever they are needed. Buddy was even called to the Detroit public defender’s office recently to help there after a team member loss.

“I’m in the ICU sometimes and tell Buddy, “Put chin up,” and he goes right for it,” says Wisniewski. “I’ve seen patients who can hardly move, and when Buddy puts his chin up on their bed, they move and smile. Often a family member will start crying and the nurses will tear up. It’s a magical thing Buddy has, how people react to him and how Buddy feels what they are feeling. He wants to make them feel better.”

Now age 78, Wisniewski lost his wife and son within a short time. He continued working and said it kept him going. But when he finally had to retire at age 75, the loss of his career was overwhelming. “When I started volunteering with Buddy, it changed my life,” he says. “I enjoy doing it every time I’m scheduled, and I feel so good when I come home, seeing the impact Buddy has on everyone — especially those nurses. It’s a wonderful experience.”

[Learn more](#) about Henry Ford Health’s pet therapy program.



CONTACT US

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If you have questions or suggestions for *The Mem*, please contact Sr. Marketing Specialist, Jason Robertson, jrober40@hfhs.org.