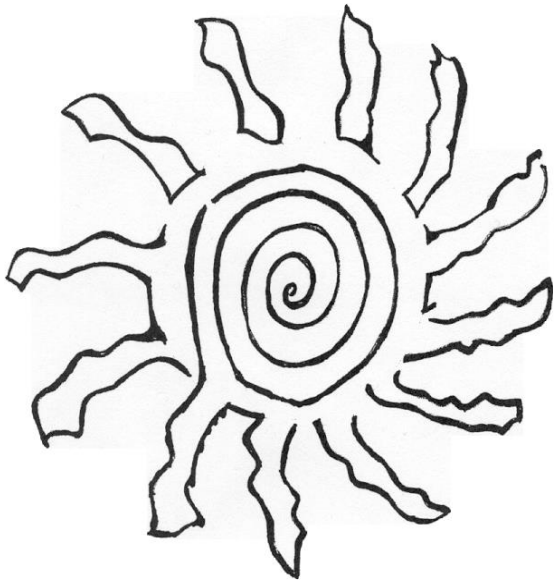
Recovery Support Workbook



Training sponsored by Fraser Health and Communitas Peer Support Program.

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Recovery Support Workbook
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The Role of Peer Support

This course, while it's called Recovery Support Training, is designed to prepare participants for a work role called "peer support." Peer support is actually a very old function: it's what happens when one person shares experience with another for the purpose of providing support. Peer support happens in lots of settings: cancer recovery programs; domestic violence shelters; 12-Step programs; peer programs are even utilized in some schools to help students develop social skills.

There are lots of ways to think about this particular role, and each agency that employs peer workers will have its own ideas about what you will be doing. But peer support is not a concrete task: it's always different, and we can never predict what will happen in our next encounter with a peer. For this reason, we will be teaching you a basic philosophy of peer support. Once you understand this foundation, you can base your actions on this theoretical foundation and you will always be acting in a way that is consistent with "peer support."

Because this training is in a behavioral health setting, we will be learning generally about people who experience behavioral health challenges. These challenges can be anything from a diagnosis of serious mental illness, to challenges with drugs or alcohol, to difficulties related to trauma. No matter your background or interest when you begin this experience, we will be preparing you to offer your own unique experience in a way that supports others and also allows us to keep learning and growing in our own wellness journey.

Let's start with some basic self-reflection. This skill is crucial to the ability to do peer support, and we will be helping you develop this skill throughout our time together.

How do you define "peer support"? _____

_____

_____

Have you ever experienced peer support as the recipient? If so, describe the experience.

_____

_____

_____

Generally speaking, what is it you think you will be learning to do? _____

_____

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_____

We will be revisiting your answers to the final question before we are finished.

In behavioral health, there are many ideas about what "peer support" means. Sometimes this role is called a "peer specialist." This latter title was adopted in an effort to give the role some standing in the eyes of clinical workers. Peer Support programs began in Arizona in 2000, and clinical staff were skeptical at best. It took a great deal of convincing, through effective services, to persuade staff that peer workers had a place in providing services. Utilizing the term "peer specialist" recognized the amount of training required before we begin working. However, it can have a different meaning as well. Peer support is very much a relationship of equals, people who are mutually engaged in a search for wellness that involves both of us learning and growing in the context of that relationship. Peer specialists tend to be working alongside the clinical team, in settings that are clearly "medical model." The implications of this involvement in clinical work are that our mutuality is usually compromised. The boundaries are less flexible and we may be asked to participate in subtle forms of coercion. While we think that peers should be involved in *every* behavioral health setting, it's very easy for us to be co-opted and to lose our unique voice when we are so closely

connected to clinical services. Clearly there's a place for peers in clinical settings, as peer specialists; that's a different role than that of "peer support."

This particular course will be focusing on the role of peer support. We call it "recovery support" because we know that many of you will begin work in behavioral health, but you may move on to other kinds of jobs. We want you to be able to put this training and any subsequent jobs on your resume without automatically disclosing that you are or have been a service recipient. That should be up to you to disclose if you choose, not the result of adding a valued class or job to your resume. More to the point now, we focus on peer support because we want you to experience the mutuality and co-learning that take place in this very peer relationship. If you have come to this work seeking to further your own wellness, then genuine peer support, in its oldest meaning, is the path for you.

Remember our first definition of peer support as someone who shares their experience for the purpose of offering support. This means that, in order to do the work you hope to do, you must have some "lived experience" of the kinds of challenges faced by those you will support. This doesn't mean you must have exactly the same kind of experience; certainly it doesn't mean you can work only with people who have the same diagnosis. We know that diagnosis is an imperfect art; anyone looking through the Diagnostic and Statistical Manual (DSM) can find themselves in at least one category. Most people given a behavioral health diagnosis end up with a series of labels: the first diagnosis is often either revised or added to. And many of the criteria for one diagnostic label are the same as criteria for other labels. So we're not looking for the exact "diagnosis."

We are looking for some experience that allows you to understand some of the suffering experienced by others in a similar situation. For example, most people diagnosed with serious mental illness struggle with stigma and discrimination, in addition to poverty and the terrible side effects of medication. Most people seeking relief from substances know the deception, the hiding, the shame, the compulsions that accompany this experience. Veterans, especially combat veterans, have much in common no matter their condition upon return home. The exact details of our stories aren't important. The fact that we have a basis for understanding is crucial.

What do you have to offer as a "peer"? _____

_____

_____

Do you think your experience is shared by many people? _____

_____

_____

While your exact job duties will be determined by your employer, here are some of the things most peer workers will be doing:

- A peer helps others discover their own strength and resilience, supporting them in getting what they want and need and in developing autonomy and independence.
- A peer may challenge people to think about their experience in different ways
- A peer might teach skills, advocate for others (and teach advocacy skills), or just be available to listen
- A peer worker should always provide opportunities for the people we serve to grow beyond their need for us; we take care not to create dependence on us
- Peers may work in many different environments, from inpatient settings to autonomous peer-run programs, but the philosophy should remain the same

Do you think a peer worker is like a friend? Why or why not? _____

_____

_____

The peer relationship does, in some ways, resemble a friendship. A good friend will challenge you to be your best self, and will also be open to being challenged. Peer support does this too. However, we must be careful that the people we serve don't start to think of us as friends. Doing so may complicate boundary issues. It also gives a false impression of what "friendship" is. Friendship is a relationship we work for: we invest time, self-disclosure, and selfless listening into a friendship. As a peer worker, you are probably getting paid. While you may spend time

with a person, offer some self-disclosure, and spend lots of time listening, it's crucial that people understand that we don't buy friends. A client can't call up and order a "friend" in the guise of a peer worker. Our role may include helping people learn the skills to make friends on their own, or helping them develop a strategy for meeting people who might become friends. But we cannot fill that role. As paid staff, our role must remain clearly separate.

Here are some things peer workers *don't* do:

- We don't offer medical advice or advice about medications
- We don't make or guess at diagnoses
- We don't give advice or tell people what to do
- We don't imply that people should do it like we did it
- We are not junior case managers, lay counselors, or a substitute for a doctor

Here are some other things we do and things we don't do as peer workers:

Peer Does	***Peer Doesn't***
Focus on the person's strengths	Dwell on problems or limitations
Listen to people's experience	Interpret what their experience means
Teach people to be independent, autonomous	Make people dependent upon us
Show that people can get better	Define what "getting better" is for others
Accept people just as they are	Try to make people behave to our standards
Sit with people when they need support	Offer solutions or "fixes"
Encourage people to succeed	Define success for others

Many of the things you learn in this training will seem familiar. As people who have received behavioral health services, we know how the professionals behave with us. Most of us can copy that, right down to the language and the boundaries. But those roles are different than the role of the peer. Each role on the service team has its own skills, its own goals, its own ethical and boundary guidelines, and its own philosophy. Everything you learn in Recovery Support

Training will reflect the different role. As you go through this training experience, watch for the differences between how a peer worker would approach a task and how clinical staff would approach a task. A large part of your learning here will be "unlearning" the things you have learned from clinicians. We are not here to copy them. We're here to learn a new, unique role.

Peer support is a unique and valuable function, no matter the setting in which it occurs. Here are some basic principles of peer support:

- **Mutuality.** Peers work together, side-by-side, with both parties expecting to learn and grow in the context of the peer relationship.
- **Authenticity.** As a peer, we can share more of a story than clinical staff, and in fact this is the hallmark of "peer" work. This means that our actions are transparent and we show our genuine selves to the people we serve.
- **Shared responsibility and risk.** Peer workers are not responsible for the recovery of the people they serve. We are responsible for providing a connection, in the context of which we may together find ways to increase our wellness. Because we are not responsible for the people we serve, we allow and even encourage people to take risks which allow them to learn and grow.
- **Connection.** We believe that the only true goal in our work is to make an authentic human connection with another person. Finding a path to wellness is something we do together in the context of that connection.

In this training, you will learn how to take your own very difficult experience and use it in a way that empowers others to reach their highest state of wellness. You will also learn a theoretical foundation for peer work that is different than a medical model. This doesn't mean we will argue about the "causes" of mental illness, though you will be exposed to several ways of understanding that experience. The argument about causation is best left to others, as we can do

very effective and empowering work without engaging in that. However, as you will discover in the next module, we use a theoretical foundation that results in greater empowerment for the people we serve. Critical learning and self-reflection are crucial to peer work, and you will be invited to engage in these activities throughout our time together. Get ready to stretch your thinking!

Recovery, Wellness, Wholeness

In the module on Peer Support, we asked you to consider what it is you think you are here to learn. Your answer to that question probably depends a lot on the experience that qualifies you as "peer." You may be here because of experience with psychiatric disability; you may have struggled with drugs or alcohol; or you may hope to share how you survived trauma. While any of these experiences may have landed us in the "behavioral health" system, and they are all somewhat different, we can approach peer work from the same theoretical foundation.

No matter what your experience, the services you have received from the behavioral health system have probably been based in a "medical model" theoretical foundation. In this model, the practitioner—who is the "expert"—looks for the problem and how to fix it. That means that the emphasis is typically on "symptoms" and "treatment." While this model can be useful if you are trying to identify a broken bone or find an antibiotic to treat an infection, it may not be the most useful model for people who are attempting to build a new life.

Instead of the medical model of treatment, we would like to introduce you to a new theoretical model for peer support. This model is based on ideas best expressed in narrative therapy and narrative mediation. You will be learning more about this theory in future modules. It's important to make this clear because many people who come into peer support think they will be helping people learn how to "manage symptoms." We believe there are plenty of people already working toward that goal: the doctor, nurse, counselor, case manager, even perhaps a WRAP instructor. We peer support workers, however, we will be engaging in a task that is both broader and narrower. Our task is broader because we want to help people find a full life, not just manage

symptoms. It's narrower because the only goal of peer support is to create an authentic human connection with another person.

This new model of peer support, which is also taught by a few others including Shery Mead, has been shown to result in greater individual empowerment than does medical model treatment. In addition, we can use this model without having to specify whether we're working with psychiatric disability, substance use difficulties, or trauma: it works equally well with any similar challenge. In fact, we could use this model of support with a person who is experiencing a chronic illness; with someone who has experienced a major loss; even with a person struggling with the end of a relationship or loss of a job. This kind of support is the same, no matter the challenge.

Consider what you know about facing a major challenge. Maybe you had a broken leg, a chronic illness, or the death of a loved one. How did you get through this challenge? _____

_____

_____

No matter what it was that altered your life, you were forced to consider what it meant and how you would go forward from that time. Can you remember this process? What did it look like?

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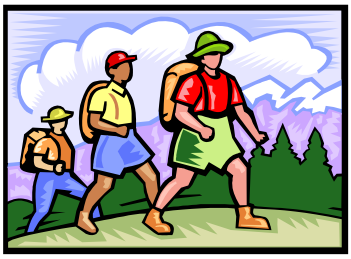
Chances are, when you thought about what helped you get past this challenge, medication and counseling were not the most important elements. For example, recovery from the loss of a loved one is very similar to going forward after a psychiatric diagnosis. When the loved one dies, at first it is the only thing you think about. It consumes every waking moment, and you

may feel as though nothing will ever be the same again. Sometimes it is so painful, you have trouble believing you will ever smile or laugh again. Over time, though, you think about the loss a little less. One day you wake up and realize it was not the first thing you thought about. Slowly, your life regains a shape and structure; you move on. In fact, you "recover" from this loss. Recovery in this sense does not mean that the loss never happened. That is a fact that cannot be changed. But knowing that it happened, you made sense of your life and rearranged it around that loss, making new meaning for yourself and moving ahead with your life. Many people say that recovery from psychiatric disability, substance use or trauma is like this: they make new meaning based on the experience, reshape their lives, and go on living.

Because so many of us will have experience with the behavioral health system, it's important to understand how we got where we are in understanding the process of recovery. Almost 200 years ago, in the early 1800s, a treatment for mental illness called Moral Therapy was pioneered. In this treatment, people experiencing psychiatric symptoms were taken to a clean, quiet place where they were treated kindly, given healthy food, allowed long walks in the quiet countryside, and allowed to rest and recuperate until they felt better. Around 1835, some studies were done on this program. The studies showed that between 52% and 58% of people undergoing Moral Therapy recovered (P. Deegan, Ph.D., 2002). This was very exciting news, and Moral Therapy became very popular.



Once Moral Therapy became well-known, families and professionals began to send people to these programs in huge numbers. Some of those people didn't really belong in the facilities; they had challenges that weren't suited to this form of therapy. As it turned out, Moral Therapy worked very well in facilities that were spacious, clean, well-staffed, and uncrowded. With huge numbers of people coming into these facilities, they became crowded, chaotic, noisy, and understaffed. In these conditions, the program could no longer be considered Moral Therapy. Staff had all they could do just to manage people and keep them safe and fed. Some people thought this "proved" that Moral Therapy did not work. In addition, the percentage of people who recovered was looked at from a different perspective: at this time (around 1880), they

thought "only" 52-58% of people recovered. Over time, with overcrowding and understaffing, this turned into the common belief that "people with mental illness do not recover."

By the middle of the 20th Century, psychiatric medications became available to help treat some symptoms. The earliest medications had many uncomfortable side effects, and newer meds aren't always better. But even though some people find medication helpful, medication is not a cure, and most people were still told that they would continue to experience psychiatric symptoms for the rest of their life. Many were told to go on disability and lower their expectations. This prediction doomed many people to a life of poverty, without purpose, education, career, often without friends or family. Many people were overmedicated and overprotected, leading to institutionalization within the community. When we believe that there is no hope for us, it is hard to keep struggling to achieve more.

In the last half of the 20th Century, researchers around the world began to study people with psychiatric disability, once again. They learned some interesting things.

- As many as half of all people recover, *whether or not* they get any treatment or professional help
- Nearly 70% of all people recover, given some form of treatment or professional help
- People may have setbacks but can still be recovering
- Medication is only one of many tools to help people recover
- There are no predictors about who can recover
- Type of diagnosis made no difference in the statistics; people can recover, no matter what their diagnosis or symptoms

The studies considered most important were done by Courtenay Harding, Ph.D.

Let's be specific about this word "recovery." You may have your own definition of recovery, or you may be thinking in broader terms such as wellness. The researchers, however, had to use

some standard definitions. For the purposes of the studies done over the last 50 years or so, people were considered to have recovered if they had four or five of the following six criteria:

1. No current signs or psychiatric symptoms
2. Living independently in the community
3. Stable source of income
4. Enduring, supportive human relationships
5. No current medication
6. Appearance such that nobody would know, by looking at you, that you had been in the hospital

Note that people did not have to meet *all* these criteria to be considered recovered. In other words, we may continue to use some services for the rest of our lives, and we may occasionally experience difficulties, but we can still recover. We can recover especially in the sense that we reclaim our lives, our dreams, and our relationships.

Note the focus in this section on *recovery*. This is a concept that fits with a medical model of treatment. While we are not debating the actual causes of behavioral health difficulties, we want to use the peer support theoretical approach in a way that's consistent. Therefore, our focus is on wellness or wholeness. This implies a goal that includes both mental and physical well-being, full community integration; in other words, the life of our choosing. It's about much more than recovery.

One of the ways we retain this focus on wellness is to work with a person's strengths rather than their challenges. It's not our job to keep track of or give advice about medications or medical conditions. The person receiving services may choose to talk to us about their symptoms, and we may be able to help them find tools *in addition to* medication that can help them with any challenge. Often this conversation will include asking them about their strengths, their experience, things they already know. Here are some examples of how focusing on strengths differs from focusing on problems.

Problem Focus	*Strengths Focus*
People are viewed as "at risk"	People are seen as having many strengths
The person is defined as "the problem"	The person is recognized as a unique individual, in spite of problems
Language focuses on the problem, and the person as a "victim" of the problem	Language keeps person and strengths in the forefront
We ask people to help name the problem or deficiency	We ask people to help us discover who they are
Experts know the person from the outside in	We know the person from the inside out
Experts doubt the person's stories; those are "excuses" or "rationalizations"	The person's stories or narratives are sought out and believed
Experts set goals, and the treatment plan is the focus of the work together	The individual sets goals, and his own aspirations and dreams are the focus
Professionals are the experts	Persons receiving services are the experts in their own lives
The expert develops the treatment plan	Work together is collaborative, but driven by the goals of the person receiving services
Possibilities are limited by the person's diagnosis, limitations, etc.	Possibilities are always open, guided by strengths
Resources for work together are the knowledge and skills of the professionals	Resources for work are the strengths and capacities of the person receiving services, and community supports
Help focuses on solving problems, controlling symptoms, etc.	Help focuses on getting on with life, returning to full membership in the community

Adapted from Compton and Gallaway, 1999.

What Are Strengths?

Every person has strengths, just like every person has challenges. In this sense, the people we serve are no different than any other person. We have challenges (what we may call psychiatric symptoms) and we have strengths. As people labeled with a behavioral health challenge, we may have come to believe that our challenges outweigh our strengths. This is especially true if we have been receiving services for a long time, and have been told that we will always be ill and on disability.

It's crucial that we learn to recognize our strengths and to bring them into play in our lives again. Strengths can come from a number of sources:

- *Culture and traditions*: the stories, rituals and connectedness with our families that may be a source of guidance, strength and comfort.
- *Hopes and dreams*: an important guide to goals, and a potent source of energy.
- *Spirituality or religion*: for many people, the source of meaning that keeps them going through hard times.
- *Personal characteristics*: such as loyalty, insight, sense of humor, kindness, patience, determination, can help us strengthen friendships and reduce a sense if uselessness.
- *Acquired knowledge*: the things we've learned in life so far, including work skills.
- *Life lessons*: especially what we've learned about ourselves and others as a result of having a mental illness and experiencing the struggles associated with that.
- *The community*: Every community has resources that can add to the strengths of the individual, supporting and providing connections and meaning.

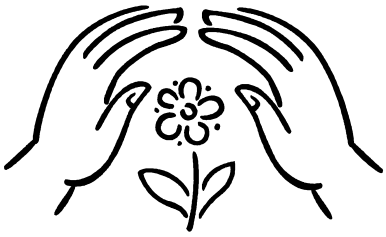
How Do We Discover Strengths?

Ask! Always ask the person before trying to guess for yourself. Allowing people to uncover their own strengths will add to their sense of mastery. When we ask questions that lead people to feel better about themselves, we let them know we're interested in them as unique human beings. Ask questions like:

- How did you get this far? What helped you survive this? What did you learn?
- Who helped you? What did they do that was helpful? Why did they help you?
- What good things do people say about you? What things about yourself or your life give you the most happiness? What are your best memories?
- Where do you want your life to go? If you could rewrite your life story, starting today, how would the story change?

Other clues to a person's strengths may be found in their surroundings. If you are in a person's home, look around. Do you see evidence of particular skills, gifts, or interests? Ask questions about the hints you see.

Listen to the stories told by people receiving services. Encourage people to tell stories in a way that shows their survival skills. This slant on our own story can often uncover strengths we didn't recognize previously. Telling our stories in this way helps us transform the story of our life from a sad, painful burden that we would like to forget, into an example of courage and triumph.



A few words about words . . .

People living with disability often learn to identify themselves with their diagnosis, saying, for instance, "My name is _____ and I'm bipolar (or manic depressive, or schizophrenic, etc.)." It's a habit we may have picked up from hearing our label over and over again, or from being in settings in which the diagnosis is our most prominent feature. People with physical disabilities have something to teach us about this. It's become common practice when referring to people with physical disabilities to use "person-first language." For instance, instead of calling someone a paraplegic, we refer to a person with paralysis. Instead of saying someone is an epileptic; they can be called a person with epilepsy. Similarly, we avoid calling people by their diagnosis. We could say that someone is a person with a diagnosis of _____, or a person labeled with mental illness.

What difference does it make? It's easy—and quick—to refer to someone by their most obvious characteristic, which may also be their biggest challenge. When we do that, it's easy to forget that the person is much more than the sum of their challenges. Another problem with this language is that we forget that

people are individuals. Each person who uses a wheelchair is different, with perhaps a different reason for their situation and a different way of coping with that challenge. Each person with a diagnosis of bipolar disorder is an individual, with a unique story, individual ways of coping with the challenge, and much more to the sum total of their being as a human. Finally, calling people by their labels can perpetuate stigma and negative images of people with mental illness. Yes, it takes a little longer, a few more words, to use "person-first language," but that extra effort can remind us to look for the whole person within, the individual whose strengths are more important than their challenges.

More specific guidelines are available in the American Psychological Association Publication Manual (5th edition), or at the APA Online site. See the end of this section for references and further reading.

Further Reading and References

American Psychological Association (2001). *Publications Manual* (5th ed.). Washington, D.C. http://www.apastyle.org/disabilities.html

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Unlearning Patienthood, Learning Personhood

Once upon a time, every one of us came into the world brand new. Everything that we know from the time of our birth is known because we experienced it, or because someone told us. If I grew up with parents who were very attentive and met every need, I probably grew up to believe that the world is a safe place and I can get what I need. If I did not have that experience, I probably learned that the world was a different kind of place.

Consider what you knew about yourself in high school. How did you think of yourself? If someone were to ask you to describe yourself, what would you look like? _____

_____

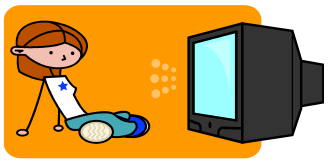
_____

_____

_____

Now consider how you knew the answer to that question. What did your parents tell you about who you were? What did your classmates tell you? What kind of message did you get from the radio, TV, movies? Many of us (especially women) learned from TV and movies that our bodies were not the right size and shape, and our complexion was not perfect enough. In comparing ourselves with what we saw as valued in our culture, we defined ourselves as inadequate. This story was repeated every time we saw something on TV or in the movies that confirmed our impression of ourselves.

Remember the story you told about yourself in high school? Now, try to consider whether there was some evidence that didn't fit with that story. For example, if your story about yourself (whether from the media, the culture, your parents, or anywhere else) was that you weren't very smart; maybe you actually made good grades. Or maybe you were talented at something besides book learning, and showed your intelligence in other ways. For those whose looks didn't measure up to the ideal upheld by the media, did people like us anyway? Looking back, it's easy to see the evidence that the story you told about yourself might not have been the whole story.



Can you think of another time in your life when you believed something about yourself, but later changed your mind? _____

_____

What happened to help you think differently? _____

_____

_____

_____

Now think about when you were first given a psychiatric diagnosis. What was happening for you at that time? _____

_____

How did you explain your experience before you were diagnosed? _____

_____

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_____

Looking back, which explanation do you prefer: the one you used before being diagnosed, or the diagnosis? Why? _____

_____

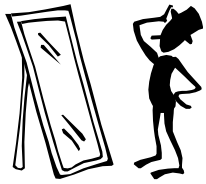
_____

Many of us "learn" from someone else (a doctor, counselor, etc.) that we have something called a "mental illness" that is caused by a chemical imbalance and treated by medication. If this interpretation of our experience leads us to reclaim our lives, then it's a useful interpretation. If getting a diagnosis leads us to a life as a "mental patient," then perhaps another explanation would be more useful. What has having a diagnosis done for you? _____

_____

_____

It may not be important whether we continue to accept the interpretation that we have a mental illness, as long as whatever happened next helped us move toward wellness and wholeness. However, we want to notice that the way we think about our problem can help determine what happens next. Let's go back to the story we told about ourselves in high school. If I told a story about myself that said I wasn't very pretty and I weighed too much, then I was more likely to be shy and not go out of my way to meet people or to encourage someone to ask me out on a date. In that situation, the story I told myself may have created the reality that nobody asked me on a date. If I changed the story and instead started believing that I had lots of desirable qualities, it would become much easier for me to approach people who might be interested in me.



It's much easier to see how this works in our lives today than it is to relate it to what was happening when we first were diagnosed. Here's an example of a story about life told in two ways, first in line with a psychiatric diagnosis, and second, considering a different story:

Last week I got really depressed. I felt completely hopeless, couldn't get off the sofa, didn't answer the phone, and didn't eat. I even considered suicide briefly, but didn't have the energy to even think about that. It was just dark, and I couldn't imagine life being any different ever again. I guess I'll have to increase my medication because it's just too hard to keep on feeling this way.

Last week I started experiencing some feelings I've felt before. It felt like other times when I've called it "depression," and for a little while that was what I thought it was. But I took another look at what was happening in my life. I had been waiting to have surgery to relieve pain, and then two different surgeons told me that surgery wouldn't help. I had *expected* they would help me and the pain would go away. Now I'm extremely disappointed, frustrated, and a little bit angry. I know that I will have to do some work to figure out what comes next in my life, but right now I just need some time to feel the feelings that go along with this disappointment.

Consider what's different about the two stories. What do you think? _____

_____

_____

_____

In which story do you think the person has the most power to change the feelings and the experience? _____

Why? _____

_____

_____

Try to think of a time in the last year or so when you experienced something you called an "increase in symptoms." Looking back at what was going on in your life before that happened, can you think of any other story for that experience? _____

_____

_____

_____

How might it have changed the outcome of that time to have told yourself a different story?

_____

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Many of us have experienced this technique of "changing stories" with the help of a counselor or therapist, using a technique known as cognitive behavioral therapy. This type of therapy gives us tools to change the "story" we tell about a particular experience so that we can gain power over it. For example, let's say I have a fear of bridges. Every time I have to drive on a bridge I have a panic attack, my heart rate gets very fast and I stop breathing. Because the panic attacks are so scary, I do everything I can to avoid driving over bridges. If I decide to see a counselor for help with this problem, it's very likely the counselor will give me some cognitive behavioral techniques to help me overcome this fear. For example, I may start by driving over very short, flat bridges while making statements that recognize my courage, my ability to cope and to learn from new experiences. I say these while doing some breathing exercises to slow the physical response of the panic attack. As I gain some success with short bridges, I now have experience with taking actions that seem risky and doing it anyway. I also begin to experience managing my body's reactions to feelings: for example, managing what I've called "panic attacks." As I experiment with these new beliefs and experiences, I find that I *can* drive over bridges and I *can* control the panic attacks, that I am safe and capable. Eventually I come to believe this new story about myself and I reclaim control over my life.

Let's look at why it might make sense to stop thinking of ourselves as "mental patients." Sometimes a psychiatric diagnosis helps the world make sense for us, especially if it leads to services or other assistance in moving toward the life we want. However, for some people, getting a diagnosis means being told that we are "fragile," that we shouldn't risk anything

stressful, that we must stop working and go on disability for life, that someone else should make decisions and do hard things for us. Maybe it was helpful to think of ourselves that way at first, while we started feeling better. Does it still make sense to think of ourselves that way? Is that really what we want?

Consider how this view of our experience might benefit us. _____

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Then consider how this view might limit us. _____

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Once we decide to take control of our own story, we make decisions about which information we choose to include. We can include all the details about the hard things, leaving out any evidence that contradicts that story. Or we can emphasize our strengths, seeing in them the road to a more fulfilling life. Taking control of our story means that we suddenly have many more tools to help us achieve the life we want. Medication may be one of those tools, but if we're looking at all of our experience instead of just a diagnosis, there are many other ways to get through hard times and to cope with challenges. If you have used WRAP (Wellness Recovery Action Plan), you are probably familiar with many tools that work for you personally.

You may have come into this class thinking it was about recovery. In fact, this class is about much more than that. If we're talking about recovery, we're still talking about life in relation to mental illness. We want to consider life as a whole: personhood, rather than patienthood. Recovery is a starting place, but there is much more to the dream of reclaiming lives. Personhood means we think about our lives from all aspects: physical, mental, emotional, social, cultural, and spiritual. All of these aspects will contribute to our ability to experience a rich, satisfying life. If recovery is the first step in reclaiming personhood, then we start there, but we certainly don't want to stop there!

How do you think you will focus on "personhood" rather than "patienthood" in your own life?

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Cultural Competence

Culture refers to the way people live, guided by the way we think and believe. Most people think about race or nationality when we think of culture, but culture can also reflect religious beliefs, sexual orientation, disability, hobbies and interests, education, talents and skills, occupation, and many other categories. For instance, when you work at a large company, that company has a specific culture that reflects its mission, its management style and work habits. People living with mental illness also have a culture, which is largely shaped by the way services are delivered in their area.

A person's culture is reflected and made known in many ways, some obvious and some very subtle. What kinds of things are reflections of culture? _____

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Most people live in more than one culture, just as we live in more than one community. For instance, we may participate in a culture related to our nationality. The culture at our workplace may be different than our national culture. The neighborhood in which we live may reflect an even different culture. Our workplace, our neighborhood, and members of our nationality are also communities. Can you identify some of the cultures in which you participate? _____

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> "Culture is not indigenous clothing that covers the universal human. It infuses individuals, fundamentally shaping and forming them and how they see others, how they engage in structures of mutual obligation and how they make choices in the everyday word." *~Philip Cushman*

Peers may be called upon to work with anyone, at any time. We do not usually get to choose who we will serve. Like any other human service worker, we have a responsibility to be prepared to offer services to anyone in need. We are also responsible for being prepared to offer the best possible services in a way that suits each individual best. In order to do that, it is important to understand some of the cultural variables that we may encounter. We also need to understand our own culture, and to recognize what aspects of our life are culturally determined. Take the Cultural Identity Survey to get a picture of your personal culture.

Consider some of the elements of culture, and the ways in which they are reflected. Can you see some ways in which we might misunderstand each other? Some things that people do as a reflection of their culture could easily be misinterpreted as a psychiatric symptom.

For example, what would you think if someone refused to make eye contact with you? _____

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What would you think if someone would not shake hands with you? _____

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Would you think it odd or "symptomatic" if someone ate with their fingers? _____

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What would you think if a person was very quiet and spoke very little? _____

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All of these things might be the way someone behaves because it is considered polite in their culture. They are not the way most people we know act when they are feeling well, but that does not make them abnormal? Be careful not to assume that any unusual behavior is a psychiatric symptom.

Some aspects of our personal culture are very dear to us. In fact, they may be so dear to us that we have always considered them to be "the right way" to do things. Expressions of respect, child-raising methods, generational relationships, and religion in particular are often invested with a value judgment. We strongly believe that our own ways of doing things, or our own beliefs, are the "right" ones. This is a strength that helps many of us recover and find meaning in our lives. We must be mindful to honor these strong beliefs while not allowing them to be barriers between people who believe differently.

We may find ourselves working with someone whose beliefs and behavior are very different than our own. What will you do when you find yourself working with someone whose beliefs conflict with your own? _____

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What will you do when the person you are serving treats her children very differently than you would (not abuse)? _____

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What will you do when someone habitually acts in a way that seems disrespectful to you?

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What will happen when the person you are serving makes a life choice that conflicts with the beliefs of your religion? _____

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It is tempting to think that we could discontinue providing services for someone when we find out that their beliefs conflict with our own. It would certainly be more comfortable for us if we could do that. Let's think about what happens to the person receiving services when we ask to be reassigned.

Imagine that you have been struggling with psychiatric symptoms for a long time. Maybe your family doesn't understand and they don't treat you very well. You haven't been on a date in years because people think you're too strange or scary. You have not worked in a long time because the stress is too hard to manage. The neighbors look at you like you are dangerous when you pass by their houses. Even the people on the bus won't talk to you.

One day, a peer is sent to help you recover. This person is like you, living with mental illness, but farther along in recovery. Their generosity in sharing their experience gives you some hope, like you are not an awful person. The peer may be the first person who has accepted you in a long time. Then you hear that the peer has asked to stop working with you. How will you feel? Will it feel like nobody will ever like you, if even a peer can't?

As a peer, we are in a uniquely important position. While we do not have actual power over the person receiving services, because we are peers, our opinion and acceptance carry enormous weight. Part of our mission includes the ability to share hope with people, to keep believing that they can get better, and to help them mobilize their unique strengths and skills to do just that. Culture and beliefs are among the most vital of the strengths and skills we possess. Our culture and beliefs can be a source of meaning and courage that support us in our recovery. As a peer, we must do nothing to damage a person's connection with their strengths.

It is possible to hold deeply our own beliefs, and yet allow others to be strengthened by theirs, even when the beliefs are very different. What can you do to allow others to fully realize their strengths? _____

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How can you let others know that you believe differently, but that this does not mean your beliefs are more important than theirs? _____

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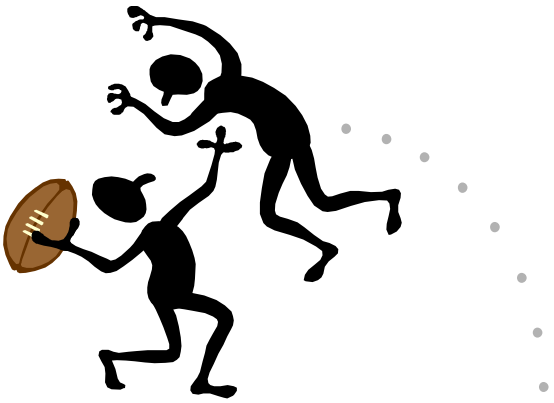
Perspective

Have you ever been to a football game? From your seats, you had one particular view of the field. Let's say that at this football game, you saw a player fumble the football, and a player on the opposite team grabbed it and fell on it. Everyone sitting around you saw the same thing. At this same game, you had a friend sitting in a different section. From their particular view of the field, they saw something different: the original player did not drop the ball, but it was knocked out of his hands by the opposing player. Everyone sitting near your friend saw this same thing.



Now let's say you both have cell phones, and you call each other to talk about this play. You believe there was a fumble, and your friend believes instead that there was a steal. Since you each have people sitting around you and supporting your beliefs, you each insist that you are right and the other one is wrong.

Of course, disagreeing about a play in a football game is not as important as disagreeing about one's beliefs. But you can use this same lesson about perspective. Each of you has a particular "view" of the universe and how it works. Each of you has a belief tied to that view, probably supported by others. Therefore you believe that your view is right. When you are disagreeing with somebody to whom you are providing services, try to remember that you are just sitting in different parts of the stadium.

Later in this training we will practice having conversations with others in a way that is authentic and true to self, yet still respectful of other perspectives.

Worldview: The Key to Understanding

We've talked about culture and the important role it plays in what we think and how we behave. Worldview is a closely related concept, but somewhat broader. We'll be looking at what "worldview" means, how it influences our understanding of self and our place in the world, and how we can evaluate our own worldview, changing it if we wish to one that serves us better.

What is a worldview?

Worldview influences four basic questions:

- Who are we?
- How do we know what we know?
- Why is the world the way it is?
- What do we expect to happen in the future?

Very simply, a worldview is a framework that ties everything together. It allows us to understand society, the world, and our place in it. It helps us to make the critical decisions that shape our future. It synthesizes the wisdom we've created from own experience as well as differing scientific disciplines, philosophies and religions. Rather than focusing on small sections of reality, it provides us with a picture of the whole. In particular, it helps us to understand, and therefore cope with, the complexity and change that are constant in our world.

A particular culture is the embodiment of a particular worldview. In other words, worldview is the thinking part and culture is the visible or behavior part of life.

The Source

As adults in this learning community, the major sources for our worldview are probably:

- ☆ Personal history, especially trauma
- ☆ Cultural background, especially nationality and ethnicity
- ☆ Science
- ☆ Philosophy
- ☆ Work
- ☆ Psychiatric treatment environments

Does it surprise you to think that your worldview might spring from your history of psychiatric treatment? For many people, it's an important source of information about "what we know." Consider the learning from the module, "Unlearning Patienthood, Learning Personhood." How much and what aspects of your worldview comes from the experience of being diagnosed with a behavioral health condition? _____

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Personal history as a source of worldview means everything that has happened to you up until now, including how you think about that, and how you have placed those experiences in your life story. *Cultural background*, to include all the manifestations of culture we've discussed, influences our worldview by providing us with stories that make sense of the world around us. These stories may come from our ancestors of many generations, and they can be treasured as a source of strength and knowledge. *Science* includes all that we've learned from and believe about scientific methods, including everything from astronomy to zoology. *Philosophy* explains how we understand our values and what we think of as "real," including religion, moral systems, ethics, and spirituality. *Work* describes the way we use our energy in life, including how we choose what we call "work" and what is required in that environment.

What else do you think has had the most important influence on your worldview? _____

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So what?

Why is a worldview important? It's like eyeglasses or contact lenses: everything we see is filtered through our worldview, past or present. Arthur Holmes said that we need a worldview for four reasons:

- To unify thought, experience and life
- To define values, our vision of a "good life," and to find hope and meaning in life
- To guide thought
- To guide action

How do you think we're defining "world" in "worldview"? _____

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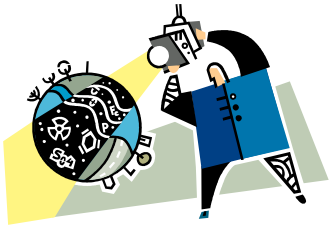
"World" in this context means everything around us—the physical universe, life, mind, people, and culture. Worldview informs our sense of our journey, where we're headed. Our worldview contains possibilities for that future, and also probably limits our possibilities. We have a choice: which possible futures do we want, and which do we wish to avoid?

Worldview also includes our sense of morality, values and ethics, giving us the "rules" to live by and, we hope, a sense of purpose that allows us to make choices between better and worse options. Our ability to put our beliefs and values into action stems from our worldview.



An understanding of how a worldview is developed and what it means is crucial to understanding an increasingly complex and changing world. We are faced with multiple worldviews, some of which tell differing stories about what is "real" and what is "true." We are challenged to sort through this complex array of stories with wisdom, especially when we work

in human services. Remember the football stadium? We want to honor all others, and treat them with respect and dignity, even when we see things another way. The dominant culture in the U.S. often doesn't demonstrate a respectful stance toward other worldviews. That culture encourages assimilation into the Western view of civilization. In this learning community, we will learn specific skills that allow us to honor increasingly complex and differing worldviews.

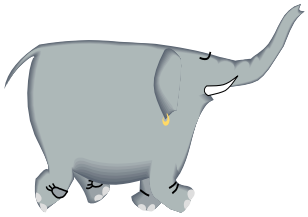
Here's a story, like the football stadium example, that helps illustrate the importance of understanding competing worldviews.

The Blind People and the Elephant

Several people went to the local Wisewoman and said, "There are many wandering hermits, teachers and scholars who constantly argue. Some say that the world is infinite and eternal and others say that it is limited. Some say the soul dies with the body, others that it lives forever. They argue about these and other aspects of life. What would you say about this?"

The Wisewoman answered by telling this story.

> One day a caravan with an elephant arrived in the town of Anywhere. A certain prince from the town called to his servant saying, "Go and bring each person who was born blind and show them the elephant."
>
> The servant, a very clever young woman, did as she was told. She brought one blind person at a time saying, "Here is an elephant. Examine it so that you may tell the prince what sort of thing is an elephant." The servant then presented to each blind person only one part of the elephant, telling them that this part was the elephant.



> Once each person had a turn, the clever servant brought them together to the prince, who asked, "Tell me, what sort of thing is an elephant?"

The first person had explored the elephant's body. "The elephant felt hard, big and wide. It is like a wall," the person said.

The second person had studied one of the tusks. "It was smooth, hard and sharp. An elephant is a spear," the person said.

The third person had felt the trunk. "The elephant was long, thin and wiggly. It is some kind of snake," the person said.

The fourth person had considered a leg. "It was thick, rough, hard and round. An elephant is like a pillar," the person said.

The fifth person had examined an ear. "The elephant was broad, thin and moved gracefully. It is a fan," the person said.

The sixth person had inspected the tail. It felt long, thick and strong. "An elephant is something like a rope," the person said.

As they listened, they realized that each had a different idea, and no idea was consistent with any other. Whatever an elephant was, no two of these views together could describe it. They began to quarrel and shout. "It is like a wall!" "No, it is not!" "Yes it is!" and so on and so on, each finding fault with the next.

Soon, they remembered what they had heard about elephants. But for some, what they had heard did not agree with their experience. In growing confusion, they advanced proofs to support their own views, and to dispute the views of the others. They described these proofs as rational and learned.

The first said: "I have heard that in war the elephant protects the army. Therefore it must be a kind of wall." The fourth said: "I have heard that the elephant carries the weight of a thousand men and moves without effort. Thus, the elephant must be a pillar." The sixth said: "My senses lie! It cannot be a rope, for I have heard that a princess can sit in comfort on an elephant. So, it must be a kind of seat." Finally, they came to blows over the matter.

Upon completing the telling, the Wisewoman said, "The hermits, teachers and scholars who argue are like the blind people in this story. Their ignorance causes

them to be as quarrelsome, wrangling, and disputatious as the villagers who met the elephant, each maintaining reality is thus and thus.

"Now," said the Wisewoman, "consider for yourself whether these kinds of arguments ever lead to an understanding of "truth." What do you think?"

The Wisewoman smiled. "Be as the child from Anywhere who watched and heard them all. 'Each of you is right,' she called out, 'but you are all wrong.'" Each person knows only one part of the elephant; none of us sees the whole.

*This version of the ancient tale was adapted from Buddhist, Islamic, and other cultures .

Testing worldviews

A worldview, to be useful, should pass certain "tests." In other words, we want it to contain some elements that make it work for us.

- It ought to be supported by evidence and consistent with what we observe
- It ought to give a satisfying comprehensive explanation of what we agree is "real" and be able to explain why things are the way they are
- It ought to offer a satisfactory basis for living

Understanding the elements of a worldview and what makes it useful will allow us to more clearly understand the worldviews of others who may have different ideas than we do. It also gives us a structure for talking about what we believe and why.

The evolution of a worldview

A worldview does not have to be fixed and permanent. For most of us, as we grow, our understanding changes, especially when we are actively seeking to learn new things. Our early worldview comes mainly from what we learn from our parents and caretakers, as well as from experiences that affect us deeply. Sometimes that leads us to a conscious intention to do things differently. Have you ever found yourself saying, "I don't want to make *that* mistake again!"

As we grow, our worldview often shifts to reflect more and more of our direct experience with the world, our feelings, thoughts and preferences.

Consider some examples of how a worldview might change.

> Let's say that you are told by your doctor that you have a disease called bipolar disorder. The doctor says that you will never be able to trust your feelings or thoughts. You need to stop working and go on disability, because you're not capable of coping with the stress of work or school. However, another person with a differing approach to these challenges may say that you have a gift, one that leads you to some extreme and unusual perceptions and behavior if you're not careful about how you use your gift. You can learn how to utilize your gift and take very good care of yourself.

> You may have learned that "help" means you have "something more" than the person you are helping. You have more than enough (you are privileged) and so you give to those who lack (they are underprivileged). Another worldview considers "help" to be negotiable, recognizing that both people have strengths and challenges. The goal of "help" in this worldview is to work together to create a better life for both people and a better community overall.

A worldview is useful for us if it serves wholeness, and less useful if it creates challenges or roadblocks. Try considering your worldview. What possibilities does it open for you? What doors does it close? Try the exercise below to help you understand the elements of your personal worldview.

Worldview Questions to Consider[1]

How do you explain human nature? Some say we are born as blank slates, neither good nor bad. Others say that we are born good and it is the influence of society that leads us to behave otherwise. What are your beliefs about this? _____

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How do you determine what is right and wrong? Some say that ethics are relative, that they depend on the situation. Others believe that there is an absolute "right" and "wrong." What do you think? _____

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How do you know that you know? Some say that the mind is the center of our source of knowledge—things are known only from our ability to "reason." Others believe that knowledge is only found through our five senses—that we know only what is perceived. Still others place great significance in our "intuitive" abilities—our insights or our sixth sense. How do you answer this question? _____

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What is the meaning of our past (personal and group)? One answer is that our past is a fixed chain of events linked by cause and effect—what has happened is over and has no meaning other than that. Another answer is that our past has the meaning that we give it at any particular time based on the stories we or others create. This includes the view that we can change of the meaning we give to our past as we shift our perspective and values. Yet another view is that nothing has meaning because life is absurd. What do you believe? _____

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What is the meaning of our future? Some believe that our lives are pre-determined based on our biology or fate. Some believe that our past is the best way to predict our future. Some believe that we have free choice—our future is up to us. How do you answer this question? _____

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References

Solomon, Jerry. *Worldview* (1994). website article, http://www.probe.org/content/view/932/77/). *(*Probe Ministries

Wellness Tools

Wellness is different for everyone. Each of us defines recovery in our own way, and each of us has certain "tools" that have helped us in particular. In moving beyond recovery and into wholeness, we may choose an even broader array of tools. This module will introduce you to some of the best known recovery tools.

Most people think that medication is the major treatment for serious mental illness. It's true that medication is helpful for many people. It's also true that many medications have unpleasant or even intolerable side effects. What happens when medications don't work? Aren't effective? Have side effects you would rather not experience? People have been experiencing mental illness for centuries. What did they do before medications were available? Whether we choose to use medication or not, there are many other ways to enhance wellness and enrich our lives.

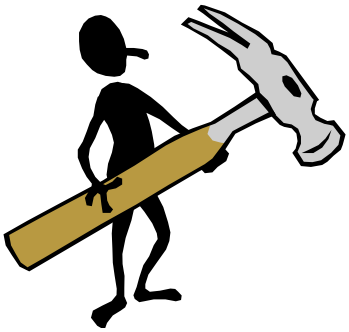
WRAP

One of the best known recovery tools is the Wellness Recovery Action Plan (WRAP). WRAP was developed by Mary Ellen Copeland, MA, MS, in conjunction with many people who live with mental illness. The program is designed to help us monitor and manage our own wellness. While WRAP has a specific format and structure, it is flexible enough to be adapted by anyone to meet their own specific needs.

WRAP consists of six parts: Daily Maintenance, Triggers, Early Warning Signs, When Things Are Breaking Down, Crisis Plan, and Post-Crisis Planning. Each of these parts begins by identifying what each is like for the individual. Then the person creates an action plan to help manage things that come up in this state. WRAP is flexible enough that it can be used for people with or without psychiatric symptoms to manage the stresses and demands of everyday life. It can be used to manage chronic illness, substance abuse difficulties, life changes, emotional distress, and a wide range of other conditions.

Medications work because they change our brain chemistry. There are many other ways in which we can change our brain chemistry, but the effect is less noticeable. These other methods include diet, exercise, sleep, relaxation, creativity, diversionary activities, support, and spirituality. We can experiment with these things to find combinations that support our optimal health and wellness. WRAP provides a structure for employing these methods in a methodical way. Some people are able to lower the amount of medication they require; some people are able to discontinue medication altogether. WRAP is meant to help people take charge of their lives in a way that lets them control their mental, emotional and physical responses.

WRAP is published by Peachtree Press. You can access Mary Ellen Copeland's WRAP and her many other publications at her website: http://www.mentalhealthrecovery.com. Other books by Mary Ellen Copeland cover topics such as depression, bipolar disorder, recovery from trauma, winning over relapse, and fibromyalgia.



Getting a Life

Ed Knight, Ph.D., and Ike Powell designed a recovery workbook titled, "Getting a Life: A Course of Action for People Diagnosed with a Serious Mental Illness." The workbook includes ten modules covering topics such as:

- ☆ Being the expert in one's own life
- ☆ Managing thoughts and emotions
- ☆ Creating a new life instead of trying to change the old one
- ☆ Being responsible for one's life and recovery
- ☆ Despair
- ☆ Negative thinking

"Getting a Life" is available from Ike Powell, Innovative Group Processes, 909 Forest Street NW, P.O. Box 209, Cairo, GA 31728. Trained instructors are available throughout the U.S.

Pathways to Recovery

Another excellent self-help resource is called Pathways to Recovery: A Strengths Recovery Self-Help Workbook, by Priscilla Ridgeway, Diane McDiarmid, Lori Davidson, Julie Bayes and Others. This workbook doesn't focus on symptoms, treatments, or other medical-model understanding. Instead, it creates a format for self-assessment, self-discovery and planning to help people set goals and realize their dreams. Some of the domains covered include:

- ☆ A sense of home
- ☆ Satisfying work or volunteer activities
- ☆ Meaningful relationships
- ☆ Intimacy and sexuality
- ☆ Spirituality
- ☆ Higher levels of wellness

"Pathways" is available from the University of Kansas School of Social Welfare: the website is pathways@ku.edu. Or request information from Pathways to Recovery, 2706 Iowa, Suite C, Lawrence, KS 66046.

Many people around the world recover from many challenges in ways they have discovered on their own. As a peer worker, you may share what you know about regaining wholeness with people you serve.

What are some of the "tools" you have used to help you recover? _____

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How do you think you can help others discover tools that work for them? _____

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Leadership Academy

The Consumer Organization National Technical Assistance Center (CONTAC), in West Virginia, offers a Leadership Academy that is available throughout the country. This training is nationally recognized as an exemplary program. It is designed to help people with behavioral health challenges learn skills in organization, advocacy and civic participation. The Recovery Empowerment Network of Maricopa County offers this training at least quarterly in Arizona, and can offer it in other locations upon request.

Creating Community

A community is a group of people united around a common interest, value or location. Many people first think of the neighborhood in which they live when they think of community, and geographic considerations are one definition. Communities also form around religious beliefs, academic interests, health, and pursuits such as recovery, politics, and nationality. Because "community" can be defined in so many ways, most of us belong to more than one community.

Can you think of some communities to which you belong? _____

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Some communities form naturally, such as neighborhoods. Others are created on purpose, or intentionally, around principles or beliefs. When the principles or beliefs are a fundamental organizing component of the community, it may be called an "intentional community." Intentional communities may be developed around religious practices, sustainable farming, affordable housing, collaborative parenting, or other similar beliefs. These types of communities have existed for as long as humans have walked the Earth, and there are currently thousands of intentional communities worldwide.

This class is also a type of community that we call a learning community. We define it as a community organized around learning specific skills and ways of thinking. It could also be called an intentional community since we agree to certain things when we enter this class, and we embrace a set of beliefs and practices.

What does it mean to be in community? The dominant culture of the United States does not place a high value on community; we are taught to be independent, self-determining, and to place our own needs before the needs of others. Other cultures, however, including some in the United States, place a much higher value on community, with members seeking guidance from the community and considering community needs before their own. Recent generations in the U.S. have grown up with two working parents, no front porch, and activities centered around school and home rather than a neighborhood. Extended families may not even live in the same state, much less the same house or neighborhood. We've lost the habit of watching out for each other and taking care of each other.

One element that helps communities bind together is the observation of shared values. Values are not born in us, but developed over time, influenced by our parents, our teachers, our friends, and the culture that surrounds us. Sometimes we choose a community based on values; other times we learn values from our community.

In the 19th Century, French philosopher Alexis de Tocqueville visited the United States and was impressed by the strength of community that he noticed. He coined a term to describe what people did to strengthen community; he called it "habits of the heart." Some of those are activities and some are values. Here are some common values that could be called "Habits of the Heart" for their ability to build and strengthen community.

- A nurturing attitude: A willingness to take the time and trouble to nourish others and help them grow and achieve
- Dependability: being trustworthy so that others can count on you, they know that your word is true

- Responsibility: taking action without waiting for someone else to tell you what to do; seeing what needs to happen and doing it
- Friendship: remembering that it is as important to be a friend as it is to have a friend; sharing good times and bad
- Brotherhood: an extension of friendship to people we don't know, people who are different than we are, especially people who struggle
- High expectations: holding the hope for others, always expecting people to do their best; encouraging and praising them
- Courage: standing up for what is right and true, speaking out on behalf of others, fulfilling personal commitments even when it's hard
- Hope: believing in a tomorrow that will be better than today, helping others carry that belief as well
- Connectedness: recognizing how we are connected to each other, honoring that connection and working to strengthen it

As a learning community, we will practice lots of new skills. Some of them will be lessons taken from the workbook, and some of them will be lessons in community and collaboration that come from being together in this environment. Because so many of us have lost the habit of being in community with each other, this part of the learning will be as important as the actual lessons. What are some ways in which you will practice being in community with others? _____

_____

_____

_____

_____

Honoring our Community Agreements will help us improve our skills in community. Respecting the values of others while honoring our own is fundamental to this practice. Just for fun, try the following Values Exercise to see where you stand personally. You may wish to share the results with the rest of the learning community at our next meeting.

Values Exercise

This exercise is designed to help us clarify our values and discover what is most important to us. Before moving on to the worksheet, read each value and its definition.

Achievement refers to what you accomplish through work or effort.

Beauty is an appreciation of natural or created beauty, a desire to have more beauty in your life.

Connectedness is a desire to be always involved with and connected to other people, pets, and the world around us.

Health is a state of wellness and well-being; freedom from suffering.

Helpfulness is a desire to help other people, to do things that make life easier or more comfortable for others.

Independence is the ability to meet one's own needs, to hold one's own ideas without being easily persuaded, to be free from entanglements.

Leadership is a talent for guiding others, for influencing activities and opinions.

Leisure is the ability to relax without pressure from obligations, the freedom to pursue one's interests in one's own time.

Love is the strong emotion that we experience with deep connectedness; passion, tenderness, devotion.

Material wealth refers to income, belongings, resources, freedom from want.

Order is an appreciation for organization, efficiency, neatness.

Pleasure is a sense of satisfaction or gratification that comes from meeting physical needs.

Power is the ability to have an impact or influence over events and outcomes.

Privacy is the ability to have space and time to oneself, without having to answer to someone else about activities or belongings.

Recognition is acknowledgment for who you are as a unique individual, for your accomplishments; respect, honor, dignity.

Responsibility is the ability to make decisions and take action on one's own, to fulfill obligations, to take care of one's personal needs.

Security is a sense of safety, freedom from fear and worry, especially physical or economic.

Self-expression is the ability and freedom to express dreams, ideas, thoughts, or beliefs in a creative manner.

Simplicity is an appreciation for natural things, authenticity, uncomplicated lifestyles.

Spiritual life is the freedom to pursue your religious or spiritual faith in a way that honors your beliefs.

Truth is honesty, authenticity, what we believe to be true, what we know from our experience.

Directions: Using the table on this page, evaluate these 21 values in order of their importance to you. Most important is 1, and least important is 21. There is no right or wrong answer; this is just a way to learn more about yourself.

Take some time to think about your answers. Write down competing values so you can weigh them carefully. There's no rush, so you can think through this fully. It's a good idea to use a pencil when you start writing in case you want to make changes.

Try to answer the questions without comparing answers with anyone else. Ask questions about the wording or the directions, but don't share your answers with anyone else until you've completed the exercise.

Value	***Rating***	***Value***	***Rating***
Achievement		Pleasure	
Beauty		Power	
Connectedness		Privacy	
Health		Recognition	
Helpfulness		Responsibility	
Independence		Security	
Leadership		Self-expression	
Leisure		Simplicity	
Love		Spiritual life	
Material wealth		Truth	
Order			

Scoring: Look at the scores you've assigned each value and transfer those scores to this table. Write the value that you've scored as number one in the line next to "1" and so on.

	High-Order Values		**Middle-Order Values**		**Low-Order Values**
1		**8**		**15**	
2		**9**		**16**	
3		**10**		**17**	
4		**11**		**18**	
5		**12**		**19**	
6		**13**		**20**	
7		**14**		**21**	

The High-Order Values are the ones that are most important to you. Were you surprised about any of these? Do they match the values of the people closest to you? We all think that we hold certain values high, but when we must compare them to each other and choose one over another, it becomes more difficult to decide what matters most.

How do you think an understanding of your values will help you work toward building community?

Human Rights and People With Disabilities

What does it mean when we say we have "rights"? Generally, having a "right" to something means we have an established legal, moral, or just claim to something: a privilege, for example, or a certain kind of treatment. "Established" means that the right must be generally agreed upon in order for it to be valid. Usually that means that someone has written down the "right," voted upon it, or passed it into law.

There are some rights that we can claim simply by being born, others are guaranteed to us through the law. For example, it's not a right for everyone to get a college education. It is, however, the right to have an equal chance to go to college, if we have the intellectual capability. Other rights are ours because we have earned them through work or privilege. People who have graduated from medical school and passed licensing exams have earned the right to practice medicine. Many social programs are developed around what are considered to be basic human rights, such as the right to basic housing, food, and health care.

This section examines the rights of people with disabilities, rather than the rights of people with mental illness. People with all kinds of disabilities face similar kinds of challenges. Building a coalition of advocates across disabilities creates greater leverage for education and organizing than would a group of people with mental illness. Whenever we can collaborate with those whose interests are similar, rather than fighting against them, everybody wins.

Let's start by looking at some basic human rights, those things we think we're entitled to simply by virtue of being born. How many can you think of? _____

_____

_____

_____

How did you know about these rights? _____

_____

_____

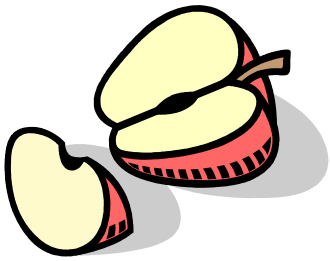
Have you ever found yourself demanding something that you thought you deserved, and called it a right? What were you asking for? _____

_____

In some countries and in many states in the U.S., the law recognizes rights specific to people with mental illness. Do you know any of these? _____

_____

_____



Let's consider basic human rights again. On the lines below, list five basic human rights.

1. _____
2. _____
3. _____
4. _____
5. _____

Rights, as we mentioned, are established as legal, moral, or just. They are agreed upon by the community that supports those rights. If you are expecting to receive those rights, must you be a member of that community?

If we are members of the community, we have *responsibilities* as well as *rights*. Communities do not exist merely to take care of us; they exist also as a place for us to support others, to share our gifts, to be recognized for our full range of talents and interests. If we expect to be a full member of the community, we must participate in that community. In the table below, first list the rights you wrote down on the previous page. Then, in the next column, list a responsibility you might have to the community.

Rights	*Responsibilities*

How does this exercise change the way you think about your rights? _____

_____

_____

_____

Do you think this makes you more or less valuable to the community? _____

_____

Human rights and the United Nations

Human rights are encoded in many important documents, including the Universal Declaration of Human Rights. This document was adopted and proclaimed by the United Nations in 1948. The basic version of that document reads:

1. Every person is born free and equal in dignity and rights.
2. Every person has human rights regardless of race, sex, language, belief or religion.
3. Every person has the right to life, liberty, and security.
4. Slavery and the slave trade are prohibited.
5. No person shall be subjected to torture.
6. Every person has the right to recognition as a person before the law.
7. All persons are entitled to equal protection before the law.
8. Every person is entitled to the aid of law when not treated fairly.
9. No person shall be subjected to arbitrary detention.
10. Every person is entitled to an impartial hearing.
11. Every person shall be considered innocent until proven guilty.
12. Every person has the right to protection of his or her privacy.
13. Every person has the right to travel freely within a country and to leave and return to his or her country.
14. Every person has the right to asylum from persecution.
15. Every person has the right to a nationality
16. All adults have the right to marry of their own free will and to found a family.
17. Every person has the right to own property.
18. Every person has the right to freedom of religion.
19. Every person has the right to freedom of opinion and expression.
20. Every person has the right to freedom of personal assembly and association.
21. Every person has the right to take part in the government of his or her country.
22. Every person has economic, social and cultural rights.
23. Every person has the right to work, to just pay, and to form and join unions.
24. Every person has the right to rest and leisure.
25. Every person has the right to an adequate standard of living.
26. Every person has the right to an education.
27. Every person has the right to participate in cultural activities and benefit from scientific advancement.

28. Every person is entitled to a social order in which these human rights can be realized.
29. Every person has duties to the democratic society according to the law.
30. No person can take away these rights and freedoms.

Note that even this document recognizes our responsibilities to each other: article 29 states that "every person has duties . . ." This Universal Declaration is over 50 years old. Do you think that all of these ideals have been accomplished in your country? In any country?

One of the reasons why we have responsibilities as well as rights is that rights are perilous. As we can see by reading the Universal Declaration of Human Rights, it is not easy to secure rights and it can be very easy to not to have rights recognized or to lose rights. Part of our duty to society is to protect against the loss of rights, and to stand up for the rights of others when they are threatened. It is also our responsibility to continue to recognize others as part of our community, and equally worthy of protection.

The United Nations has been working on a Convention on the Rights of Persons with Disabilities for some years. This Convention was approved in 2007. It recognizes some basic rights, including:

- Equality and non-discrimination
- Accessibility
- Right to life
- Equal recognition as a person before the law
- Access to justice
- Freedom from torture or cruel, inhuman or degrading treatment or punishment
- Freedom from exploitation, violence or abuse
- Protecting the integrity of the person
- Liberty of movement
- Living independently and being included in the community
- Personal mobility
- Freedom of expression and opinion, and access to information

- Respect for privacy
- Respect for the home and family
- Habilitation and rehabilitation
- Education and employment
- Adequate standard of living and social protection

Note that these rights are meant to apply to people with all kinds of disabilities. In fact, the workgroup on this Convention includes people with a huge range of challenges, including mental illness, developmental disabilities, mobility related disabilities, deafness, even chronic pain.

We will learn more about rights when we discuss advocacy. In the meantime, how does this understanding of rights as balanced with responsibilities change what you thought about your rights? _____

_____

_____

_____

How do you think you can use this knowledge to help yourself and others? _____

_____

_____

_____

_____

Advocacy

An *advocate* is a person who speaks for someone else, to help them get what they need. Lawyers do this. Sometimes case managers do this. Often parents advocate for their children. An advocate has a clear purpose and definitely takes sides. It's a very different role than that of mediator or educator.

Taking sides doesn't mean that an advocate is loud, unfair, or unaware of the needs of the other side. To be effective in advocacy, we must be able to say things in a way that the other person can hear. Sometimes we need to hear what the other side needs so we can help them give us what we need.

Advocates help people who are disempowered. Parents advocate for children, because children have no power. Lawyers advocate for their clients because the client has not been able to get what he needs. Sometimes case managers advocate for us to get the services we need. People who are very old or very young, people who are ill or have a disability, people who cannot get what they need all can benefit from advocacy. As a peer, it's very likely that you will have an opportunity to advocate for someone you serve.

Advocates work to help individuals get what they need, but advocacy is important for larger groups as well. A case manager might advocate for a group of people who need a particular service. A social worker might advocate for the needs of a community. Or an advocate might represent a very large group of people, such as children or people with disabilities, and engage in legislative advocacy. Legislative advocates represent people (usually large groups) in an effort to pass (or stop) legislation that affects the group. No matter if it's a single person or a whole population, advocates do their best to help that person or group get what they need.

When do you think you might have an opportunity to act as an advocate? _____

_____

As a peer worker, you may be able to advocate for someone who:

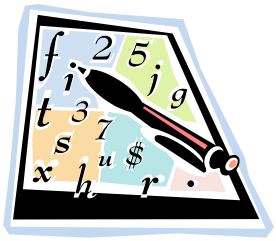
- ☺ Wants to change providers
- ☺ Needs a new place to live
- ☺ Is having unbearable side effects from their medication
- ☺ Has a problem with a roommate
- ☺ Is trying to get vocational rehabilitation services

When you are acting as an advocate for someone, be sure you are very clear about what they want before you begin to speak for them. You may want to make notes and ask a lot of questions so you'll be able to provide adequate information on behalf of the person. Try not to misrepresent their needs and interests; be honest about what you are asking for.

Acting as an advocate for someone is a wonderful way to help people. An even better way to help someone is to teach them how to advocate for themselves. Peer support is usually a temporary relationship; we won't be providing services to that person forever. Part of our job is to help them develop skills, strengths and connections that will support them once we're no longer working with the person. You may decide to undertake advocacy together with the person, or with the person present and watching you. Maybe you will advocate for someone once and then support them in doing it themselves the next time. One of the things that makes us "peer" is passing on our knowledge and skills.

Advocacy, as we mentioned, is not the same thing as insisting or yelling. It doesn't mean we take up another person's cause like we're entering battle. The best advocates learn to say things in a way that the other person can hear clearly. Some simple guidelines will help you be as effective as possible.

- Get your facts straight and complete
- Identify the person who can help you (the target)
- Be prepared
- Be polite
- Suggest a solution
- Be persistent
- Mobilize support when necessary



Get your facts straight and complete

Before you set out on a crusade to right a wrong, be sure you have all the facts. Start with the person for whom you will advocate. Find out when the problem began, how it unfolded over time, who they talked to about solutions, what they have tried already. Get dates and names whenever possible. If other people are involved, see if you can get their perspective too. If you begin advocating for someone based on incomplete information, you may embarrass yourself and the person you serve. You may also lose a lot of credibility. When we begin to advocate for someone, people notice if we have really done our homework. Make sure you know everything you need to know before you begin.

Identify the person who can help you (the target)

Advocacy is an effort *for* someone (the person you serve) and *to* someone (the person you ask for help). You're already clear about advocating *for* the person receiving services. To whom will you aim your advocacy efforts? Who is the person who can really help resolve this situation? A lot of time and effort can be wasted by pitching a well-researched advocacy effort at someone who has no power to help you. You may need to ask a few questions before you choose your target.

Be prepared

Speaking firmly on behalf of someone else is not a familiar or comfortable role for many of us. Expect to meet at least a little resistance, or at least be able to answer some questions. It's a good idea to make some notes and take them with you. You might even want to write out a

script so you don't forget the main points you want to cover. Don't be afraid to refer to your notes when you are talking. The target person will respect the fact that you have come prepared and you have good notes. You might even bring a copy of your notes for the target person.

Be polite

When you need something from someone and you have not been able to get it, it's natural to begin to view the other person as an adversary. This view is not useful in advocacy. It's true that the other person has the power to give you what you need, but try not to assume that they are withholding what you need out of malice or meanness. Assume that you have not gotten what you want because the person needs more information. Try to view your target as a partner in helping you get what you need. No matter how difficult your work becomes, do not lose your temper! Avoid name-calling or implications that the target person is anything other than a reasonable human being. Speak like you would in any ordinary conversation. There is no need to raise your voice to get your point across. In fact, if you raise your voice, the target person will be *less* likely to be reasonable about your request. Try to avoid a tone of voice that reveals sarcasm, frustration, anger, or condescension.

Suggest a solution

It's always possible that your problem has not been resolved because the target person isn't sure what would help. When you present a problem to someone, be prepared to suggest at least one or two acceptable solutions. This helps the target person understand what you need. It also shows that you are really seeking a solution and not just complaining. Be prepared to consider other possible solutions as well.

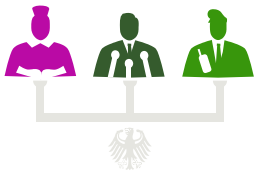
Be persistent

Your advocacy efforts may be so effective that the target person quickly agrees to give you what you need. Or it may take more time and more persuasion. If the person says "no," ask why so you know what to do next. You may offer more information right away, or you can come back later with more facts. You may need to speak to someone else who can help you. Ask to speak to the person's supervisor. If you sense that the target person is getting angry or frustrated, you

may want to end your efforts for the day and come back at another time. It doesn't help to become annoying.

Mobilize support when necessary

Some advocacy efforts work best when large numbers of people support the effort. Advocating for a new service is a good example. You and some of the people you serve may want your service provider to offer a new type of counseling. See how many people you can get to sign a petition, or attend a meeting, or write to the target person. Volume counts.



Legislative advocacy

Many people believe that they have no impact on what happens in the state and federal legislature. Or they may think that legislators don't do anything that affects our lives directly. Both of these ideas are completely untrue. Legislators have some ideas of their own, but they prefer to hear about issues from the people whose lives are directly affected. At the level of the state, legislation has an impact on the services that are available to people with mental illness. The budget has probably the greatest impact on whether specific services will be there when we need them.

You can have an impact on the issues that affect you in several ways. First, register to vote, and vote. Find out who represents you at a local and state level. Second, stay informed about upcoming legislature and budget activities. Find a local resource who can keep you up to date. Third, let your legislators know how you feel. You can call, write, or email. Fourth, tell your friends about issues of interest and encourage them to get involved as well. In recent years, mental health advocacy groups have exerted considerable influence on the state legislature in Arizona and as a result of that effort it is now (finally!) illegal in Arizona to discriminate against someone with a mental illness regarding employment. You can make a difference.

Communication Fundamentals

Most of us who are involved in peer related services start this work because we want to help others like ourselves. In order to be truly helpful, we must be able to communicate clearly with the other person. Communication involves more than just speaking; it also involves listening well so that we can understand. The way we speak and listen also reflects our *role* in the other person's life: for example, your case manager speaks to you in a different way than does your friend. Learning to be a peer worker includes learning to speak in a way that models hope, listening deeply, and sharing support instead of giving directions.

Listening. The first skill we need in communication is listening. Remember that the other person is the expert in his life, and we want to learn about his strengths and challenges from the expert. You may have read something about this person before the first meeting, but try not to let that get in your way.

What are some traits of a good listener?

_____

_____

_____

_____

_____

When have you felt really "heard"? Who has really listened to what you have to say? _____

_____

_____

_____

_____

_____

When you listen, be *patient*. Give the person time to think of what she wants to say. Try not to finish her sentences. Don't tell her what she means. If you're not sure, ask.

Listen for *strengths*. See if you can find something that you admire or respect about the person. Listen for common experiences to help you understand.

Listen for *meaning*. Again, try not to assume that you understand what the other person means by common words like "respect." For example, if the other person says, "I just want to be treated with respect!" ask, "What would that look like for you?"

Listen for *hope*. When you hear that someone has felt hope or acted in a way that expressed hope, support that.

Listen to *witness.* We all need to be acknowledged as human beings, as people who struggle with life and are hungry for success. Many people living with serious mental illness are very isolated. Simply hearing what another person has to say is a gift.

Because it's not our job, as peers, to give direction, we may spend a lot of time listening and much less time speaking. We are not qualified to diagnose, direct, advise, or otherwise make decisions for the people we serve, but we can support them in discovering their dreams, their strengths, and their hope. Your specific job may require you to have certain kinds of communication with others, but as peers, we always let the other person take the lead. We're there to support people, sometimes to help them with self-discovery, but not to tell them what to do.

Modeling hope. When we do speak, the things we have to say will reflect our recovery. We want to acknowledge any difficulty that the person is experiencing, yet affirm our belief that people can and do recover. It's a fine line between validating someone's pain and staying stuck.

What kinds of things have people said to you that inspired hope? _____

_____

_____

_____

_____

_____

_____

_____

What would you have liked to hear, but didn't? _____

_____

_____

_____

_____

_____

How do you think you can find that balance between validating someone's feelings and helping them find hope? _____

_____

_____

_____

_____

_____

_____

Encouragers. We can use specific communication skills to encourage a conversation, to build trust, to model hope, to help the other person know that we are truly listening. All of these skills encourage the person to speak, and help to build the relationship. Here are some specific skills that you will use when working as a PS.

Skill	*Use when:*	*Example*
Open-ended questions	You want to encourage the person to say more	"What was it that you liked about your job?"
Reflection	You want to reflect meaning or feelings back to the person speaking	"It sounds to me like it wasn't a good experience and you're hoping you won't have to go through that again."
Making meaning	You want to e sure you know what the words actually mean	"How did you come to know that?" "What would it look like if that were true?"
Validation	You want to acknowledge the emotional content of the speaker's words	"I guess you're feeling pretty sad right now."
Wondering	You want to ask for more information in a non-judgmental, non-threatening way	"I wonder if you're thinking about getting back at the person who hurt you."
Clarifying	You want to be sure you understand the person.	"Let me see if I understand this. Did you say . . . "
Non-verbal encouragers		*Generally, sit comfortably and relaxed with arms and legs uncrossed, *Make eye contact (as appropriate), *Focus on and face the person, * Use semi-verbal encouragers like, "Um-hum," *Explain behaviors that may seem distracting, such as shifting position to become more comfortable.

Validation is so important in communication with peers that it deserves special emphasis. Imagine that something really difficult has happened in your life, and you try to tell someone about it. You are experiencing very difficult emotions because of this event, but the person listening to you wants to jump right into problem-solving. You may feel resentful and "unheard"

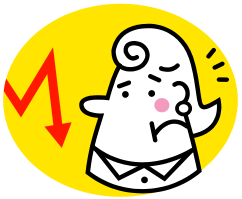
because the listener didn't acknowledge and validate the emotional content. It's always useful to try to imagine what the speaker is feeling, and explore that before trying to solve problems.

Discouragers. Just as some communication skills encourage conversation, others will discourage further talk and block the development of trust that happens when we're building a relationship. Here are some habits to avoid.

Habit	*Example*
Giving advice	"Here's what you should do . . ."
Making predictions	"If you don't take your meds as prescribed, you'll be back in the hospital next week."
Being the center of attention	"You think you had a hard day? Let me tell you about what happened to me!"
Minimizing	"By next year, you will have forgotten all about this."
Reading minds	"You don't really mean that, you're just tired."
Patronizing	"Of course I like your little friends."
Interrogation	"What were you thinking? Why didn't you talk to somebody before you did that?" Don't you think it's a bad idea?"
Judgments	"You had trouble with your roommate because you can't keep your mouth shut."
Lectures	"You should stop spending all your money on junk food. You'd be healthier and you could save some money."
Diagnosing	"That's not a valid statement; it's just your symptoms talking."
Non-Verbal	Looking around the room while someone is speaking, Avoiding eye contact, Doodling or taking notes, Turning your back, Making distracting movements like tapping a pencil or your fingers

The way we use language makes a difference in our relationships. The language of doctors and counselors can create a sense of distance, reinforcing the idea that the professional is the expert. You know the language of diagnoses, medications and symptoms, but it's easier to "stay peer" if you're using simple, non-medical language. Instead of talking about symptoms, talk about

experiences or feelings. Don't confuse ordinary human emotions with symptoms. Try to use the plain words you would have used if you'd never heard of symptoms or diagnoses.



Some situations pose special problems for communication. It may be that we're triggered by something that comes up. Or maybe we're not sure what to do or say. Often when the person we're serving is experiencing a lot of discomfort, we want very much to do something to help, but we don't know what to do. When we're confronted by something that makes us uncomfortable, it's easy to overreact. Here are some guidelines for special situations.

Anger. Sometimes anger is an appropriate response. Remember that there's a difference between anger and symptoms. Acknowledge that it may be the right response for the situation. Don't get angry back. Try not to take it personally. Let the person express their anger. Wait until the person is calmer before trying to look for solutions.

Despair. What if the person doesn't want your help? Take a look at what sort of "help" you've been offering. Most people are happy to have someone who will just "be" with them, without trying to direct them or analyze them. Try letting the person take the lead.

Negativity. When we've been sick for a long time, perhaps in "the system" for a long time, we learn about illness culture. This means that the illness becomes the main focus of life, and the person believes they have no power to overcome symptoms and other difficulties. Be patient and keep modeling hope.

Misunderstanding. This could happen for many reasons. It could be that the person you're serving is from a different culture, and is doing or saying things that you don't understand. Or the person may be feeling very emotional or distressed and doesn't seem to be "making sense." Sometimes the person we're serving doesn't understand us. Either way, try to let go of your need to be "right." Don't assume that the other person is "symptomatic." Ask lots of questions, or if it's the other person who doesn't understand, try to explain yourself. Be patient. Keep talking. Say, "help me understand."

It helps to practice, and to watch others using these skills. We will take some time for role plays, and giving each other feedback on our practice.

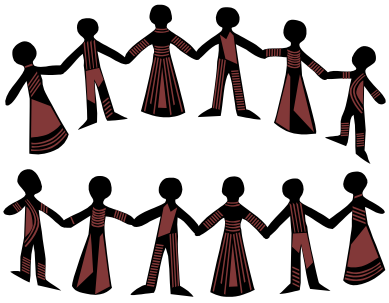
Understanding meaning. Sometimes people say things we don't understand. The medical model interprets this as psychosis, or manipulation, or some other thing that means we're sick. There are often other interpretations, however, and it's easy to understand that when we consider how often we misunderstand each other even without a psychiatric diagnosis. Be very careful about assumptions, even assumptions such as the meaning of "common" words. Ask questions to help clarify meaning.

Authenticity and Transparency. This particular way of speaking is unique to peer workers. First, we want to be completely authentic about our experience. Peers are equals in many ways, and hiding our feelings or our impressions does not serve the relationship. Second, we talk about any uncertainty or confusion we experience rather than making the other person guess. If I'm uncomfortable because of something done by the person I serve, I will say that I'm uncomfortable rather than telling the person he's "inappropriate" or "symptomatic." This is authentic, in that I am owning my own problem (my discomfort). It's also transparent because I'm not attempting to guess at the meaning, nor am I trying to "get" him to act in a particular way without asking openly.

Creating Genuine Dialogue

Every day, we talk with other people. It may be a formal conversation with somebody who has a specific role in relation to us (doctor, case manager, teacher, landlord), or it may be a general discussion with a friend or acquaintance. Most conversation has a purpose: to convey information, to convince someone of something, to learn something, to get to know others. Each type of conversation has a specific place, depending upon the reason for our communication. However, many people don't learn the different skills for each type of conversation.

Dialogue is a specific type of conversation that differs from the other types in both practice and purpose. The word "dialogue" comes from the Greek "dia" and "logos," which means "through meaning." When practiced thoughtfully, dialogue results in a stream of meaning flowing among and through a group of people, leading to the emergence of deeper understanding. Dialogue is a way of building collective meaning and community. We talked about the difference between "community" and "intentional community." Dialogue can be thought of as a sort of "intentional conversation." As peer workers, dialogue will be a valued skill, so we want to spend some time learning the basics and then practicing.



"We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly."

- *Mark Twain*

Think about some of the conversations you have had lately. Most of us, while we're speaking with someone, are simultaneously thinking about what we will say next. In fact, we are often considering what we could say that will allow us to "win" the conversation, or at least keep us from "losing." This assumes that conversation is about winning, that our intent is to convince the other person that we are right. While this may hold true for many conversations, it does not apply to dialogue.

Let's compare "dialogue" and "discussion." The Greek root of the word "discussion" means to throw, fragment, shatter. Discussions may look like two or more people lobbing grenades at each other: throwing opinions back and forth, sometimes even calling names or yelling in an effort to persuade the other person. This may result in fragmentation of ideas and even of relationships. This type of conversation does not contribute to community.

Let's look at how intentions differ in "dialogue" and "discussion."

Dialogue	***Discussion***
Inquiring in order to learn	Telling, selling, persuading
Unfolding and uncovering shared meaning	Gaining agreement on one meaning
Integrating more than one perspective into a greater whole	Evaluating multiple perspectives and selecting the "best" one
Uncovering and examining assumptions	Justifying and/or defending assumptions
"I wonder how these pieces combine to create a whole?"	"I wonder which of these pieces is the right one?"

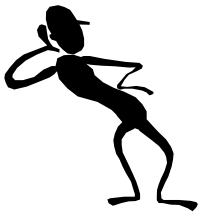
In order to engage in dialogue, we need some specific skills. Using these skills we gain the ability to slow down, to listen deeply, to learn rather than to persuade, and to open ourselves to becoming ever more reflective and open to growth. Before we examine these skills, remember that there are no "rules" for dialogue; instead, there are some guidelines. The guidelines are designed to help us remember that dialogue requires deep attention to ourselves and to the meaning unfolding between the words. Each participant in dialogue must be willing to let go of what she "knows" in order to understand something from a new perspective. One writer said, "We must be prepared in each moment to give up (our ideas of) who we are to discover all we may become."

Four Critical Skills

Four skills are especially critical to our ability to engage in dialogue: *suspension of judgment, noticing assumptions, deep listening,* and *inquiry and reflection.* It is useful to employ these skills all at the same time in order to build a framework on which genuine dialogue can rest.

Suspension of Judgment

This is the very foundation of dialogue. It's also difficult. Our brains automatically operate in a way that classifies, organizes and labels the world around us. It's how human beings make sense of a huge amount of information, and it's an ordinary human skill. However, most of us get attached to the way we have organized and labeled people, places and things, and of course that means that our definitions are "right" and yours are "wrong." For many people, this position is never examined; because we feel strongly about it, we accept that it must be true.



"A mind stretched by a new idea will never return to its original position."
- Don Coyhis

Suspending judgments doesn't mean we stop making judgments; that's not possible. We do, however, learn to notice when we are making judgments, and then to open up a space between the judgment and our reaction. In other words, when we hear something, instead of simply reacting to what we hear based on our old information, we recognize the judgment we've made about what we hear and we delay responding until have learned more. Learning and practicing this skill creates an environment of safety and trust. When we learn that we will not be judged for our opinions, we feel free to say what's on our mind. We're more likely to be able to say what's true for us, to open up to others.

Can you remember a time when you noticed the difference between observations and judgments? How did you know the difference? _____

_____

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What difference did it make that you noticed? _____

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Noticing Assumptions

Assumptions are closely related to beliefs. In fact, they are usually based on beliefs. An assumption is something that we believe to be true, without examining whether there is evidence for its truth or falsehood. Most people make decisions about their environment and their behavior based on unexamined assumptions. Generally, assumptions are transparent to us because the process is so automatic. We don't even notice that we are operating on incomplete information.

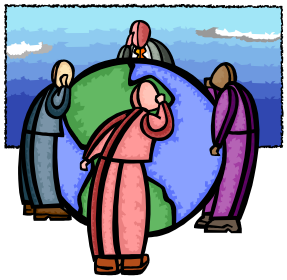
"Consciousness raising is putting a question after an assumption."
- Leonard Hirsch

Unless we notice that we filter everything through a belief system, we may have difficulty in problem-solving and in relationships with others. Basing everything we do on a belief system means that we strongly believe that we are *right*. In order for us to be right, everyone else has to be wrong. This leads to friction and tension in relationships. Of course, we will continue to hold some beliefs as absolute, but most of the things we believe don't rise to that level of importance. For example, we may believe that the person who cut in front of us on the freeway is arrogant and rude. The truth may be that the person didn't see us, or they are rushing to the hospital with a sick person in the car. Our anger at the person who cut us off is based on the belief that they thoughtlessly endangered us or even that we can't expect anyone to care for us.

Start by simply noticing when you are making an assumption. That means looking deeper than the first thought that arises. Once we can understand the source of our assumptions, it becomes much easier to problem-solve and to have fruitful, rich dialogue with others. We can explore differences without feeling angry or frustrated because we've detached the belief in our "rightness." In this detachment, we can build common ground and consensus, and begin to understand our differences in a new light.

Deep Listening

Remember how we defined listening in the module on communication skills? We talked about being patient, listening for strengths and meaning, trying to hear hope, and simply witnessing for others. Deep listening builds our capacity to learn and to build quality relationships with each other. When we place this skill on the foundation of suspended judgments and noticed assumptions, we become able to be influenced by and learn from others. Deep listening allows for integration and synthesis of new insights and possibilities.



> "Listening, not imitation, may be the sincerest form of flattery."
> - *Dr. Joyce Brothers*

When we engage in dialogue with others, deep listening also allows us to grasp the shared meanings that emerge from individuals and from the group. We learn to listen for assumptions: What assumptions are we hearing? What assumptions are shared by several—or all—group members? When we discover shared meaning, we learn about the culture in which we live and we have the opportunity for choice. Instead of operating on auto-pilot, we can choose our thoughts, our decisions, and our actions. This is the greatest possible freedom.

Inquiry and Reflection

These linked skills teach us how to ask questions with the express intent of learning more, especially of gaining insight and perspective. Insight and perspective are reflections of worldview. As we have learned already, we cannot clearly serve others or commit ourselves to ongoing growth without an ability to understand the worldview of others. Dialogue is a process, a skill that both expresses our ability to embrace worldview and enriches that ability.

Inquiry is the skill of asking questions in a way that reflects curiosity and openness. Reflection is what we do with the information we receive: we examine it carefully and thoughtfully. When we combine these two linked skills, we enhance learning, think more creatively, and build on past experience, rather than simply repeating the same behavior over and over again.

"To know that you do not know is the best. To pretend to know when you do not know is a disease."
- Lao Tsu

Inquiry uses questions that often begin with "I wonder . . ." or "What if . . ." or "What does _____ mean to you?" Such questions do not create defensiveness in the other person, and they leave lots of room for answers that are completely authentic and genuine. Without this space, and a generous invitation, we will not get answers that teach us and strengthen relationships. As we engage in inquiry and reflection, we learn more about our own judgments and assumptions, how we think, how we differ from others and how we are alike.

Reflection can be built into dialogue, because the pace should be slow. Slowing the pace helps keep us from thinking about our response when we should be listening. It also allows time for learning, in the middle of the dialogue. Often we need time to notice assumptions and judgments and to set them aside. Don't be afraid of quiet time during dialogue.

Weaving the skills together

These four skills form the foundation of dialogue. Practicing them routinely allows us to build deep and authentic relationships with others; to learn new things about ourselves and others; to strengthen a sense of community; to create understanding among people that counteracts the frightened impulse of violence. In other words, these skills can change the world.

"We are trained to seek simplicity and certainty. We must hunger for complexity and embrace ambiguity."
- Leonard Hirsch

How do you think you will use dialogue skills in this learning community? _____

_____

_____

_____

How do you think you will use dialogue skills in your work with others? _____

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Do you think you will use these skills outside work and this learning community? If so, how?

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"To fall into habit is to begin to cease to be."
- *Miguel de Unamuno*

Behaviors that Support Dialogue

In order to become effective at "intentional conversations," we nurture specific behaviors that make it easier. As we've mentioned, none of the skills is especially easy. They are even harder if you use them rarely. The ideal is to practice these skills all the time, not just when engaging in dialogue. We can choose when and how we practice the following five behaviors that support dialogue skills.

Suspend judgment when listening and speaking

Listening without judgment means we are open to learning. Speaking without judgment opens the door for others to listen to us. Can you give an example of speaking without judgment?

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Respect differences

Those of us who are older probably grew up believing that everyone was deserving of respect—until they demonstrated otherwise. Some people today grow up believing that everyone has to earn their respect. Respecting differences doesn't mean we have to agree with the other person's perspective. It does mean that we honor it; we agree that every person has an essential contribution to make. We may not know what that contribution is just yet, but unless we honor their perspective, we will never find out. What can we do to respect differences? _____

_____

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Suspend role and status

Dialogue cannot happen if one or two people hold tightly to a privileged status or role. No one perspective or opinion is more important than any other in dialogue. Working in behavioral health, we know lots of ways in which to assert our status as the worker, and we try hard not to do that. Similarly, when we are seeking to create community, we set aside any role of power or privilege that we might hold. We will learn more about setting aside our personal power when we study conflict. In what ways are we likely to hold tightly our power or privilege over others?

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Balance inquiry and advocacy

Some of us are more accustomed to acting as an advocate. In the advocate role, we clearly attempt to influence others, to get them to agree with our ideas. Dialogue and the related skills are completely different, and the skills are different. In dialogue, we seek to learn from others and to understand new perspectives. Intentional conversation aims to make visible everyone's assumptions and relationships, and to develop new insight and understanding. How might you be tempted to be more of an advocate than a participant in dialogue? _____

_____

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Focus on learning

A focus on learning means we ask more questions, try new things, and disclose what we are thinking so that everyone can see what works and what we might want to change. The process is transparent. Again, honoring the idea that everyone has a valued contribution to make means we must exert some energy into finding out what that contribution might be. Intentional conversations are not designed to evaluate ideas and figure out whose opinions are "right" or "best." Instead, the goal is to learn from each other and to share knowledge. What can you do to keep your focus on learning instead of competition? _____

_____

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_____

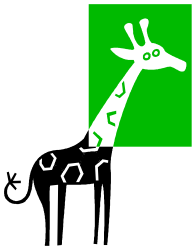
" . . . one only understands that with which one agrees."

- Kaygusuz Abdal

The nature of dialogue is to let go of agreement or disagreement, and instead to be open to learning: about self and each other.

Practice with intention

The skills and behaviors associated with dialogue are simple, but not easy. They take practice! We will continue to practice these skills during our time together as a learning community. We suggest you introduce them to others in your life so that you can practice them outside of class as well. One tool for practice is called Nonviolent Communication (also known as Compassionate Communication). This tool helps us speak in a way that doesn't apply judgment to others, focuses on our own experience rather than our assumptions about others, and frames conversation in a way that helps others to hear what we have to say.



Marshall Rosenberg, who developed Nonviolent Communication (NVC), often refers to this tool as Giraffe language. He chose the giraffe because it has the largest heart of any land mammal.

NVC has four simple components:

- Observation
- Feeling
- Need
- Request

An *observation* should be worded clearly, without using judgmental language. Which of the following examples fits that description?

☺ "I notice that you've been leaving your dinner dishes in the sink after you finish eating.

☹ "I notice you expect me to clean up after you every night."

A *feeling* will be the emotional expression associated with your observation. Be careful to state a feeling, rather than a thought. Which of these is a feeling?

☺ "I feel angry when I find your dishes in the sink."

☹ "I feel like you don't care about me."

A *need* is a genuine requirement; something that contributes to wholeness and wellness. Consider what's at the base of your discomfort. Which of these examples is your need?

☺ "I need to have orderly surroundings to help me relax."

☹ "I need you to start doing your own dishes."

The *request* is what you would like the other person to do in response to your observation, feeling and need. This last step is as important as the others. If we do not make a request, we've expected other people to "read our minds" and guess what we want from them. Be sure you're making a request, not giving an order. And continue using language that doesn't make judgments.

☺ "I would like you to take care of your own dishes at least within a half hour of eating."

☹ "You have to stop being such a pig!"

Let's look at these pieces all together. Using old language, the comment would come out like this:

> "I notice you expect me to clean up after you every night. I feel like you don't care about me. I need you to start doing your own dishes. You have to stop being such a pig!"

The listener probably feels very defensive now! Let's try on the new language:

> "I notice that you've been leaving your dinner dishes in the sink after you finish eating. I feel angry when I see your dishes in the sink. I need to have orderly surroundings to help me relax. I would like you to take care of your own dishes at least within a half hour of eating."

This style is much more likely to result in getting what will meet your need. At the very least, you will be able to have a conversation about this without anyone yelling, shouting, feeling guilty, giving in to pressure, running away, calling names, or any of those things we do when we feel cornered and defensive.

See how often you can practice Nonviolent Communication, and then how often you can fit this tool into the larger practice of dialogue.

Conflict & Understanding

"Conflict is working through a difference of opinion.
Fighting is the avoidance of conflict." ~ *Leonard Hirsch*

For many of us, conflict feels very painful. We may fear it, and sometimes we do our best to avoid it. When we do, however, the feelings we associate with the conflict tend to grow because the problem has not been resolved. How do you feel when you think about conflicts with others?

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_____

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Conflict comes about for several reasons. Often it starts with a simple disagreement. You and another person may have a different opinion about something, or a different belief, or a different idea about what should be done. But this disagreement usually isn't enough to cause conflict. You may like vanilla ice cream and your friend likes strawberry. Disagreements about preferences aren't likely to cause difficulties. What if you believe that people with brown eyes are smarter than people with green eyes? Your friends with green eyes may want to argue this point with you.

A difference of opinion becomes a conflict because of what the situation means to each person. This involves observations, worldview, beliefs, and the meaning we make based on that foundation. Let's say you have a neighbor who is older than you and of the opposite sex. Every time you go outside to the mailbox and your neighbor sees you he or she calls out, "Hey, honey, why don't you come over and visit me?" Are you offended? Why or why not? _____

_____

_____

If you were offended by the neighbor's comment, what did you think it meant? _____

_____

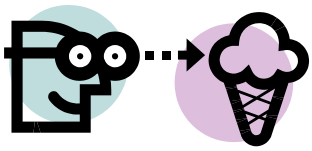
_____

If you were not offended, what did you think it meant?_____

_____

_____

In either case, is it possible that the neighbor meant something different than what you heard? How would you know?



The *observation* is the most basic part of the exchange of information. An observation is judgment-free. Think of it as a snapshot in time, with no context. Pretend you're looking at a photograph of the situation and you don't know the history of either person. Would that change what you thought about the situation?

Most of the time, we don't operate on simple observations. That's because we all bring our worldview, our beliefs, and our culture to every situation. We use that personal background to make meaning out of our observations. For example, some women might have "seen" an older male neighbor calling them "honey" and inviting them over, and made the assumption that the neighbor was making a suggestive comment. A young man might have seen a grandmotherly type inviting him to share some fresh-baked cookies. Our inclination to take offense—to create a conflict out of a perception—is driven by our personal history and everything that makes up our own personal culture.

Culture is important here, because cultures create stories about who people should be and how they should behave with each other. This story about cultural behavior is called a "discourse." In

some cultures, as we have learned, you would not make eye contact with a person of the opposite sex. In other cultures, it is assumed that women control all the finances and make the decisions for the family and the clan. In the dominant culture in Westernized countries, men are assumed to be the decision-makers, and white men hold the highest degree of privilege and respect. This story (or discourse) about who holds power, or *entitlement*, is often invisible and unquestioned. Feminists in Western countries, however, question the privilege afforded to men. In other words, they resist the story that says men should have power over women. This sense of what each person is entitled to expect from the other is in the background of any conflict situation.

"Entitlement" usually means a right that is granted to a person by law or by contract. In this context, it means a sense that something is owed to us, as in Western culture, the sense that men are the decision-makers. Entitlement in this sense is strongly related to culture. Consider how you feel when you think that your rights have been ignored or even violated. Would you be angry? Upset in some way? Lots of advocacy programs are built around protecting our rights, and most of us feel strongly about protecting rights. However, *entitlement*, used in this sense, is not the same as a truly legal right. It means an expectation, so deeply grounded in our culture that it's largely invisible. But that expectation of entitlement or privilege leads us to feel offended or angry when the expectation is not met.

It's important to understand this undercurrent of entitlement, because we cannot deal with it until we actually recognize that we hold an expectation and that our inclination to conflict is based on that expectation. Entitlement is very definitely a form of power, because of how deeply it is ingrained in culture. Few people notice entitlement as culture-bound, thinking instead of a "right." Until we take a deeper look at the entitlement discourse, we may simply consider our sense of "rights being violated" to be what's really happening. Unfortunately, the other person involved in the conflict probably doesn't see it that way.

Rewriting the conflict story

The real difficulty in disagreements, as we have seen, comes not from the situation itself, but from the story we tell about the meaning of the situation. That story is not invented by us, but is drawn from the culture around us and from our personal history. We learn ways of thinking

about relationships from the culture around us, and we use the language of that culture when we tell the story. Language is critical here: every word we use to describe the situation influences the meaning. Compare these two versions of the same story:

> "When I went out to the mailbox today, my sleazy neighbor was leering at me. He yelled at me and suggested I should join him in his den of iniquity."
>
> "I went out to get the mail and Joe was outside too. He made his usual comment about visiting him in his home. I bet he's lonely."

Both of these stories describe the neighbor at the mailbox. Which one do you think is more likely to lead to conflict or avoidance? Which one do you think is more "true"? Why do you think that? _____

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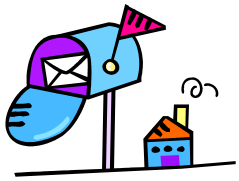

Rewriting the story means we start with our own story. What do I think I am *entitled* to expect from the other person? Do I believe I should be treated with respect? What would it look like for me to be treated with respect? Is it possible that the other person isn't being intentionally disrespectful? It's important to understand the story and its context, including the larger cultural discourse, and consider the situation from a different angle. Then, we can look at the story we're telling ourselves about the other person. If I think the person is treating me with disrespect, then I am likely to think that person is rude, ignorant, mean, or something similar. If I think badly about the person, I'm less inclined to want to talk to them. Instead, I'll just keep telling myself the story about how awful that person is, even though that probably means nothing will ever change. Finally, consider the story that the other person is telling. That means you will need to let go of the thought that the person is rude, ignorant, or mean. What possible story could be true that wouldn't result in the disagreement being a conflict?

Resolving—or better, averting—conflict has to start with us. Conflicts don't get worked out by themselves, and the truth is, most people don't learn skills for understanding and resolving

conflict. It's possible that you will be the only one with those skills, so it's probably going to be up to you. The first step is to take care of your side of the disagreement. Consider the story you're telling yourself that feeds or creates the disagreement. What language are you using? Are you using language that creates mutual understanding? Or does your language frame the other person as "wrong"? Look for the cultural story or discourse behind your understanding of the conflict. What do you expect from the other person? Why do you expect that?

Once we understand our story, it's time to approach the other person with an invitation to work through our challenges together. Again, the language we use is critical. Compare the two opening statements below:

> "Bill, I want to talk to you about your bad habit of leaving your nasty dirty shoes in the living room where everybody has to smell the stink and trip over them."
>
> "Bill, can we talk about some housekeeping matters? I have a concern I'd like to share with you and see if we can solve it together."

In which of these scenarios is the other person most likely to want to collaborate with you? Which statement would you like to hear? In the first statement, the speaker positions himself as the victim of Bill's behavior, therefore making Bill the "bad guy." Nobody particularly wants to be the bad guy. When Bill is put in that position, he most likely will immediately be angry and defensive, making it even less likely that your conversation will be productive. The second statement positions the speaker as a partner in the household, one who wants to work collaboratively on household problems. It's always more useful to position both people as cooperative and mutually helpful. Speaking one person into the role of "wrong" means that person starts out on the defensive.

Of course, it doesn't always seem important for us to resolve conflicts or to put this much effort into disagreements with others. If the disagreement or conflict involves someone that you won't have to see again, it may be more effort than you'd like to invest. All of us have disagreements and conflicts with people in our lives. It's natural in every relationship. These skills will be

useful mostly when we encounter conflict with the people we see every day: our family, our coworkers, fellow students, neighbors, friends. In fact, remembering why we value the relationship with the person makes us more likely to be flexible in resolving conflict. In a conflict with your spouse, you may want to remind yourself of the things you love about that person. With a coworker, consider the work you do together that you value. Your neighbors are likely to continue to be your neighbors, and it's easier to work out conflicts than to fight over things. In the long run, the person who suffers the most from a continued conflict is us!

Getting ready

There's one more story to rewrite before you're ready to tackle conflict: that's the story about conflict itself. How do you feel when you think about conflict? Do you breathe a little harder? Does your pulse rate get faster? Are you feeling mad or scared? These responses are related to your worldview and cultural story about conflict. It may also be because you haven't learned the skills for managing conflict and avoiding fights. It's natural to feel some anxiety about things we haven't learned how to do.

Start by understanding that conflict is natural. It's also very manageable, once we learn what to do. Remember the quote at the beginning of this module? "Conflict is working through a difference of opinion." We can be sure we will encounter lots of different opinions. And, when we have the skills to work through them, conflict can actually strengthen relationships. That's a pretty good result for something we may have found so intimidating in the past!

Conflict & Power

Power is an important component in much of our conflict. Sometimes conflict arises because someone is using their power to win, rather than treating us as equals. What kinds of power can you think of in a behavioral health treatment setting? _____

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_____

Who typically has the power when you sit with your doctor? Your case manager? Your best friend? Your banker? Your mother and father? Your children? Your neighbor? _____

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In most relationships, power tends to flow between one person and another. When you first go into your doctor's office, for example, you may think that the doctor has all the power. However, let's say the doctor orders something you don't like. You may respond by threatening suicide. When you do that, you have taken the power. Now the doctor must respond to your move. What other ways do we take power? _____

_____

_____

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_____

Let's say you are working at a drop-in center as a peer. Someone's behavior has been causing disruption among other members. How might you be tempted to use your power?

Some common things people do to take power include:

- ☆ Gossip
- ☆ Acting helpless
- ☆ Yelling, getting angry
- ☆ Using big words, technical language
- ☆ Threatening suicide or self-injury
- ☆ Using a job role as authority
- ☆ Calling the police
- ☆ Refusing to participate

In the example above, when someone has been disruptive and you are the peer worker, you may be tempted to use your job role, to assume that you *must* take control of the situation and make that person "behave." Have you ever tried that? How did that work?

This is exactly what some doctors, nurses, and case managers do to us in "the system." In any disagreement or conflict, they use the power of their role to force us to do what they think we should do. This may solve the conflict—for the time being—but it may also create a new conflict, one based on them using power against us. What happens for you when someone forces you to do something, using power in this way? _____

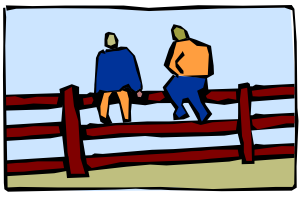
_____

_____

What happens to the relationship? _____

_____

It's easy to fall into that role of taking power, using our job role to make things safe and comfortable. We do that for several reasons. First, we don't like seeing people uncomfortable and we want to help. Second, we may be frightened and worry that, if we don't take control, something bad will happen. Finally, we're used to seeing things happen that way. All around us, in almost every setting, we see the use of power that's invisible, unspoken.



There is a different way to be with people, one that doesn't rely on the use of power. Peer workers use that way. As peers, we do our best not to use power to force things to happen. Instead, we talk to people as equals, as peers. We negotiate behavior. We share our own discomfort. In fact, being peer involves a *lot* of sitting with discomfort since we can't use our power to force someone to "behave."

When we work together with people to help them understand the impact and consequences of their actions, they have an opportunity to learn and grow. Using our power to "control" people keeps us all stuck in the same place.

Can you think of a way to talk with someone who is being disruptive, without using your power as a staff person? _____

_____

_____

Try to use what we learned earlier about conflict. Think about the person who is being disruptive. What story are you making up in your head? What are you feeling? Are you afraid? What are you afraid of? Now, try to think of another story that could explain what's happening. How can you find out what would help the person?

Here are a few things to remember about conflict:

- ☆ Slow down. Take your time. Practice patience.
- ☆ Use compassionate communication. Instead of talking about the other person's behavior, talk about your experience of the situation.
- ☆ Ask yourself, "What would help us both? What would make the relationship stronger?"
- ☆ Ask the other person, "Help me understand."
- ☆ Clarify perceptions. Ask a lot of questions.
- ☆ Suspend assumptions. If you find yourself assuming something, check it out.
- ☆ Remember the context of the relationship.

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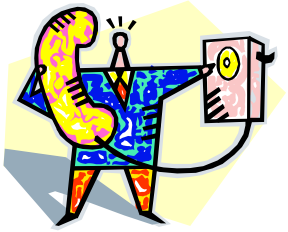
Resources in the Community

Regaining our place in the community is a process that occurs in a partnership between ourselves and the support of other people and services. This is the general pattern of recovery, regardless of whether we are recovering from a broken leg or a mental illness. We use significant strengths of our own to achieve recovery, but we will also call upon the resources of the community to help us. The nature of our illness, the length of our illness, and the intensity of our challenges will determine the nature and number of resources that each person will call upon.

As peers, we may be in a position to help people learn about and access community resources, because we've used them and are familiar with them. The range of services that might be helpful is limited only by the range of resources that exist. Those resources might include:

- Vocational or employment services
- Educational opportunities
- Housing services
- Food and clothing resources
- Mental health services and medication
- General health and dental services
- Legal and advocacy resources
- Substance abuse programs
- Domestic violence services

As a peer, it's helpful if you know some of the local resources in your area so that you can refer people to those services, if need be. Even more important, you may need to know just who to ask if you don't know where to find a resource.



Let's see how well you know the resources in your local area. Try to think of a resource that fits each of the categories listed below. The resource can be a public source (for anyone, regardless of ability to pay) or a private source (for people who can pay, or who have insurance).

Vocational or employment services _____

Educational opportunities _____

Housing services _____

Food and clothing resources _____

Mental health services and medication _____

General health and dental services _____

Legal and advocacy resources _____

Substance abuse programs _____

Domestic violence services _____

What other resources do you know about in your community that might help people move toward wellness? _____

_____

_____

_____

_____

Let's see if you can think of resources for these additional categories:

Recreation _____

Social activities _____

Spirituality/religion _____

Self-discovery _____

Fitness _____

Diet/nutrition _____

Self-help groups _____

What other types of resources would you like to have?

What else would help you or someone you know reclaim your life?

A Resource is Born

Where do resources come from? Community resources exist because there is a demand. If there is no need for resources, they close down, or don't get created in the first place. Resources may be public or private. They may be available to everyone, or there may be restrictions based on income or other eligibility requirements. It's helpful to know some resources, both public and private, but if you know just one, you can always start there. If you're calling the wrong resource, they will direct you to one that suits your needs more closely.

Public resources tend to change over time, perhaps more often than private resources. Public resources are subject to a bidding process to get contracts to provide services with government funding. If the agency doesn't do a good enough job, they may lose the contract. Or the public funding requirements may change; or the funding disappears. Many things can happen to resources. Because these resources aren't always stable, don't expect to always know every available resource. It's good if you know many of them, but it's enough just to know where to start asking. Accessing community resources can take patience! You may need to make multiple telephone calls before you find what you're looking for. Don't give up! Keep asking and looking, and chances are good that you will find something to help you get what you need.

It's frustrating to need a resource and not be able to find one. It's hard enough when that happens to us personally, but it can be very difficult when we're working as a peer, trying to find a resource for someone we serve. Can you think of some ways in which we can help ensure that resources are available when we need them? _____

_____

_____

_____

Here are some ideas for getting and keeping resources in your local area:

- Use resources when you know they are available (resources that aren't used, don't get funded again)
- Share resources with others to make sure the need is demonstrated
- Register to vote, and vote
- Keep informed about legislative issues that impact resources
- Call, write, or email your legislators about issues affecting resources
- Attend community advisory meetings, when available, for public resources
- Make suggestions to community resources about other services that would be helpful
- Encourage others to take the same actions
- Pay attention to the newspaper, radio or television news to see if any important local resources might be threatened
- Apply for grants to start and run needed resources

We can do many things to create and support resources in our community. Some we can do alone, but we are MUCH more powerful and effective when we work together. Learn and use advocacy skills and help people stay informed.

As you begin working as a peer, you will learn more about community resources in your area. It's a good idea to start a notebook of these resources, so you will remember them later. Make divider tabs and organize your resources by type of need.

Understanding the Process of Change

Have you ever made a major change in your life? Most of us have at one time or other. Think about what kinds of major life changes might be particularly hard: _____

_____

_____

_____

Now think of *one* specific major change that you have accomplished in your life. What was it? Was it hard or easy? How did you go about making this change? _____

_____

_____

_____

Many of us go into major changes in our lives feeling helpless, as if we were caught in the swift current of a river and we have no power to control where we go. We might have experienced this feeling if we have tried to change a long-standing habit such as smoking or using alcohol or drugs. We might also feel this way if we're experiencing a major change such as moving to a new town or starting a very different kind of new job.

Human beings are actually "hard-wired" to avoid change. This is an evolutionary strategy that developed many centuries ago, when we were still working hard at basic survival. Consider how difficult it is to change small things, such as changing the route you take to get to your friends' house or deciding you will put on the left sock instead of the right sock first. Try one of these "small" changes and see how hard it is for you.

Given that it's hard for us to make *any* changes, we can understand why we resist making bigger changes. How hard is it to quit smoking, or drinking alcohol or using drugs? Some of the difficulty comes from the addictive nature of these substances, but if that were the only reason it's difficult, we wouldn't need detox and rehab centers. Making a change that involves drugs or alcohol, for example, usually requires that people change almost everything: the places they go, the people they spend time with, even the way they think. If it's hard for me to change which sock goes on first, how hard will it be to change everything in my life?

In the early 1990s, three clinical psychologists began to study the process of how people change. These psychologists, James Prochaska, John Norcross and Carlo C. DiClemente, studied people who had actually accomplished some kind of major change. This work was similar to the research undertaken by Mary Ellen Copeland when she developed WRAP in that it involved talking to the "experts" in change and finding out what worked best and how the process unfolded. The studies weren't looking just at changes involving drugs and alcohol; they looked at changes of all kinds.

The results of the study provided a way for people to think about the process of change: the researchers discovered that for all people, in any kind of change process, we move through a series of predictable stages. The resulting theory is called Stages of Change. Even more important, they discovered that we can have some control over each stage if we understand where we are in the process. For people trying to make complex and all-encompassing changes such as quitting drugs, alcohol, or smoking cigarettes, this is wonderful news.

Success is possible for all kinds of change, even those life changes we think are impossible. The best approach for success involves:

1. Knowing what stage you are in for the behavior or situation you wish to change;
2. Understanding the coping strategies that are available to you; and
3. Using strategies that are effective for each stage.

There are six Stages of Changes. They include:

Stage	Definition
Pre-Contemplation	No thought or desire to change
Contemplation	Beginning to consider change
Preparation	Creating a plan for change
Action	The actual change begins!
Maintenance	Integrating change into your life
Termination/Completion	Change is fully integrated

Before we look at the stages individually, here are some things to remember about using Stages of Change Theory to help with major life changes.

1. It's important not to skip stages. The research showed that a person who completes even one of the stages has a greater likelihood of becoming successful in that change effort, but the stages must be accomplished in order.
2. Most services already available are aimed at people who are in the "action" stage. As peer workers, we can provide support and referrals to resources at most of the stages.
3. The research shows that people who try to accomplish a change for which they are not prepared set themselves up for failure. It is possible to be successful in making a major change, but we must prepare.
4. It's possible to spend a lot of time on one stage—such as preparing, developing a plan—and effectively delay moving into the next stage. Once we feel comfortable that we have accomplished the goal of each stage, it's time to move on.

You may use your understanding of Stages of Change to help you with a change in your life. Our emphasis in this learning community, however, is on how we will use Stages of Change when we are working as peers. For each stage, we will consider how to identify the stage and what kind of support (if any) we can provide to the people we serve.

Pre-Contemplation

In this stage, people typically aren't thinking about change because they aren't experiencing consequences that matter to them. The person is probably still employed, important relationships are still intact, health is still relatively good and there is no involvement with the legal or child protective system. There may, in fact, be consequences such as fights at home, occasional sick days, and possibly deteriorating job performance. Family, friends and employers may believe the person has a problem. However, these consequences haven't risen to the level of importance that would prompt someone to consider change. Remember, change is difficult, and most of us avoid it whenever possible!

If you are working with someone who is in pre-contemplation, consider whether this behavior is a problem or a preference. Only the person experiencing the behavior can truly decide. Can people have problems if they are not aware of them? Who decides what's a problem? Is it ethical to try helping if someone doesn't want to change? Trying to push for change prematurely can have the opposite effect, creating more resistance to change rather than nurturing a willingness to change.

It's usually not useful to try to work with people in this stage. There's simply no reason for someone to make a significant lifestyle change if they aren't experiencing any negative repercussions because of their behavior. A person in pre-contemplation who begin movement toward change is often responding to pressure from others. But external pressure is usually not enough to generate authentic, lasting change. As a worker, you can undertake all kinds of supportive activities with this person, but trying to have a conversation about change will likely be counterproductive.

Contemplation

How can you tell when the person you serve is in the contemplation stage? They are experiencing some kind of consequences from their behavior. They may not be talking to anyone about change; certainly they won't want to hear you telling them they *should* change. A person in this stage is well aware of the consequences, and someone is often telling the person that they are "in denial."

People may remain in this stage for a very long time. Studies show that people who are thinking about giving up cigarettes typically spend two years in contemplation before taking action. Fear of failure is common, and fear of the unknown (a new lifestyle) may be overwhelming. For many behaviors that we might consider changing, a person would have to change nearly everything about their lifestyle—and this can be terrifying. Think back to a major change you have made in your life. Was it overwhelming? Frightening? Were you willing to tell someone else that you were considering a change?

When we say to someone who is experiencing consequences that "you're in denial," the result is typically resistance. Consider how you feel when someone says that to you. Do you feel defensive? Do you want to explain yourself? There may be good reasons why a person isn't willing to discuss their behavior with you.

As a peer worker, it is crucial that we establish a relationship of trust with the people we serve. Once we've done that, it is much more likely that a person will consider sharing their fear and uncertainty with you. As the person begins to open up, a helper might suggest, "I'd be really scared if I was in your position." This is an invitation to talk about concerns. Advice about what to do is not.

A person who is in the contemplation stage will be *very* sensitive to judgment and shame. Even sharing our own story may feel like a judgment, because telling them about our recovery implies that we think they should do the same thing. Using a supportive, listening approach is helpful. One or more safe relationships is critical throughout the entire change process. Mutual trust,

patience, and lots of listening are the key. A good supporter will not nag or push. They can help the person become aware of their fears and barriers and just "be there" when asked.

Preparation

The shift into Preparation Stage is marked by the person beginning to focus on the solution instead of the problem. It's a shift from thinking about the past to contemplating what the future will be like and working to create the desired future. Typically, people in this stage will make the actual change within about a month. Sometimes, we will have already begun small steps toward the goal, such as reducing calories or cutting down on cigarettes.

A good plan will carry us through Action, Maintenance and Completion stages with the least amount of discomfort and the greatest chance for success. Let's use quitting smoking as an example. Instead of deciding, "I'll quit smoking on Monday and I'll use a nicotine-replacement gum," we should consider also:

1. At what times of day do I regularly smoke? (say, after meals)
2. Are there locations where I regularly smoke? (such as in the car)
3. Do I smoke when something happens that causes stress?
4. What feelings am I usually having when I grab a cigarette?

Once we have a good picture of what our behavior looks like, when it happens and what might "trigger" it, then we can make a plan that addresses all these things. It's helpful to know that the urges we may experience typically last only for about 10 minutes, and it's easy to stay busy and distracted for that short period. If I typically smoked following a meal, I might jump up and wash the dishes or go for a walk instead. We might also find a "replacement" behavior, such as keeping a pencil in the car to hold, something that will feel like a cigarette in the hand. Stress reduction techniques and understanding supporters can be helpful for the stressful times that trigger behaviors.

Unless we have learned a lot about Stages of Change or have experienced some major change before, it's not likely that we will know how to put together the best plan for this stage. Here's

where the peer worker comes in. We can help the person think through the patterns of behavior that are the target of change, working together to create a thoughtful plan to support change.

Action

The Action stage begins on the day we start to implement the change: we throw away the cigarettes, stop drinking, begin a new job, or start an exercise program. This stage requires the most time and energy, is most visible to others, and receives the greatest recognition. This is also the focus for most programs aimed at helping people change patterns of substance abuse, alcoholism, or smoking: in most cases, once we begin these programs, we have begun Action.

The most common threats to successful change are:

- social pressures
- internal challenges, and
- special circumstances, such as family emergencies

These typically come up and are dealt with during the action and maintenance stages. Ideally, you will have considered these factors in the Preparation stage and included some suggestions in the plan.

As Recovery Support workers, this may be the stage in which we have the least to do. There are many good programs available in the community to help people undergoing significant change, and we will look at some of them in the module on Drugs & Alcohol. Our most useful role in this stage may be to help people find a program that's a good fit for their needs.

Maintenance

Change never ends with action. In the maintenance stage, people work to integrate the new behavior into their lives so it becomes the routine rather than a struggle. Maintenance can last from as little as six months to as long as a lifetime.

Maintenance is also the stage in which the majority of people experience some kind of lapse. It is much more common to have a lapse back to the old behavior—though it may be brief—than it is to make a change and never look back. However, experiencing a lapse may bring with it intense shame and the sense that we have failed. We may think that having a lapse means we will never be successful.

Recovery Support workers can help others learn to reframe their thoughts about lapses. While we don't want to create an expectation that everyone will lapse, if it occurs, our nonjudgmental support is crucial. A person experiencing a lapse may think something like this:

- ☹ "I'll never be able to do this."
- ☹ "I'm just a failure."
- ☹ "I might as well keep doing it since it's obvious I can't quit."

We might help substitute something like this:

- ☺ "This is just a bump in the road."
- ☺ "I've made a lot of progress and I can continue."
- ☺ I know I've learned something from this and I can use it to get even stronger.

Programs that promise easy "change"—such as crash diets or one-day smoking cessation sessions—usually don't consider the maintenance stage and the challenges and opportunities that come with it. Change isn't easy, and a good Preparation stage leads to easier and more successful Maintenance.

Completion

According to Stages of Change theory, at some point in this process, the change becomes so fully integrated into the person's life that it's no longer necessary to spend a great deal of energy on maintenance. If you've ever quit smoking, you know that the day comes when you no longer have to hide your face when you pass the cigarettes in the store, and the smell of smoke doesn't trigger an urge. At this point, you have successfully become a non-smoker.

There is some debate about whether we actually complete the cycle for certain kinds of change. In general, this theory suggests that Completion comes at about 18 months from the beginning of Action. However, some kinds of changes may take considerably longer, and for some people, Maintenance will continue for a lifetime. Usually, our goal in entering a change process is to enhance our lives, not to do the change process perfectly. Each person can make decisions about what's right for him or her.

Resources:

Changing for Good: A Revolutionary Six-Stage Program For Overcoming Bad Habits And Moving Your Life Positively Forward, by J.O. Prochaska, J.C. Norcross, & C.C. DiClemente (1994). Avon Books.

Drugs and Alcohol

A person who has both psychiatric illness and substance abuse difficulties is said to have a dual diagnosis (sometimes "co-occurring disorders"). Some studies show that between 25% and 60% of people with serious mental illness have co-occurring disorders (NAMI, Meuser, Ridgeley et al); the percentage of people using crisis services who have dual diagnosis may be even higher. Because it's more common for people to have co-occurring disorders than to have mental illness by itself, it's important that Peer Specialists have some understanding of the issues around the use of drugs and alcohol.

Let's get clear about our terms. Is there a difference between drinking an occasional beer and having an alcohol problem? _____

Is there a difference between smoking marijuana occasionally and having a drug problem? ___

_____

Can a person drink one six-pack of beer on the weekend and not have a problem? _____

Where do you think the line exists between casual or social use of alcohol and having a problem with alcohol? _____

_____

_____

_____

Who do you think decides when a person is having a problem with alcohol or drugs? _____

_____

_____

Remember that, as peer workers, we are not qualified to diagnose a substance abuse problem, nor are we qualified to treat those problems. What we can do, however, is help people clarify what they want and support them in getting what they want.

Do you think there are reasons to be concerned if someone we serve is using alcohol or drugs? What might those reasons be? _____

_____

_____

_____

_____

_____

There are probably lots of reasons why we might be concerned about someone's use of drugs and alcohol. Some of those reasons have nothing to do with our role. From our role as a peer, the *most* important reason to be concerned is that alcohol and drugs can have unpleasant interactions with psychiatric medications. If the person we serve is taking medication and also using drugs and alcohol, we might want to find out if the prescribing physician is aware of that (ask the person, not the physician). Using alcohol or other drugs with psychiatric medications can be dangerous.

Use of drugs or alcohol is not a moral issue. It may create legal difficulties, but it is usually not our role to enforce the law. It is not an issue of strength or weakness. You will probably have some strong opinions and ideas about this. You may even have experience with drug or alcohol use and recovery. If you do have experience or strong ideas, remember that it is not our job as a peer to tell someone when they have a problem, nor is it our job to prescribe a means of treatment for that problem. Well, what *is* our role, then?

The role of the peer

Do you remember how we described the role of a peer worker? What was it? _____

_____

_____

_____

_____

Do you think there's any difference in the way you would support someone if they were using drugs as well as experiencing psychiatric symptoms? Why or why not? _____

_____

_____

_____

_____

If you have experienced problems with drugs or alcohol, think back to the reasons you used. Many of us believe now that we were "self-medicating," trying to relieve our psychiatric symptoms (or other significant discomfort) with self-prescribed substances. In other words, we used because we were in pain. It's important to remember that when faced with someone who's using. We don't use to be stubborn, or to ruin our lives, or to put ourselves and our loved ones in danger. We use to relieve pain.

Let's look at some common characteristics of mental illness and substance abuse.

Mental Illness	*Substance Abuse*
May not know recovery is possible	May not know recovery is possible
Often shunned by family and others	Often shunned by family and others
May think symptoms must be kept secret	May think using must be kept secret
Symptoms may interfere with work	Using may interfere with work
Experience of symptoms is often painful	Using is often a means to relieve pain but the experience itself can become painful
Medications may be an effective tool	In some cases, medication helps
Lots of ways people can help themselves manage symptoms	Lots of ways people can help themselves stop using
Support of peers is very helpful	Support of peers has been shown to be helpful for over 60 years

Because traditional treatment methods for substance abuse have been so different than those employed for psychiatric illness, we often don't realize how much the two experiences have in common. Some may argue that mental illness is a biological illness that strikes without warning, leaving no possibility for prevention. This makes it an "inside-out," no-fault experience. Substance abuse, on the other hand, is "outside-in," an externally imposed difficulty that could be prevented by choosing not to use drugs and/or alcohol. For this reason, many people still attach some blame to people who have difficulty with substances.

Just for now, let's set aside all arguments about causation. There are lots of theories about both mental illness and substance abuse, and not much proof about any of the theories. What we do know is, both mental illness and substance abuse are treatable. Both can be managed with a combination of personal management skills and outside support (professional or peer). As peers, our best approach would be to treat problems with substance abuse no differently than we would any other challenge experienced by the person we're serving. In other words, we support and encourage any effort toward recovery; help them find and access resources; provide information where needed; and model hope.

Roads to Recovery

Many people are familiar with 12-step recovery (Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Overeaters Anonymous, etc.). These programs are widely available in just about any city or town. They are free, and just about anyone can attend. Some people believe that this is the best—or only—way to recover from substance abuse problems. It's true that 12-step programs have helped many people recover. It's also true that approximately half of the people who initially attend 12-step recovery programs do not find recovery there. These people either continue using, or find recovery through some other program or method. In fact, the research findings are widely varying, but there is a lot of evidence to suggest that most people actually resolve problems with drugs or alcohol without receiving any kind of treatment or self-help program (Cloud & Granfield, 2001).

Different people have different needs. No one program of recovery will work for everyone, just like no one medication works for everybody. As a peer, you can help by knowing lots of ways in which people can recover, and providing that information. You may have experience with a particular program of recovery, and you can share that experience, but be careful not to make it seem like the *only* way to recover. If you tell someone that your program is the only way to recover, and they don't make it in that program, they will feel even more hopeless about quitting. Do your best to set them up to succeed, whatever it takes for that person.

Let's take a look at some positive and negative aspects of 12-step programs. Then we'll have a brief introduction to six other self-help programs, plus some information about "natural resolution" (quitting without any formal treatment).

	
Available in most every city or town	Convinces people that they are powerless
Provides a lot of social interaction	Judeo-Christian foundation is difficult for many people
Sponsors act as informal "guides"	Claims that users have an incurable disease
Can meet people who don't use	Requires accepting a label for life
Works well with Judeo-Christian religious orientations	Abstinence is the only acceptable goal
Can be supportive of other life challenges	Meetings may replace the substance of choice

This quick sketch of some of the strengths and challenges of the 12-step approach is not intended to be an attack on 12-step programs; it's merely an observation from a neutral perspective about some of the strengths and the difficulties that people have found with this approach.

Rational Recovery

This program was developed as an alternative to 12-step programs. Originally, Rational Recovery (RR) utilized a group setting, similar to the meetings of 12-step programs. In the meetings, cognitive-behavioral techniques were introduced to help people change thought patterns and manage motivation. RR has recently changed its approach and no longer supports regular meetings. Instead, people interested in this program undergo a brief training period in which they learn the specific techniques. For more information, go to their website at www.rational.org/recovery.

SMART

SMART stands for Self Management And Recovery Training. This program evolved from Rational Recovery. It is grounded in the theories of Dr. Albert Ellis, utilizing cognitive-behavioral techniques. SMART still utilizes meetings. According to SMART theory, people - typically attend meetings for approximately a year, utilizing and practicing the cognitive-

behavioral techniques to regain control over their lives. At that point, most people stop attending and consider themselves to be free from their addiction. The tools used by SMART are very effective, and could be used by anyone in any program. For more information, see their website at www.smartrecovery.org.

Women for Sobriety

This program developed with the realization that many women, in particular, have difficulty with 12-step programs. The recovery program is based on 13 statements that form the "New Life Program" for participants. It's grounded in various theories including cognitive-behavioral, feminist, and self-efficacy theory. On-line meetings are available. For more details, see their website at www.womenforsobriety.org.

Secular Organizations for Sobriety

This program is the most like 12-step programs. It was developed as an alternative to 12-step programs, without the spiritual component. SOS subscribes to the disease theory, unlike the three programs just mentioned. For more details, see www.cfiwest.org/sos.

Moderation Management

Some people (admittedly a small number) are able to manage their use of alcohol, rather than having to stop completely. This program says very clearly that it's not for everyone. In fact, the founder of this program later decided that for her personally, abstinence was the only healthy option. Moderation Management does not operate under the disease theory, and abstinence is not the only goal. For more information, see www.moderation.org.

Recovery With Dignity

This is a self-help program in development by the Recovery Empowerment. It is designed to consist of a combination of classes and groups, run by people with lived experience with behavioral health challenges of all kinds. The program lends itself to all kinds of recovery, including substance abuse and mental illness, and includes sections on recovery from trauma. An outline of this program will be made available as a handout.

Natural Resolution

Some people—actually a fairly large percentage—are able to stop using drugs or alcohol without using any specific drug or alcohol treatment or self-help. They do this through many means, but most methods involve having significant support from others, and having a meaningful path in life. Support can come from family, work, friends, neighbors, or members of some other community such as a faith community or exercise group. A meaningful path may be career, volunteering, parenthood, education, or spiritual path.

Natural resolution has some benefits over formal treatment. The recovering person is less likely to experience and internalize the stigma associated with the addict identity. She may feel very confident and capable as a result of making such a significant life change. This translates to an increased sense of empowerment. Without treatment or meeting obligations, the person's life is disrupted much less, and there is no financial impact.

Obviously, not every person is a candidate for natural resolution. It is more difficult for people who lack support, have other significant life issues, or have minimal self-reflective abilities. If you're working with someone who is interested in trying this, here are some questions they should ask before choosing this method:

Do I have a strong desire to change?
Why should I quit? What are the costs and benefits of using?
Have I developed a plan for change?
What is my ultimate goal?

Recovering through natural resolution is a lot like recovery from mental illness. The person working toward recovery will consider several important factors, including building a supportive environment, relying on strong relationships, enjoying recreation and creative opportunities, restoring physical health and fitness, finding interesting and satisfying work, tapping into spiritual or religious beliefs, and identifying one's place in the context of the community. As a peer, you can encourage the person to develop a complete plan that includes these factors.

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Crisis and Recovery

With few exceptions, peer workers do not provide traditional crisis services without further specialized training. However, it's possible that we will encounter situations that seem to be a crisis, and we may provide crisis diversion services. Perhaps a person receiving services has experienced a traumatic or painful event. Or the person may be having very difficult feelings. We may work with someone who says they feel suicidal. Whether or not we are trained to handle a crisis, it's possible that we will be the first person to discover someone needing a quick response. This module will help you consider responses to someone who is experiencing difficulties, in a way that is consistent with our role as recovery support workers.

"Crisis" defines a state of being in which the person feels overwhelmed, unable to cope, perhaps experiencing very serious emotional pain or fear or other distress. The key factors that make it a crisis are that it is time-limited ("acute") and that it feels very unmanageable to the person experiencing the crisis. This feeling of being overwhelmed is what often leads people to consider suicide. Even a suicide "attempt" or "gesture" may be a signal that the person is in a great deal of pain and turmoil. Take care not to minimize behavior that you judge to be an "attempt" or a "gesture." It may be easy to dismiss those actions as "attention-getting" behavior. Consider this: if you are in so much pain that you take action to harm yourself, no matter what your ultimate intent, you *are* asking for attention. You are asking for someone to help you find relief from the pain. You may not be asking in the most effective way, but as service providers, we must honor that intent.

Several factors influence whether a person will be able to handle stressful events, or will find themselves in crisis:

- The event itself: its intensity, its nature (a plane crash? A fender-bender?)
- The meaning of the event to the person experiencing it (how that person perceives the meaning)

- The existence of personal and environmental supports (the person's perception of adequate supports) (Ell, in Turner, 1996)

Does it matter whether a crisis is caused by an ordinary human emotional response to traumatic events, or by an internal experience? Probably not. The end result of either will be significant discomfort, pain, fear, and perhaps desperate acts to find relief from that discomfort. As peers, we may find ourselves in a position of concern about someone who, we believe, is feeling the kind of despair that puts them at risk of suicide or other injury. Our first task is to be able to recognize crisis.

Have you ever experienced the kind of crisis in which you considered harming yourself?_____

_____

_____

What warning signs did you exhibit that others might have noticed? _____

_____

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_____

_____

What other warning signs might you see in someone who is feeling suicidal? _____

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There is a difference between actions that are aimed at suicide, and actions that are self-harm. A person who cuts himself may not be attempting suicide, and the injuries are not usually life-threatening. The person will usually be able to tell you whether he was aiming to end his life, or expressing pain through self-injury. However, our concern for the person's safety should not end because someone tells us they were not intending suicide. Self-harm is also an expression of

very deep pain, and also deserves our concern and our support. It can become life-threatening if it's continued. Therefore, while self-injury may not call for the same urgency of response as suicidal behavior, it does require a response.

Warning Signs of Suicide

Long-term, unrelieved anxiety	Depression
Giving away belongings	Talking about it
Sleeplessness (chronic)	Hopelessness
Putting affairs in order	Use of alcohol and/or drugs
Stockpiling medications	Reckless behavior
Sudden state of calm	Unrelenting symptoms, such as voices

The warning signs listed above are some—not all—of the indicators that someone needs support. The warning signs that you listed on a previous page should also be considered. When you see any of these warning signs, you should immediately begin a new kind of conversation with the person.

The traditional way of dealing with crisis is to immediately focus on "symptoms." Focusing on symptoms often leads us to increasing medication as the only possible or practical solution. However, there are many ways to think about "crisis" besides the language of illness and symptoms, and once we begin to consider other possibilities, the range of solutions also opens up. Consider the module on Unlearning Patienthood and how we expanded our stories to include our whole experience, not just the "symptom." We can use a similar method to help people experiencing difficulties.

Let's say you are working with a person who comes to you and says, "I'm feeling pretty depressed today." What might be your response? _____

_____

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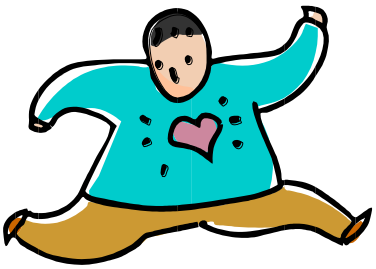
Some traditional responses might include:

- You'd better talk to your doctor about changing your medication
- If you don't do something quick, you may have to go to the hospital
- Here's what I do when I'm depressed

Notice that all of these responses are still focused on the "symptom." Remembering that we are whole human beings interacting with our community, and not just chemical responses inside our brains, try to ask questions that will help the person consider the experience in a different way. You might say:

- What do you mean when you say you're depressed?
- Has anything changed in your life recently?
- What do you have to look forward to in your life?
- What's most important to you right now?

Once you begin to have this different kind of conversation, many possibilities will present themselves. The person may simply need to acknowledge and understand significant life changes. Or, it may be that the person needs some additional support at this time.



There are many possible ways of dealing with times of great stress. Some agencies use a suicide contract or safety contract. This document asks the person to promise not to harm themselves until they meet with the service provider again. However, a safety contract does nothing to relieve the discomfort. If you are the

peer working with someone in a crisis, you can help them think through some activities and support that will help them get safely through the hardest times.

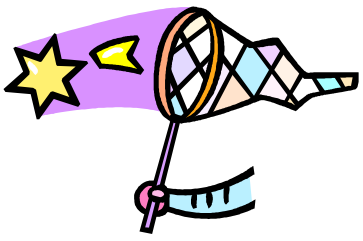
Think about the factors that contribute to people finding themselves in crisis: the intensity of the event, the meaning of the event, and the existence of adequate supports or coping tools. As a peer, we have no impact on the intensity of the event. However, we may be able to approach it from a "whole person" perspective in which we explore what happened, what's changed, what's different about this time, etc. We can also help people acquire or mobilize the resources they need to get through the hard times. These resources may be both internal and external. What kinds of resources do you think could help people weather a crisis? _____

_____

_____

Here are some questions you can ask to discover resources:

- What have you done before when you have felt like this?
- Who do you know that always makes you feel better?
- What friend or relative would be willing to call you or come over?
- What people are especially important to you? Do you have a picture of them?
- After this hard time is over, what are your hopes and dreams?
- How important are those hopes and dreams to you?
- Who in your life relies on you for support?
- What plans can you make to keep you busy and supported?



Along with asking questions to help them mobilize their resources and get adequate support, there are some things you can say to help the person regain hope that they can get through the current crisis. You can say:

- Here's what helped me get through my hard times.
- I really care about you.
- I understand that you're (really tired, in a lot of pain, feeling hopeless, etc.).
- I believe that you can get through this, and I want to help you.

What if the person tells you "in confidence" that they are stockpiling medications for a suicide attempt? Is this a conflict of interest with their right to confidentiality? It may seem like an ethical dilemma. However, our duty to help people stay safe is an ethical value of a higher order than our duty to protect their confidentiality. If someone has told you about a suicide plan and asked you to keep it a secret, don't agree to do that and then report it. You may need to report it, but that should not be a secret. Don't be afraid to say, "No, I cannot keep this a secret because I care about you and I want you to be safe." Have a conversation with the person about who you will call. If possible, encourage the person to call for help, rather than you calling for them. This is an active step for them that supports the desire to live and stay safe. Telling the person clearly what you need to do will help preserve your relationship of trust.

Be sure to follow your employer's guidelines when deciding who and when to call. If the situation is not critical, spend as much time as possible talking with the person about what they are experiencing, and help them "open up the story" to other possibilities besides "psychiatric symptoms." If you are seeing warning signs of suicide, do not be afraid to just ask if someone is thinking about hurting themselves or about suicide. You do not have the power to make people hurt themselves just by saying it, and if they were not already thinking about it, you will not push them into that thought. Simply ask if you're wondering.

Some people often express feeling "suicidal." This may be the only way they have been able to get help in the past, by expressing an urgent need. As peers, we can help people consider whether an intense feeling is really "suicidal" or just intense. We can also help people learn the language of asking for what they need, rather than creating intensity in order to get our attention. When a person says, "I'm feeling suicidal," ask, "What do you mean by that?" Ask for more information. Then begin to open up the story and discover what's really going on for that person. Try to negotiate for clarity in language, so the person can tell you what he really needs.

One of the best ways to help someone after the crisis has passed is to assist that person in creating a psychiatric advance directive. This is like a Living Will in that the person prepares it when they are feeling well, and it is to be used when they aren't well enough to give directions about their care. In the State of Arizona, Psychiatric Advance Directives are backed by the law and so behavioral health professionals are required by law to honor them.

A well-prepared Psychiatric Advance Directive will include designation of a person who can take charge of your care (a Mental Health Care Power of Attorney) and also some directions about what kind of care you would like to have. If you have a WRAP plan, you might attach the Crisis portion of the WRAP to your Psychiatric Advance Directive.

Persons making a Psychiatric Advance Directive should use the form approved by the State of Arizona, which will be distributed separately. Be sure to complete the form fully and have it notarized. The more information you provide, the more likely your wishes will be followed and you will get care chosen by you rather than by someone who may not know you well.

Remember, crisis is a human experience that many people will encounter in their lifetime. Feeling hopeless and overwhelmed is not always an indicator of mental illness; it may just mean that unexpected life events are occurring and the person does not have adequate support. As peers, our response to extreme distress will be different than the response of doctors, case managers, nurses, or counselors. Our single most important tool is our relationship with the person, rather than any efforts to "fix" the problem. Take your time, don't panic, and allow the person to express their feelings.

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Grief and Loss

Grief is a natural human emotion that accompanies the loss of something significant in our lives. Every person can expect to experience this emotion at some time in life. We may encounter grief when a loved one dies, or an important relationship ends. We may also experience grief at times of other significant changes, including a major move, change in career, even changes such as growing from a "young adult" into midlife. More commonly, and most significant for us, many people experience profound grief when an expected life path becomes closed to them, by illness or disability or other means. Grief is very common to people who are diagnosed with serious mental illness, especially when that diagnosis includes a prediction that they must abandon dreams for career, relationship, family, or any hope for a "normal" life.

What sort of things have you lost in your life? _____

_____

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What helped you recover from that experience of loss? _____

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John Bowlby is a psychiatrist who studied the grief process and wrote several books. He theorized that people who experience grief undergo four stages:

- ☆ Numbing: a few hours to several weeks of feeling numb or dissociated, sometimes interrupted by very intense distress and/or anger
- ☆ Yearning and searching for the lost person or circumstance: this may last for several months to even several years
- ☆ Disorganization and despair: a period in which the person feels hopeless and helpless, and has difficulty managing life tasks
- ☆ Greater or lesser degree of organization: a phase of integrating the loss into life and making sense of life after the loss

Most people will experience all of these stages, but not necessarily in this order. In addition, moving through grief is similar to recovery in that it does not occur in a straight line. A person may experience numbing, then yearning and despair simultaneously, then return to anger or numbing. This may occur repeatedly throughout the process. Each person's process will be individual; there is no specific "right" or "wrong" way to move through the process.

Notice that "despair" is one of the stages. Do you think this might look like a diagnosis of depression? _____

_____

How do you think it might be the same? _____

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Do you think it's important to distinguish between grief and depression? _____

_____

Why or why not? _____

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As Dr. Bowlby theorized, it is possible to stay in the "numb" state for quite some time. Some people would refer to this period as "denial." We think that people are capable of doing amazing things in order to protect themselves; sometimes a state that looks like "denial" simply means that the person has not felt sufficiently safe or supported to process and move through the stages of grief.

Following is a list of some experiences of loss that are common among people with behavioral health challenges:

- ☆ Loss of family members or friends to death
- ☆ Loss of intimate relationships due to stigma
- ☆ Loss of educational opportunities
- ☆ Loss of health due to medications, poverty, or lack of health insurance
- ☆ Loss of career possibilities
- ☆ Loss of dreams
- ☆ Loss of children or family
- ☆ Loss of bodily integrity through violence and abuse
- ☆ Loss of expectations
- ☆ Loss of roles with dignity and respect
- ☆ Loss of expected income
- ☆ Loss of support by friends and/or groups

What others can you think of? _____

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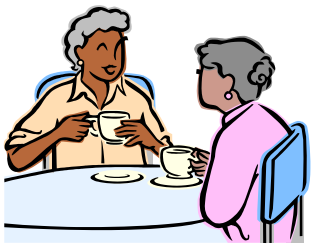

Since loss is such a common experience for people moving toward wholeness, it's likely that many people will experience grief. However, in some cases it's possible that the grief was overlooked because of the person's psychiatric label. Sometimes our grief is treated as though it was depression. Some of the things we do to help depression can be useful for grief, as well. For instance, some people are helped with medication for a period of time. However, getting over grief takes more than medication. Grief is more complex than depression.

When you have experienced grief in your life, what helped you get through that experience?

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The grief of people with a psychiatric label may be invisible and overlooked. You can start by validating a person's losses. Ask questions about the person's life. Find out what they have lost. Acknowledge that the losses are significant and important. Encourage the person to talk about it. Give the person permission to grieve.

Support is one of the most important factors in recovery from grief. It takes time, but most people are able to process and work through grief more quickly if they have someone who will listen. Some people will need to talk about their loss over and over again. Be patient; keep listening.

In the final phase, people begin to reorganize their lives around the loss, to make sense of what happened, to rearrange meaning and purpose. If you have experienced the grief process, you understand how this happens. For example, let's say you were engaged to marry a person whom you had dated for five years. Your plans and dreams were all centered around a life with this person. Suppose the person broke it off and ended the relationship. You would certainly experience a period of grief for the loss of the life you had planned. You may grieve for the loss of those dreams. After a period of time, you would begin to put your life back together, thinking about how it might be now, creating new plans and dreams, and somehow making sense out of what happened.

As a peer worker, you may have an opportunity to help people begin to rebuild and reorganize their lives. Be careful not to push people into this stage; grief is not a process that can be rushed. Each person moves through the process at his own speed. In addition, remember that each person knows best what works for him or her. We cannot reorganize someone's life for them. You can, however, support people in considering these things when it appears that someone is ready to do that. You can ask questions that will help the person consider what might come next, or how their life will continue in this new way. You can encourage the slow awakening of hope.

Resources

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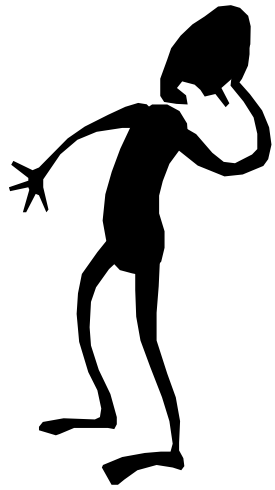
Healing From Trauma

Have you ever wondered what causes psychiatric symptoms? There are many different theories about causation. Some researchers say that mental illness is entirely biological, caused by chemical or genetic imbalance. Some say that psychiatric symptoms are caused by life circumstances, including trauma. For our work as peers, this debate is not particularly important; no matter what the cause, we still know that people can and do recover. No matter the cause, we still know that medication can be one of many recovery tools.

Regardless of whether trauma is a causative factor in psychiatric illness, there is significant research showing that a large percentage of people with psychiatric symptoms have experienced trauma, either before or after receiving a diagnosis. The experience of trauma has a huge impact on people: depending on a number of factors, trauma can cause biological and developmental difficulties that follow the person throughout life. In fact, as a result of trauma, people learn to view the world in a disordered way that is then transmitted to their children. The effects of trauma can be seen several generations later in some families. Because this effect is so profound, we must consider how to help people who have experienced trauma, whether or not we think it has any relation to their psychiatric label.



To begin, what do we mean by trauma? List everything you can think of that might be considered traumatic.

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Many different things can cause trauma. In your list, did you remember to include things like poverty, loss of a parent, war, natural disasters, accidents, discrimination?

An event that is perceived as traumatic by one person may not be as difficult for another. Some people seem to be more resilient than others. There is some evidence to suggest that people who are more resilient have better social support networks. The reasons for this are clear when you understand how human beings respond to trauma. As social beings, when we experience danger, our instinctual response is to draw closer to our social group (family, parents, friends, etc.). This is a prehistoric instinct that probably helped human beings survive in a hostile environment. In addition, humans require other humans to respond to their emotions and help them contain overwhelming feelings. However, what happens when the danger is caused by our social group? What happens when violence comes from parents, spouse, friends, relatives? This instinctual response is so deep and powerful that the traumatized person still strengthens the connection, even though that response makes it harder to leave the dangerous situation (Bloom, 1997).

This helps explain why survivors of domestic violence have such a hard time leaving. Our deepest instincts say we must stay with those closest to us, in order to be safe. At the same time, in reality, those closest to us are causing us great harm. We may have similar difficulties if we experience rape or abuse outside the home, but we are afraid to tell our loved ones. Humans have an instinctual need to talk about danger and work through emotionally charged situations with others, yet sometimes our fear and shame get in the way of this healthy instinct. The person who experienced the trauma will likely connect very deeply to those closest to him, without being able to verbalize his distress.

More things we know about the effects of trauma on human beings:

- The experience of trauma in children often interferes with normal physical, psychological, social, and moral development
- Trauma has biological, psychological, social, and moral effects that are contagious and spread horizontally and vertically, across and throughout generations
- Many "symptoms" are actually behaviors that the traumatized person adopted as a coping skill, but the skill is now interfering with life instead of preserving it
- Chronic post-traumatic stress disorder occurs in many people who survive trauma
- People who survive trauma may struggle with dissociation and other coping strategies that keep their lives fragmented
- All survivors of trauma exhibit, to some extent, some core defenses including dissociation and repression
- One factor that makes stressful events more traumatic is helplessness or lack of control; children always experience this factor
- Traumatic experience and the disruption of attachments combine to produce defects in how we regulate and modulate our emotional experience
- People who experience repeated trauma may learn that they are helpless, inducing biochemical consequences that affect health and overall well-being
- Trauma survivors may identify with the perpetrator, struggle with managing aggression, and become perpetrators themselves
- We are all interconnected and interdependent; mutual safety is a shared responsibility

(Bloom, 1997)

How do you think an understanding of trauma will impact your work as a peer?

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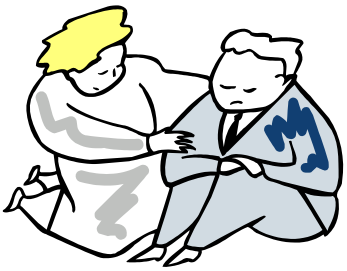
_____

Often, people living with psychiatric illness are seen as "fragile," "unstable," "weak." Has anyone ever treated you that way? On the other hand, once we understand the experience of trauma and how people have survived, we can see that these people have incredible strength, resilience, even heroism. They show courage, intelligence, and even genius in developing coping mechanisms in order to survive. Without an understanding of the person's experience with trauma, we see those coping mechanisms as merely "crazy" and meaningless behavior.



The good news is, it is possible to recover from the effects of trauma, even if the trauma was a long time ago and the person has very deeply ingrained responses to the trauma. It takes considerable work, but because we know that survivors of trauma are strong and courageous, we know that they are capable of recovering.

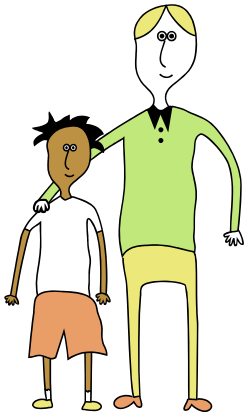
Healing from trauma involves three important components:

- Safety; creating a setting of genuine physical and psychological safety
- Telling the story; talking about the trauma with one or more person
- Reconnecting; recognizing old coping patterns and deliberately changing them

This is where you, as a peer, can play an important role. Because connection is so very important, remember that your relationship with the people you serve must be one of trust. Tell the truth. Keep your word. Don't make promises you cannot keep. Do not tell "white lies" or half truths. People who have survived trauma have experienced all of these and much more, and will be quick to detect judgment, lies, and hypocrisy. In order to help the person feel safe, you must be trustworthy. If you ask questions about a person's behavior, try to avoid implying "what's wrong with you?" It may be much more important to ask, "What happened to you?"

As a peer, you can listen when the person you serve wants to talk. Before you decide to listen to a person's story of trauma, be very clear about your own boundaries. Understand what might trigger you and what you can do to stay safe if that happens. Most peer workers are not qualified to do intensive work with a person around their trauma issues, but because of your peer relationship, the person you're serving may decide that you are the safest person. It's helpful to

talk about traumatic experiences. If you are able to listen respectfully, without judgment or disbelief, you will be providing a precious gift.



Attachment to other human beings is a basic, innate human need that is with us from the day we are born until the day we die. People who experience trauma at the hands of people close to them strengthen those attachments, because we automatically seek closeness when we feel threatened. Many people who have survived trauma have difficulty creating new, healthy relationships. The old, abusive relationships feel "normal" and we don't know how to act in a healthy relationship. We even learn how to recreate unhealthy attachments in new relationships. Peers can help people recovering from trauma by modeling healthy relationships, and supporting them as they work to develop new relationships in the community.

Trauma re-enactment happens when a person's experience with trauma has completely changed the way they view life. Every relationship and every response to another human being will reflect their style of coping with trauma. This is why, for many people, it seems as though we will *never* be able to have a healthy relationship. Recovering from trauma includes identifying behaviors that once were coping mechanisms, but now get in the way of living a healthy, productive life. Trauma re-enactment happens in one-on-one relationships and in groups, too. We can start to reclaim our lives by identifying those behaviors that were once coping skills, but no longer serve us. Then we can begin to act in different ways.

Resources

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Ethics and Boundaries

What are ethics? Write what that word means to you. _____

_____

_____

_____

Where do ethics come from? _____

_____

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_____

Can you think of some ethical guidelines that might apply to your work as a peer? _____

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Many ethical systems have their foundation in religion and philosophy. In Western civilization, that means Judeo-Christian tradition and ancient European philosophers. Every profession has its own set of ethical guidelines specific to its practice and its place in society. There are ethical guidelines for doctors, nurses, social workers, lawyers, accountants, architects, fire and police workers, judges: every profession that involves work with other people in which the professional is greatly trusted.

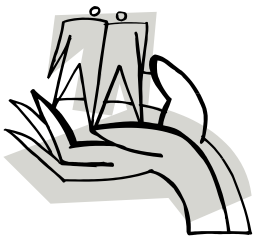
Ethics are a code of behavior that guides our actions at work. Ethical guidelines may also affect how we act when we are not actually working, but others see us as a representative of our employer or our work role. For instance, a doctor will honor the ethical guidelines of his profession while he is performing as a doctor, but he will also behave ethically in other settings in which he is known to be a physician. As peer workers, we will observe a set of ethical

guidelines while we are working, but we will also behave ethically in public when we are known to be peer workers, or to work for a certain agency. It's especially important to remember this in our off-work activities when peer workers are new to your community. You can be sure that people will be watching to see if we can really do the work we've been given, or, in fact, if we can really recover enough to work at all. We want to be sure that others get a favorable impression about peers.

Is there a difference between ethics and boundaries? In some codes of ethics, boundaries are spelled out very clearly and any behavior contrary to those guidelines is considered an ethical violation. However, some boundaries will be up to you to decide. The ethical standards that apply to you are the "hard and fast" rules that must be honored. Boundaries will involve some good judgment on your part.

What ethical guidelines apply to peers? There are two categories:

① Ethics that apply to peer workers in general, and
② Those that are specific to your employer



Peer Ethics:

These ethical guidelines will apply no matter where you work, in any kind of setting, as a peer. These ethical standards reflect your role as a peer, your philosophy of care, and your role on the service team.

Honor the dignity of each person. Be sure to remember that each person receiving services is already a whole human being with a full range of strengths and challenges. Take care not to be disrespectful or patronizing. Having a mental illness does not mean we lose the ability to understand (with rare and occasional exceptions), and most of the time we can still make decisions. Nobody likes to be treated like a child. What other things should we watch for in observing this ethical standard? _____

_____

⌖ *Never use your position to take advantage of people*. While we try hard not to exercise power over those we serve, in reality we do have an advantage based on our status as employees, the fact that we receive a paycheck, and our status in recovery (which may be farther along than the person we're serving—or may not). It may be all right for your peer to buy you a cup of coffee, or even cook you a meal at home, but it's probably not a good idea to let them do it all the time. If you allow the person receiving services to treat you to something small, return the favor. Small tokens of friendship are okay; actual gifts are not. The people who are our peers are in our life so that we can share our experience and knowledge with them, and to allow them to grow and recover through that relationship. They are not in our life so that they can work for us, clean our house, baby-sit our children, drive us around, keep us company when we're lonely, or in any other way meet needs that we should meet on our own as adults. Getting our own needs met is a byproduct of doing this work, not the main reason we become peer workers. In what other ways must we avoid taking advantage of people? _____

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⌖ *Any kind of sexual contact or intimate relationship between peer and the person they serve is absolutely off limits.* This is an extension of not taking advantage of people, but it's SO important that we include it as a separate standard. Since sex and intimacy have such a powerful impact on us as human beings, we must be especially careful in this area. Sexual contact means any type of intimate touch, kissing, suggestive talk, nudity, or conversations about sex, as well as actual sexual relations. Peers must not date the people they serve, or continue to provide services with the "understanding" that when the work relationship has ended, there will be an intimate relationship. When we try to have an intimate relationship with a peer, we lose the ability to be effective in providing services. In addition, we destroy the trust that is the foundation of peer work. In regard to this ethical standard, our behavior must be impeccably clean and honorable. What else must we avoid about intimacy? _____

_____

_____

Documentation must always be complete and accurate. Falsifying records or omitting important events is not only an unethical practice; in many cases it's also breaking the law. We may be tempted to record things in a way that's not quite accurate, or to leave out things, for many reasons. Perhaps we forgot to do something we were supposed to do. Or maybe something happened during our time together that felt like a failure. Will anyone know if your documentation isn't accurate? Maybe not. But if someone else does know, the consequences could be terrible. If, for instance, the person receiving services has talked to us about a plan for suicide, we should not only talk to our supervisor but also document that. We may have worked with that person extensively and felt confident that the person was safe, and so forgotten to tell the supervisor or to record it. What if the person makes a suicide attempt, even a completed one? If we didn't document the person's suicide plan and tell our supervisor, we may have missed an opportunity to help someone in need. In addition, if there is an investigation or a lawsuit and someone learns that our records were not complete, the consequences could be much more severe than if we had simply told someone in the first place. Everyone makes mistakes, and no one expects us to be perfect. We are expected to talk it over with our supervisor when things don't go the way we planned. What other things might we be tempted to leave out of documentation? _____

_____

_____

_____

⌗ *Each person's records and information must be kept confidential.* The agency that employs you will have specific guidelines to help you observe this guideline. Generally speaking, any information you learn about the person you serve can be revealed only to your supervisor, any other person working directly with you to serve that person, and the person at your agency responsible for maintaining the files. Without specific permission, you may not reveal any information about the person to family members (theirs or yours), friends, other providers, educational institutions, or anyone else who asks for information. Be careful about conversations with coworkers to be sure nobody else can hear you. Don't talk about your work outside of your job. There are strict governmental guidelines about getting permissions to reveal

information; always check with your employer about the proper way to do that. Be aware that medical records and files are legal docouments.

- *Using any kind of drugs (illegal or legal) or alcohol with the people we serve is off limits. Buying drugs or alcohol from or for the person we serve is also off limits.* The agency that employs you may have guidelines about your personal use of alcohol or drugs, but whatever it is, we may not use drugs or alcohol with the person receiving services. There may be legal issues involved with illegal drugs. Since we know that using alcohol or drugs can make it harder to recover from symptoms of mental illness, we certainly wouldn't encourage that behavior by using with them. Obtaining drugs or alcohol for someone, or buying it from them, could leave us open to criminal prosecution. Regardless of the legal issues, any behavior on our part that encourages the use of alcohol or drugs by the person receiving services is clearly *not* in their best interest. What kinds of issues might arise around this ethical standard? _____

_____

_____

_____

_____

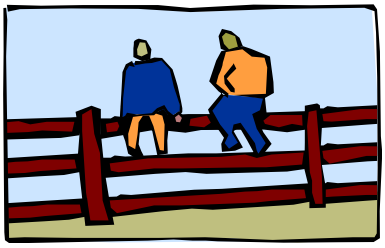
Peers are not qualified to diagnose, give medical advice or recommend medications. Therefore, we avoid talking about medical issues in any way except to share our own experience. When sharing our experience, we should be clear that all we know about it is our own experience, and someone else might have a very different experience than we have had. We can listen to the person we serve if they have concerns or difficulties with their medications or other medical services. We can help them prepare to talk with their physician or teach them to advocate for their needs. Our role must always stop short of making specific recommendations for specific medications or treatments. How else might we be tempted to give medical advice?

_____

_____

_____

- *Ethics specific to your employer.* Each agency will have a specific code of ethics that governs its employees, depending upon its mission statement, its particular tasks, its funding sources, and the state and local laws. You will probably be introduced to this code of ethics when you are first hired. If not, ask about the ethical standards that govern your job.



Boundaries

While ethics are a specific code that tells us exactly what our behavior must be, boundaries are more general guidelines. Some of our boundaries will be based upon the expectations of our job. Some will be based upon our own personal values and choices.

What are some of your personal boundaries? _____

_____

_____

_____

_____

What do you think might be some useful boundaries in working as a peer? _____

_____

_____

_____

_____

Some professions include boundary guidelines in their code of ethics. For example, the code of ethics for the National Association of Social Workers (NASW) states that social workers must not engage in "dual or multiple relationships" (Reamer, p. 269). A social worker should not have a professional relationship with a person who is also a business associate, a neighbor, a relative, or a friend. This boundary protects clients from possible conflicts of interest on the part of the social worker.

Peers may have a little more freedom in that area. Our relationship with peers is different: we have less authority and less power. Our interactions are less directive. Because we are not in a position to be making decisions for people, our objectivity is less crucial. Therefore, we are sometimes able to be with people in ways that other professionals cannot. What would you think about providing services to a neighbor? As a peer, that might be an option for you, as long as both you and your neighbor are comfortable with that arrangement. In fact, you might be the very best person to act as peer because you already have a trusting relationship with that person. There are some limits to this; it would not be possible to act as peer to a family member or partner. It is simply impossible to untangle ourselves from our role as family member or partner and act only in our role as peer. Your employer may have guidelines about this. If not, use your very best judgment, always keeping the best interest of the person receiving services at the forefront.

There are many ways in which our boundaries may be challenged as peers. You will need to find a balance between your own needs and the needs of the person you serve. Here are some questions that may come up for you. Unless your employer has guidelines about these issues, you can choose to do these things or not. How will you respond?

I want to give my home phone number to this person. _____

The person I'm serving loves to cook and says she never has company. She wants to fix lunch for me. _____

I can see that my peer always struggles to make ends meet on disability. I'd like to buy him some groceries. _____

I know that this person loves the outdoors, but never gets a chance to get out of the city. I could take her camping. _____

I really need to paint my fence, but my peer wants me to come over. He's offered to help me paint. _____

I've been working with this person for three months, and now my assignment is over. I would like to continue to be friends with my peer. _____

The person I'm serving knows a little bit about my story, because I've shared it. Now she's asking questions about my sexual orientation and dating preferences (because the peer is also exploring those issues personally). _____

As a peer, you could have answered "okay" to any of those questions and probably been able to stay within ethical parameters. Because there are a lot of gray areas and fewer strict "do's" and "don'ts" than in other professions, we must think carefully and exercise our judgment when making these kinds of decisions. Ask yourself these questions when thinking through a boundary issue:

- Am I making this decision because I'm uncomfortable?
- Am I making this decision because I'm sure it's best for the peer?
- Have I asked questions and checked it out with the other person?
- Am I denying them an opportunity to act responsibly or to grow into a healthy role?
- Am I saying "yes" or "no" because it's too hard to figure out what would be best?
- How might I be limiting my usefulness to this person by this decision?
- How might I be limiting their growth by this decision?
- Is this something I can negotiate with the person receiving services?
- Who can I check with before I make my final decision?

References

Reamer, Frederic G. (1998). *Ethical Standards in Social Work: A Critical Review of the NASW Code of Ethics*. Washington, D.C.: NASW Press.

Working, Wellness, & Self-Care

You are nearing completion of your Recovery Support Training. This course prepares you to work with others, using your own personal experience to create environments that support wellness for the people you serve. However, for many of us, work will be a new experience. Either we have never worked before or we are re-entering the workforce after an absence of some months or years. Work is usually supportive of recovery. But, it can bring with it challenges to our own wellness. If we have considered these challenges before we encounter them, we are more likely to get through them in a healthy way. Before you begin work, it's time to consider some decisions about possible jobs, healthy workplace behavior, and supportive self-care.

Which job is for me?

First, start by considering what sort of work you want to do. Are you ready to work full-time? This may be a good option for you if you have either worked recently or you've kept busy doing volunteer or other activities. You may also feel you are ready for full-time work if you aren't worried about losing benefits and a full-time income is what you need right now.

Part-time work is a good option for many people. Consider part-time work if you have not been working in some time, or if you are trying work experience without giving up benefits. Part-time work is a good way to ease back into a full day and a long week, while discovering if the job is a good fit for you. It also allows time for you to utilize lots of wellness and stress-reduction techniques while you adapt to work.

Consider what else you want in a work environment. Are you better:

- ❑ working with people, or
- ❑ would you prefer to work with computers, words or numbers?

Do you want to:

- ❑ answer a phone, or
- ❑ see people in person?

Do you work well:

- ❑ On your own, or
- ❑ Under supervision with guidance readily available?

Do you want:

- ❑ A fixed schedule, or
- ❑ An on-call schedule in which you can decline jobs if you like?

These are just some of the factors you will want to consider before you actually apply for jobs. In addition, you will want to be sure you:

- ❑ Understand the company's philosophy: does it match yours?
- ❑ Know the proposed wages and possibility for advancement
- ❑ Have an idea of working conditions (perhaps you get to see the location)
- ❑ Ask about benefits to be sure you will be better off than you were without a job

Before the Interview

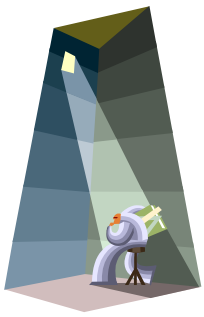
When you think about getting a job, it can be tempting to just start applying for any job that's available, and then to take anything you're offered. However, you are less likely to be offered a

job if it's not a good match, and it will not be a satisfying experience for you. Certainly you don't want to accept a full-time job, go off benefits, and then lost that job because it didn't fit for either you or your employer. Take the time, before you start your job search, to learn about your own needs and wishes and then to learn about the prospective employer before your interview.

When you are ready to apply for a job, call the company and find out the name of the person who accepts resumes. Ask how to spell the person's name. You will want to send your resume along with a cover letter stating which position interests you and whether you want to work full-time or part-time. Be respectful when you ask for an interview, but be sure to point out why you think you would be a good fit for the company. Be specific. Your cover letter should not be longer than one page, and your resume should not be longer than two pages. It's acceptable to call a week or so after sending a resume to be sure it was received. However, repeated phone calls won't help you and probably will hurt your chances. Your resume and cover letter are intended to get you an interview. If they don't, chances are you aren't a good match.

Making a Match

It may sound like this is basic coaching about how to get a job. But it's more than that. Anyone can get "a job." Most of us want more than a job, however. If we're going to be spending a good portion of our time in one location, we want it to be spent in a way that is satisfying for us and supports our overall sense of well-being. You must make an effort to understand who you are and what you want in a work setting, before you go to a job interview. Nothing is more frustrating to an interviewer than a candidate who knows nothing about the company and just wants "a job." Interviewers know that these candidates are less likely to stick around and contribute to the health of the company, and so you are less likely to be offered the job if you haven't done your homework before the interview. And even more importantly, for you, nothing is worse than finding yourself in a job where you feel trapped, frustrated, and unappreciated.



Workplace Behavior

Once you have found a job, your employer will start by providing you with some kind of orientation. This may last from a few hours to several weeks, depending upon the job and the employer. Pay particular attention to this orientation and keep track of the policy handbook or guide you receive, as this will tell you what is expected of you at work.

There's more to it than just becoming familiar with your policy handbook, however. When you begin working, you become a member of a community that has its own set of values. It's important that you recognize these values during your orientation process. Remember the module on Creating Community in this training? As part of your Learning Journal, you had an opportunity to identify some of your values. Ideally, you will have selected an employer whose values are similar to your own to make a comfortable fit. Take a moment now to consider your personal values to guide you in selecting a prospective employer.

List the three values you think are most important in connection with the work you want to do:

_____

_____

_____

Why are those values important to you? _____

_____

_____

How, specifically, do those values connect with your preferred work? _____

_____

_____

_____

_____

How will you know if a prospective employer values the same things? _____

_____

Healthy Workplace Behavior

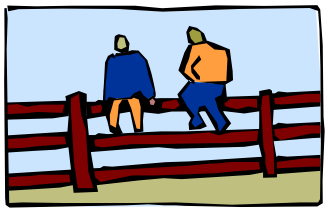
During Recovery Support Training, you have had an opportunity to practice behavior consistent with values. Your Community Agreements reflected the values of your learning community, and you supported each other in honoring and respecting those values through specific behaviors that you agreed upon together. A healthy workplace functions in a similar way: the main difference is that usually, the agreements will have been made by others before you. It is your duty to honor them.

Just as being in the classroom may have been new and challenging, being in the workplace may also be new and challenging. We may need to learn—or remember—some different skills for being with people and communicating with others. Just as we have learned new ideas and skills in this training, we can learn new ideas and skills in the workplace. Here are some skills that are particularly useful for us in the workplace.

Advocacy: We have talked about advocating for others, but as an employee or volunteer, it's also useful to learn how to advocate for yourself. Remember that one of the basic guidelines about advocacy is to identify the person who can help you. Therefore, if you have a problem at work, it's not likely to help you if you present that problem to someone who is your peer, or who you supervise. Speak with your supervisor directly. That person has the power to help you resolve the problem. Use good communication skills, such as Nonviolent Communication, to discuss challenges directly, without judgment or accusation. You are more likely to solve your problem quickly, and you will minimize rumors and gossip in the workplace.

Boundaries. We have practiced negotiating boundaries with the people we serve. We also need to be able to articulate our personal boundaries—to speak clearly about our boundaries in a way that the other person can hear. It's easier to relax an initially rigid boundary than it is to tighten

up a too-flexible boundary after you've had trouble with it. One healthy boundary involves being thoughtful about how much information you share with others. In a work environment, you may decide that your coworkers don't need to know everything about you. There are things that we share with only our most trusted friends, rather than with everyone. This is especially true if we don't plan to disclose our history of psychiatric disability.



Communication. In the module on dialogue, we briefly discussed the tools of Nonviolent Communication. These are very useful in situations that involve problems or misunderstandings, but they are just as useful in everyday conversations. Many people have found them to be especially useful in communicating with family members. In a work setting, the practice of nonviolent communication ensures that our exchanges with coworkers will be authentic (trustworthy), direct (not misunderstood), and respectful. Nonviolent communication helps us make clear what we are asking for, reducing the need for others to learn mind-reading. When we use these tools, gossip and innuendo decrease significantly in the workplace, making it much less stressful. This creates an environment of optimism and an arena in which we are invited to learn and grow.

Doing the right thing

Everywhere we go, we see patterns of workplace behavior that seem useful in the moment, but don't really serve the worker. Have you ever heard someone complain about their boss? Their clients? Their coworkers? Perhaps you've heard the excuse, "I was only venting!" Now consider whether such "venting" is truly useful. To be useful, it would have to:

- ✓ Resolve the problem
- ✓ Build relationships
- ✓ Create a healthier and more enjoyable workplace

Does "venting" meet any of those criteria? Why would we do it anyway? _____

_____

_____

Let's look at the problem from a different perspective. If you want to solve the problem, who would you talk to about it? _____

_____

If you want to strengthen your relationship with your coworkers, who would you talk to?

_____

_____

If you want to create a healthier and more enjoyable workplace, who would you talk to?

_____

_____

After you've considered who to talk to, think about how you would talk about the problem. Consider the skills we discussed in the modules on dialogue and conflict, especially the material about Nonviolent Communication. See if you remember a workplace challenge that you tried to solve using old methods. What was it? _____

_____

_____

How would you try to resolve it now? _____

_____

_____

Venting is one challenge; gossip is another. In peer work, gossip often starts with the phrase, "I have a problem. I need peer support!" It's hard to say no when someone asks us for that kind of

help. However, if the request for peer support is followed by information that we don't need to know, it's truly gossip. What would happen if you found out that someone was telling gossip about you in the workplace? _____

_____

_____

Questions or concerns about a coworker should go directly to that person, to that person's supervisor, or to your supervisor. Nobody else needs to know! Spreading gossip increases stress and mistrust among coworkers. It's also an easy habit to fall into. It will take some practice to learn how to use more productive skills. When someone approaches you with gossip, you could say: "I wonder if this is something I need to know. Maybe you should share it with _____ instead of me." Notice that these words don't put blame on the person spreading gossip, but instead invite that person to solve the problem in a more productive way.

Workplace Expectations

Whether we start to work full-time or part-time, most of us will be working in what is known as "competitive employment." This means that our employer has expectations that we will be at work when we are scheduled to be there. This is in contrast to "sheltered workshop" employment. In a sheltered workshop, significant allowances are made for persons recovering from disability, and it's not terribly significant if you decide you can't get to work on a particular day.

Some people begin working as a peer worker, perhaps for a peer-operated employer, and believe that people will automatically "understand" if we're having a bad day, and we can just stay home, perhaps after calling in to say we're not doing well. Of course, if you are clearly sick (running a fever, vomiting, etc.) you should stay home so you don't infect others and so that you can regain your health. And, if you are really struggling with your emotional wellness, it may be appropriate to use time off. However, that decision should be made carefully. Would it be helpful for me to go work when I'm having a bad day, and share that with the people I serve? That will model strong recovery for them, showing people that we can still fulfill our commitments even when we don't feel in top form. This may also allow the people we serve an

opportunity to support us, growing into a role that emphasizes their gifts and talents rather than just needing services from us.

In competitive employment, it's not always easy to cover your job if you are not able to work. Consider your commitment to your employer and to the people who may not get services that day if you are absent from work. Talk with your supervisor about additional support and self-care measures that will allow you to continue to work, to the fullest extent possible, while you are working through challenges. This will also help you grow in wellness, learning new tools to overcome difficulties and gaining confidence in your own judgment.

Keep knocking, and the joy inside will eventually
open a window and look out to see who's there.
~Jelaluddin Rumi

Secondary Trauma and Self-Care

When we serve people who are survivors of trauma, helping them to recover from those experiences, we often experience what is known as "secondary trauma." Secondary trauma can create physical, psychological, sociological and spiritual wounds, just like primary trauma. Because we know that we will be serving trauma survivors, we must start before our first day at work to consider what "self-care" means and how we can incorporate that into our daily routine.

What does it mean to you to be healthy? _____

_____

_____

_____

_____

Consider whether you have a Wellness Recovery Action Plan (WRAP) or some other written plan that helps you stay well. If you do, take the time now to review it and see if it's up to date. Consider also what you might want to add or amend before or after you begin work. Stay aware

to the need for new wellness and support strategies that may arise based on a different schedule, the availability of support, and the presence of stress.

We know that, just as "dis-ease" is a multifaceted experience, so wellness involves all aspects of who we are as human beings. When you consider how you will practice self-care, consider the wide variety of experiences that will allow you to achieve your best on a daily basis.

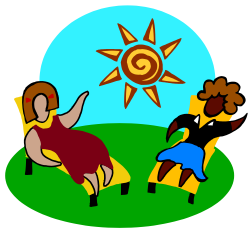
Physical health: Here are some things to consider.

- Diet: What kinds of food keep me healthy and feeling well?
- Exercise: Have I discovered a form of exercise that supports health and reduces stress?
- Sleep: How will I balance the amount of sleep I need with my other obligations?
- Daylight: Will I have an opportunity to see daylight often?

Social health: Here are some things to consider.

- Friends: When will I see them? What kinds of things can we do together?
- Family: How often do I want to see my family members? In what ways will they contribute to my health and happiness?
- New experiences: What opportunities will I have for meeting new people and trying new things?
- Romance/dating: If I am single, where will I be able to meet people who might become dates or love interests?
- Hobbies: What kinds of leisure activities interest me? How might I become more involved with at least one of these activities?

Psychological health: Here are some things to consider.



- Support: Who do I talk to when I'm feeling sad, afraid, or confused? Is that person willing to continue to support me?
- Self-Reflection: How can I become more self-aware? What can I do to support an ongoing practice of self-reflection that will lead to continued growth?
- Balance: What is the right amount of work, play, rest, and other activities for me? If I'm not sure, how will I go about discovering this?
- Professional Help: Do I know where to go if I need additional help? Do I know when it's time to ask?

Spiritual health: Here are some things to consider.

- Faith community: if I follow a religious or spiritual tradition, have I found a faith community that feels safe and comfortable for me?
- Meaning and purpose: if I don't follow a religious or spiritual tradition, do I have a sense of purpose about my life? Why am I here? How do I answer questions of meaning when I feel doubt?
- Nurturance: What feeds my spirit? How can I stay in touch with whatever that is?
- Connectedness: Who shares my spirituality? In what ways can I maintain a sense of connectedness and community?

Does this sound like a lot of work? Perhaps, but you have already put much more work into finding your way back from disability and into a full life in the community. You want to give yourself the very best chance at success, and that includes preparing yourself for wellness in every aspect. If you can, spend some time working through these questions and writing down the answers before you begin to work. That way, you will have established a pattern of healthy habits that will support you even when you are tired, anxious, uncertain, and the work is difficult.

Spotting Trouble Before It Spots You

Despite our best efforts at wellness, we may find ourselves feeling "burned out." This is a condition that arises when, despite our best efforts, it seems that we just can't make things work. Perhaps we work very hard with someone we serve, and the person still seems not to get any better. Maybe working conditions deteriorate despite your advocacy on your behalf. Sometimes bad things just happen, and they're not our fault, but we feel responsible.

Avoiding burn-out is much easier than coping with it when it arises. The key to avoiding burn-out is to do your best, and let go of any expectation about the result. Remember that you do not have the power to make someone else change, or to make them do anything, for that matter. Remember that each person is responsible for his or her own wellness and recovery. We can offer, suggest, model, use any number of tactics to entice others into jumping on the recovery bandwagon, but the actual work must be done by them. If you find yourself working harder than the people you serve, there's a problem.

Sometimes we begin to approach burn-out because we are experiencing secondary trauma and we have not taken steps to protect ourselves. Some indications that we are suffering from unresolved secondary trauma include:

- Feeling helpless or hopeless: Why bother to get out of bed?
- Loss of creativity: Can't think beyond "conventional wisdom"
- Can't do enough: The sense that I am inadequate, can never do enough
- Chronic exhaustion: Worse if I think I have no choice or I feel trapped
- Sense of persecution: Blaming our clients for our feelings
- Inability to listen: Deliberate avoidance such as not answering phone or email
- Lack of empathy or numbing: Can't put myself in others' shoes
- Anger and cynicism: Can turn into revenge seeking
- Addictions: including to work, illusions, adrenalin

- Grandiosity: My identity is completely tied up in my job

Self-Care: My first responsibility is to me

If I am not well, how will I do my work? How will I help others? My first responsibility must always be to myself, considering how to take very good care of myself so that I can fulfill my responsibilities and also model healthy behavior for the people we serve.

What do you already do to take good care of yourself? See if you can list at least five things.

_____

_____

_____

_____

_____

Consider your WRAP, if you have one. Are these things reflected in WRAP? Is it time to revise your WRAP to reflect your return to work? Below are more ideas for good self-care. See if there are any that appeal to you. If so, try them out for 30 days. That's enough time to see if a particular wellness technique will make a difference in your life.

- Consider why you chose this work. Write it down so you can review it frequently
- Regularly consult with a supporter who knows you and understands your work
- Notice your mental commentary. Is it supportive or is it negative in tone?
- Consider your chosen community. To what degree does it support hopefulness, accountability, and integrity?
- For every hour at work, spend five minutes outside, really noticing

- ❄ Begin and end every day with gratitude, finding something for which you are grateful
- ❄ Find ways for you and your coworkers to regularly express gratitude to each other
- ❄ Start each day by stating an intention for the day
- ❄ Create a ritual that allows you to leave work at work
- ❄ Truly observe a weekly day of rest, one day in which you do nothing at all that feels like work
- ❄ Find ways to increase your ability to stay "present," whether that is through meditation, martial arts, or some other mechanism

You have been learning skills that allow you to work with others, supporting their journey to wellness. Don't forget, your own wellness is at least as important. Remember the second task of peer support: redefining "help" as a mutual learning and growing experience. We are on this journey together.

About The Recovery Empowerment Network

The Recovery Empowerment Network was formed in March, 2005. The Network is a provider of peer-run services, embracing alternative and traditional healing methods. The Network is also a membership organization designed to help service users come together to discuss mutual challenges and to educate the public and fight discrimination and stigma.

This new Recovery Support Workbook incorporates new ways of thinking about psychiatric disability, encouraging students to consider how they might gain more power over their own experience and journey to wellness.

About the Author

Ann Rider, MSW, CPRP. Ms. Rider is the Executive Director of the Recovery Empowerment Network, and a faculty associate at Arizona State University at the West Campus in the graduate school of social work. Ms. Rider has taught this curriculum and is author and co-author of other peer training curricula. Her classes in peer worker programs have resulted in over 300 graduates and nearly 50 trainers in two countries. She is an experienced advocate and mediator who has developed trainings in advocacy, self-advocacy, community building, conflict management and mediation. Previous work included program development in substance abuse and services to families and children with disabilities."

Linda Simpson, MPH, contributed several modules to this workbook.

Cultural Representations Exercise

Recovery Support Instructor's Guide—Page 43

Cultural representations

My favorite type of food is _____

My favorite type of music is _____

My clothing style comes from _____

My first language is _____

The people with whom I identify most strongly are _____

_____

Because _____

_____

_____

Try to pick only the answer that most closely resembles your beliefs/thoughts:

Respect is demonstrated by:

_____ Eye contact and direct conversation

_____ Avoiding eye contact and silence

_____ Deferring to those in authority

_____ Showing that I am an equal

Parents should raise their children to:

_____ Think for themselves

_____ Obey without question

_____ Put their parents and family first

_____ Become independent of the family

Being sick means:

_____ I am weak

_____ I will be taken care of

_____ I must take care of myself

_____ No one expects much from me

I choose clothes that:
_____ Show I'm cool

_____ Demand attention

_____ Preserve my modesty

With respect to the natural world, we should:
_____ Control it with our superior knowledge of science

_____ Pay attention to and respect natural cycles

_____ Do everything possible to preserve natural resources

_____ Try to find a balance between human's needs and those of the planet

Being on time means:
_____ I'm polite and respectful

_____ I'm fussy

_____ I'm living by an arbitrary and meaningless schedule

I believe that:
_____ I control my destiny

_____ A higher power controls my destiny

_____ Everything is pre-ordained and it doesn't matter what I do

_____ I have responsibility to work with my higher power

Offering food means:
_____ I'm just being polite, even if I can't afford it

_____ I honor you and I would be hurt if you don't accept

_____ Nothing in particular, just offering

Silence in a conversation is:
_____ Respectful and natural

_____ Uncomfortable

_____ Rude

Finishing others' sentences, or "chiming in", is:
_____ A show of agreement and support

_____ Rude and disruptive, bad manners

_____ A sign that we're alike

Tattoos, body piercing and other decorations are:
_____ Tacky and low-class

_____ Symbols of religion or social class

_____ A show of individualism

When I make a decision, I consider:
_____ My own needs first

_____ The needs of my family first

_____ What's best for the community first

_____ What my Higher Power expects from me

If I'm having trouble making a decision, I:
_____ Ask someone for help

_____ Pray or meditate

_____ Think about it myself and make a rational decision

_____ Worry for days about what to do

When I think about the future, I:
_____ Do my best to prepare because I'm responsible

_____ Don't worry about it because what will be, will be

_____ Believe it's unpredictable and dangerous

Sharing my Recovery Story

Tips:

- → Avoid too many details – it can get confusing and overwhelming. Figure out the main points you want to touch on.
- → Don't share details of traumatic events. It could trigger someone. Details about abuse or mistreatment, or death is not focused on recovery and could do more harm than good, if we spend too much time or detail talking about that. Keep it general. Imagine one of the most sensitive people you know is listening, how can you convey your story in a way that focuses on the main points, yet doesn't trigger that person?
- → Avoid talking about specific medications or saying negative things about specific people in the health care system.
- → A good story: educates, informs, inspires & motivates
- → Share something about a hope inspired relationship
- → Keep in mind that there is a difference between an illness-based story and a recovery story
- → Avoid going on tangents – it gets confusing for people to follow. The simpler the better.
- → Share an "ah ha" moment. When something changed with you or your situation.
- → Do not say anything you are not comfortable sharing. Take care of yourself.

What are the benefits of telling my recovery story (for you and for others)?

What is the purpose?

What things are important to have in my story?

What do I want to leave out?