Washington State

CERTIFIED PEER COUNSELOR CURRICULUM

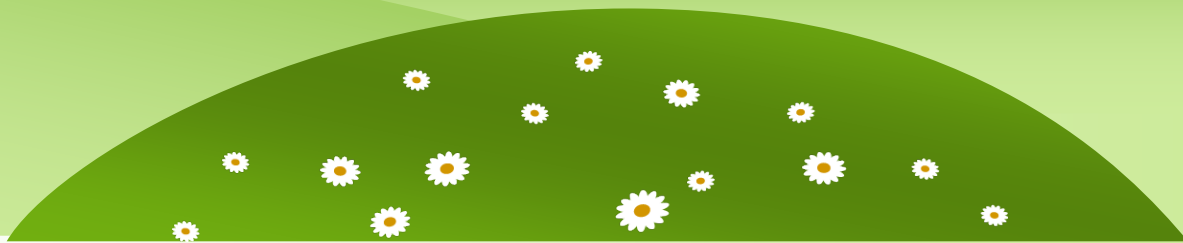**Washington State Health Care Authority**

Division of Behavioral Health and Recovery
Recovery Supports Unit
Developed in Partnership with the
Office Of Consumer Partnerships

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Table of Contents

SAMHSA Core Competencies for Peer Worker in Behavioral Health Services

Core Competencies, Principles and Values

Core Competencies for peer workers reflect certain foundational principles identified by members of the mental health consumer and substance use disorder recovery communities. These are:

- RECOVERY-ORIENTED: Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.
- PERSON-CENTERED: Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals has identified to the peer worker.
- VOLUNTARY: Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.
- RELATIONSHIP-FOCUSED: The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.
- TRAUMA-INFORMED: Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

SAMHSA 12 Competency Categories

1. Engages peers in collaborative and caring relationships
2. Provides support
3. Shares lived experiences of recovery
4. Personalizes peer support
5. Supports recovery planning
6. Links to resources, services, and supports
7. Provides information about skills related to health, wellness, and recovery
8. Helps peers to manage crises
9. Values communication
10. Supports collaboration and teamwork
11. Promotes leadership and advocacy
12. Promotes growth and development

INTRODUCTION: Welcome

Welcome to the Certified Peer Counseling training!

This course is a continuation of the prerequisite online training for Certified Peer Counselors. The prerequisite online course has information you will need to succeed in this class and in becoming certified.

You are here because you have found your way forward on your journey. Peer support workers are not just people who have experienced mental health or substance use conditions or parented a child with behavioral health conditions. Peer supporters are people who have experienced recovery and resiliency and have a message of hope to share. This journey of discovery is not about the challenges you have faced; it is about the strengths you found within yourselves to overcome challenges, to reclaim a full life and a healthy family.

Orientation to the CPC Course

CLASSROOM DISCUSSION QUESTIONS

The instructor may write your answers on the board.

1. What do you want to learn during this training?

2. What would make this a successful training for you?

3. What can you do to support others' participation?

Orientation to the Course:

In the **online prerequisite course**, we have provided for you some information to combine with the inner wisdom you have developed in your own recovery journey.

This **36-hour in-person training will focus more on skills** than information. In other words, we will be spending a lot more time thinking about how to *DO* things to make the concepts we have learned real for our daily practice.

You will see as we progress through this course that **many skills will be relevant to all of us**, whether we are young adults, people who have used mental health and/or substance use services, often including parents or family members. The varying roles you play, and the skills you will need to fulfill those roles, will be highlighted as you go through the training.

We have **organized this manual into a workbook format.** Each module will have a basic framework of information, ethical considerations, training discussion points, small group activities, examples and skill checks so that you can demonstrate what you have learned.

Because of our shared experience with behavioral health challenges, **we will often use the term "peer."** In a job situation, we use "peer" as the person being served and **"peer supporter" or "CPC"** as the Certified Peer Counselor. Not everyone relates to the term "peer." You may be more used to having people referred to as "clients," "recoverees," or "patients." For this training, the word "peer" was chosen because this is specifically peer support work. Other terms you may be comfortable using are "participant," "member," "person I'm supporting," or "the person's name" (when appropriate). If you have lived experience, including as a parent, please understand this term is intended to be inclusive.

In this training, we will be talking about wanting to **use person-first language** and we realize using non-clinical or common language may be more difficult in the beginning.

Course Overview

Transformation in the world happens when people
are healed and start investing in other people.
Michael W. Smith

Think about it:
Why take part in this training? If you take part in this training, you will have the opportunity to add competencies, or skills, to what you already have learned about peer support. You will have discussions with new colleagues, learn how to do the work of peer support, and see examples of, and practice, new skills in peer support.

Format of the training: There are **ten Modules** in this training. Each Module provides you **the Big Idea** up front, so you know what to expect. The Modules each correspond to **sets of skills** that you must have to provide peer support in any of a variety of peer roles.

The Modules in this training are:

Module 1: Defining Your Role

Module 2: Forming Peer Partnerships

Module 3: Working from a Trauma-Informed Perspective

Module 4: Cross-Cultural Partnerships

Module 5: Ethics and Boundaries in Peer Support

Module 6: Supporting Goal Setting

Module 7: Treatment Planning, Documentations and Supervision

Module 8: Facilitating Groups

Module 9: Supporting Self-Advocacy

Module 10: Planning for Success as a CPC

Course Expectations

Everyone has expectations, and one of the first things we may learn together is how to share those expectations so that we can work well together.

What are the course expectations?
- Come every day and **be ready on time**.

- Remember that you **can miss no more than one-half hour from this training, unless excused by an instructor, in order to complete the training.** Excused absences are only given for unavoidable conflicts and emergent situations. Examples of absences include any personal needs for coming late, long breaks, and leaving early. In no cases may a person miss more than three hours total and complete the training. Sorry, no exceptions.

- **Dress comfortably** and demonstrate behavior appropriate for a work setting.

- We are **respectful and inclusive with our language**; please be aware of and use peer's pronouns.

- **Use person-first language** and not clinical or stigmatizing language.

- **Active participation is expected.** Participate in training discussions as indicated by your instructor.

- **Work with peer's** in small and large groups, to learn new skills.

- **Foster a good learning environment**: listen, support, participate, and celebrate each other. This is **expected to be a safe place** for exploring peer support.

- **Bring learning aids** (your manual, pen or pencils, and anything else you may personally need to participate in this training).

- Perform new skills in the **Skill Checks**. Successful completion of all Skill Checks is necessary to be eligible for the final exam.

- Respect that there are **many pathways to recovery** and acknowledge that **all people are resilient.**

- **Consider changing seats** daily to get the most out of the experience.

- **Take good care of yourself**. It's not easy to take part in 36 hours of training, so make sure to do what you need to do to be well throughout.

NOTE: There are circumstances when a person might be asked to leave the training. These include being disrespectful to others, being disruptive to the learning environment, and being inattentive or not participating in training activities. If the instructor is noticing a problem, they will discuss it with you. The training is designed to support each of you to succeed and for the entire class to have a valuable experience.

Training Schedule and Agenda

The in-person training is **designed to be a 36-hour course**. Each day of training will include time for lunch and a break in the morning as well as a break in the afternoon. Please keep in mind the need to be **ready on time at the beginning of each day and returning from the breaks**.

The **online 36-hour training is 3.5 hours per day** over a two-week period. You receive one break per hour and are to meet the same expectations regarding being on time.

As we **review the agenda**, you will see the Modules and length of each. The Modules are interactive, and this will require moving around the room, so please get quickly into pairs, triads or groups.

**Brainstorm Additional
Classroom Agreements**

Activity

As a group, come up with additional guidelines that will **make this a successful learning experience** for everyone. Your instructor will write them on paper that can be hung on the wall. They may be reviewed and added to during the training.

Let's be sure to use this **opportunity to create a safe space that is strength-based and supportive** of individuals and the group.

Helpful Course Information

Each of the **Modules includes story, ethics, and communication skills building activities**.

The CPC training emphasizes skills training and development. All class participants will need to **demonstrate a level of ability of all the skills in the Modules to take the CPC certification exam** and you will have multiple opportunities to do so. The instructors will let you know how you are doing as the week progresses.

The **Training Agenda and Appendix 9** are your best guide to preparing for the certification exam.

Evaluations of the trainers are conducted throughout the training. The information you provide is **your contribution to trainers continually improving** and providing a better experience for our peers.

Daily Reviews may be conducted at the end of and/or beginning of each day. Use these reviews to build on your knowledge and prepare your elevator speech.

Module 10 Skills Check
Peer Support Elevator Speech

An "elevator speech" is a **brief summary** of who you are and what you do. It is named for the time it takes to ride an elevator from bottom to top of a building (roughly 30 seconds or 75 words). Our goal is to make it 1-3 minutes long.

For Module 10 skills check, use this week to **build your CPC elevator speech** and be prepared to share it with your classmates during Module 10 on last day of the training.

1. Start by introducing yourself. ...
2. Provide a summary of what you do. ...
   Think about what you learned in each of the modules, skills developed, and how you understand the peer supporter role.
3. Take your time. ...
4. Make it conversational. ...
5. Avoid jargon words and phrases. ...
   Keep it simple.
6. Express confidence.

Activity   Introductions

Let's get to know each other!
Turn to a neighbor in the class, preferably someone you don't know. Meet each other and learn a few things about each other. In particular:

- Ask the person their name,
- How they became interested in peer support, and
- Something that the person does for fun.

Be prepared to share with the larger group the name, and pronouns (if they okay it) of your partner, and what your partner does for fun! Do not discuss diagnosis, current job role, resumé, etc. Be sure to use the pronouns of your peer. In other words, we want you to get to know the real person!

Module 1: Defining Your Role

IN MODULE 1 you will have the opportunity to start to Define Your Role as a Certified Peer Counselor. You will learn about the basics, see examples, and work on exercises that will help you understand and describe your role as a CPC.

WHAT IS IN MODULE 1?
We will explore three skills as we start to define our roles:

- Modeling Hope and Possibility
- Describing Mutual Peer Support
- Supporting Voice and Choice

CLASSROOM DISCUSSION QUESTIONS

- What are two or three words you would use to describe peer support?

- What are two or three words that describe the *role* of a CPC from the online course?

- What are one to two questions about the CPC role that you hope to answer by the end of the class?

The Big Idea of this course

What's the Big Idea of this course?

We are ALL Resilient!
&
That Recovery Happens!

AND that with your own lived experience and new skills and information, you can walk with people in support of their own recovery journeys.

RECOVERY, RESILIENCY, AND PEER SUPPORT

"Recovery is the urge, the wrestle, and the resurrection."

PATRICIA DEEGAN

"The secret of life, though, is to fall seven times and to get up eight times."
PAULO COELHO

You are in this course because you have been working on your own recovery or that of your family, and you want to support the recovery of others as you enhance their resiliency. We studied quite a bit about recovery and resiliency in the prerequisite online course.

Recovery is at the very heart of Washington's Certified Peer Counselor program and this training. Throughout the state, many individuals and families with behavioral health conditions have experienced recovery and resiliency from the impacts and losses often associated with these conditions. As they found their way, they inspired others, proving that "getting better" was not just a possibility, but given the right support, is to be expected.

When being resilient, we are demonstrating the ability to "Bounce back from adversity and become stronger," or resiliency! Sherry Lyons writes, "Resiliency qualities are in each one of us. Oftentimes we need someone else to recognize these traits and abilities in us."

That's where you come in. Your presence in this classroom is a place to start. Recovery happens. People do turn their setbacks into comebacks. It has happened and is happening with each of you. Certified Peer Counselors working in the field are supporting both peers and professionals understand that recovery can occur, and that we are resilient.

Behavioral health services are profoundly enriched by the transformation that can occur through peer support. Peer supporters' faith in their work supports people gaining a belief in their own ability to recover and live a fulfilling life.

Activity

Word Wall. Let's go around the room. As your instructor signals you, call out one word that comes to mind when you hear the word, "Recovery" or "Resiliency."

Your instructor(s) will write your words on the board, creating a "Word Wall" on Recovery and Resiliency.

Make sure that your word is different from all the others you have heard, or you'll have to come up with one more!

Review the Word Wall. What's missing? What would you add now?

Classroom Discussion Questions

- Why is recovery so important?

- How does being resilient support you on your journey?

- What has supported your own or your family's recovery or resiliency (the ability to bounce back after adverse experiences)?

- How has peer support been important to your recovery?

LANGUAGE USE IN PEER SUPPORT

Language creates reality.

Ethical Considerations:

Remember that we cannot "give" recovery to anyone, or even "instill" hope and recovery. What we can do is support people to find their own way in their recovery by walking with them, sharing our stories, listening carefully to people's perspectives and for their strengths. Your job as a CPC is not to "recover people," rather, to support people to find ***their own inner wisdom.***

CLASSROOM DISCUSSION QUESTION

- Does it make a difference how people talk to you, and the words they use?

Respectful language can promote recovery, support resiliency, and reduce stigma. A poor choice of words can have the opposite effect. Intentional use of positive words and phrases can assist a peer in finding hope and thinking differently about their situation.

Person first language refers to the practice of putting the person first when writing or talking about a child, youth or adult peer. Using person first language emphasizes the person rather than their symptoms or diagnosis. Avoid over-using diagnostic terms. Labels can only be stigmatizing because they do not take into account the whole person.

Certified Peer Counselors are urged to avoid the most medically oriented terms, such as client, patient or illness, and to assist the medical community in transitioning from a system that "does to" an individual into a system that "does with" an individual. In other words, we want to encourage partnerships between the people who use services and the people who provide them.

Activity

Language Role Play. This role play will allow you to identify offensive, non-recovery or limiting language and decide how to speak in a more holistically human, supportive, and recovery-oriented manner.

Your instructor will ask two of you to volunteer. The "actors" will read the script below. When you hear a phrase that is *not* conducive to recovery, circle it in the script. *WARNING: the language in this script is intentionally offensive.*

After the role play is over, take one or two minutes to talk with your neighbor about what language might be more supportive of recovery than the words in the script. Discuss as a class what you could say to support recovery.

	Script (circle words that DO NOT support recovery)	**What you would say to support recovery:**
Claire:	Hi Ronaldo. How are you dealing with your mental illness and addiction today?	
Ronaldo:	Um, okay, I guess. I'm a schizophrenic, so it's hard sometimes.	
Claire:	Well, you're a disabled patient, and have chronic symptoms. How's your med compliance?	
Ronaldo:	Well, they always said I was retarded, so I just try to do whatever they tell me I need to.	
Claire:	And you've been an addict for a long time.	
Ronaldo:	I'm working on it—I don't want to be handicapped for life!	

MODELING HOPE AND POSSIBILITY

Peer Support is Modeling Hope and Possibility

WHAT IS "MODELING HOPE AND POSSIBILITY?" Modeling hope and possibility is bringing the reality or the "evidence" of *recovery* from mental health and substance use conditions through your presence, words and deeds.

Take turns reading these aloud as a class.

- "Peer support is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations." (Davidson, Chinman, Sells, & Rowe, 2006, p. 443).

- Peer support is "a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement on what is helpful." (Mead, Hilton, & Curtis, 2001, p. 135).

- Peer support advocates often promote critical learning and the "renaming of experiences" based on peer learning and experiential knowledge (MacNeil & Mead, 2005). For people in recovery, "critical learning doesn't assume a medical definition of the problem and opens us to exploring other ways of thinking about the experience" (Mead & MacNeil, 2004, p.10).

- "Yeah, it's nice to know . . . it's like having someone that you can confide in, you feel like you're kind of in the same boat . . . She was depressed, homeless, with a drug problem. And that's where I was. And I'm newer to it. She's got a car, she's got her apartment, and I'm building those things, and it's just . . . you know, somebody who really knows." (Person describing experiences with a peer provider, from Davidson, 2012.)

CLASSROOM DISCUSSION QUESTIONS

1. What do the quotes above tell you about the role of a CPC?

2. Which of the quotes above make you hopeful about what you might do as a CPC?

AN EXAMPLE OF MODELING HOPE AND POSSIBILITY

Cynthia recently completed her CPC certification and has been hired at an agency that supports people with mental health and substance use conditions.

Cynthia used to live in the area and used services at that same agency five years ago. She considers herself a survivor of all she's been through, and even of some of the treatment she's undergone. She knows it will feel awkward and good at the same time to bring peer support to that agency because she knows that for some folks who use services, life can feel pretty hopeless.

On her first day, staff show her around. In the reception area, an agency participant asks her who she is. She says she's a peer specialist, but then thinks about it and says, "I'm an alumnus. I was here about five years ago." Another person asks, "You mean as staff?" She says, "No, I was in services."

CLASSROOM DISCUSSION QUESTIONS

1. Why might it be both "awkward and good" for Cynthia to bring peer support to the agency where she previously engaged in services?

2. What is Cynthia communicating to the person in the reception area?

3. Why is it important for her to say that she used services too?

4. How is Cynthia being an agent for change?

Think about It:
Cynthia is communicating to people that there is a "way forward." She is saying, with very few words, "I am the evidence" that something can happen to make your life different.

She's not defining it or describing it, she's simply opening the door to something new and different that people may be unfamiliar with. She's planting the seeds of hope and possibility.

> **HOPE**: Definition
>
> - a feeling of expectation and desire for a certain thing to happen.
>
> - to want something to happen

Hope and Hopelessness. *Take turns reading over the following points:*

Think About It: When we think back on the years of struggle and distress—most of us hit a turning point where professional help was introduced into the picture and we received a diagnosis or treatment for ourselves or our child.

For many of us, this is a life-altering time not only from the physical and emotional distress experienced, but in an increase in internal and external stigma. **Internal stigma** is when we begin to feel that we are somehow different from others, a negative self-portrait. **External stigma** is when others around us begin to treat us differently.

How does behavioral health diagnosis or treatment contribute to hopelessness? Common experiences include:

- o Taking on a "patient" or "addict" role and losing identity; or taking on care-taker role and losing identity
- o Falling behind friends educationally
- o Having you or your family's every move viewed under a magnifying glass
- o Becoming demoralized by not only symptoms or experiences, but also by your experiences with systems with which you interact
- o Having everyday emotions seen through the lens of illness, addiction, and brokenness
- o Losing control over your family and choices for your child's wellness
- o Losing your freedom and right to self-determination
- o Experiencing major losses, like home, family, job, and friends
- o Experiencing discrimination from society, including distancing, labeling and judgment

The legacy of loss and trauma a peer may experience makes it critical that the first thing we do as CPCs is **inspire hope and possibility** in those places where hopelessness lives. We can't "instill" hope, but we can "inspire" hope and possibility by being present and by being hopeful about recovery ourselves.

CLASSROOM DISCUSSION QUESTIONS

- Have you ever felt hopeless about recovery?

- How did you start to overcome that hopelessness?

- How might your experiences with overcoming hopelessness support someone

  else?

Activity

Modeling Hope and Possibility Role Play:
Pair up with a partner and decide who will be the Certified Peer Counselor.

- If **you are the CPC**, you will **Model Hope and Possibility**. Do a quick review from this Workbook if needed. Be there for the other person *with hope* for their recovery, through words and through your hopeful presence. **Do not try to "fix" the peer or their situation**, a CPC is not a "fixer" or a "helper."

- If you are **the other person** in this role play, **pick one of the "Common Experiences" on the previous page** that you can relate to and that you feel comfortable talking about as a peer. Describe the experience that you have had or are having. **Notice what "your CPC" says and does to Model Hope and Possibility.**

- **Don't switch roles.** You should talk for at least five minutes. After the exercise, get together and talk about what it was like to offer hope, *or* to have it offered to you. How did it feel? What is important about Modeling Hope and Possibility**?**

Take notes and be prepared to talk about your experiences with the class**.**

DESCRIBING PEER SUPPORT

I am an Expert at not being an Expert, and that takes a lot of Expertise.
Anonymous Peer Supporter

What is Peer Support?
While your role as a Certified Peer Counselor may vary, it is always important to explain the CPC role as one of *mutual* peer support. We need to be able to understand and describe peer support in order to guide its professional practice and to inform others about the role. Let's look at some more definitions of a Certified Peer Counselor.

What Is the Role of a Peer Supporter?
Take turns reading aloud:

- **CPCs have** their own professional role in the behavioral health field, with their own values, ethics, and practices. You are not expected to have the same roles as therapists, doctors, social workers, clinicians, case managers, etc.

- **Peer support values the following**:

  - *Mutual support*, i.e., we support each other in recovery, sharing our stories, strategies, fears, and hopes.

  - *Power together, not power over*. As a paid supporter of recovery, you will have a different type of relationship than a friend, neighbor or family member. Certified Peer Counselors work to equalize power and put the peer or family in the driver's seat. The CPC recognizes that the peer or family is the expert on themselves, whether or not the they recognize their own power. The CPC supports the peer to find their own inner wisdom to chart their own road.

- **Much of what we do** is to support peers or families to *get in touch with their inner wisdom,* rather than advising or counseling. We do not support the peer as an expert on life, on recovery, or on the peer or family, but as someone who can understand, have empathy, and be respectful and non-judgmental, because we, too, have "been there."

Activity

Power Over or Power Together.

In this activity about power in peer support, you will be creating a picture that may remind you of a childhood drawing.

Take turns reading <u>all</u> the instructions aloud.

- As instructed, join a group of about five people. You will receive one large sheet of flip-chart paper, some tape, and the instructors will give you a set of Activity Slips, loaded with scenarios. Add your first names to the top of the paper.

- Draw a line down the center of the paper. Write "**MUTUALITY - POWER TOGETHER**" at the top of the left side and then two stick people next to one another.

- Write the words "**POWER OVER**" at the top of the right side. Draw a big stick person with superhero cape and small stick person below to the side.

- Take the Activity Slips and mix them up. Pick an Activity Slip and read it to the group out loud. Decide as a group whether the Activity belongs on the Power Together or Power Over. Place the Activity on the side you selected using the tape provided.

- When finished, be sure your paper is secure on the wall. Walk around and compare your decisions to those made by other groups.

- Discuss with the class:
  - How did the placement of the activities differ amongst groups?

  - Where did the greatest discussion/disagreement come up?

  - What did you have questions about?
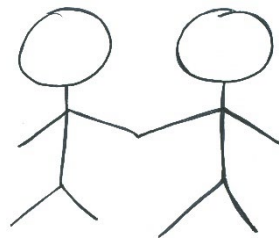
Overcoming Learned Helplessness

What is Learned Helplessness? Learned, or taught, helplessness is believing that you have no control over your situation—that nothing you do can make a difference.

Over time, people may lose touch with their own opinions, preferences, values, and choices. They look to those in authority to make choices for them and believe they must comply. They may lose touch with their own power and inner wisdom. ***Every time we make a decision for someone, we're continuing the cycle of learned helplessness.*** The CPC role is to support the person to discover their unique wants and desires again.

Example

"This is the way my life is. Things will never change."

"They say I'm 'unmotivated' to do anything with my life. I would be motivated, if it made a difference."

"You're the expert. Can't you tell me what to do?"

CLASSROOM DISCUSSION QUESTIONS

1. Can you relate to the concept of learned helplessness? How has it impacted your life?

2. How can we support someone to become self-determining if they have learned helplessness?

How to impact Learned Helplessness:

See the whole person. Hear their perspective. Ask open questions. Have empathy.

Introduce the person to resources: WRAP, Creating your Self-Directed Plan, Pathways to Recovery, etc.
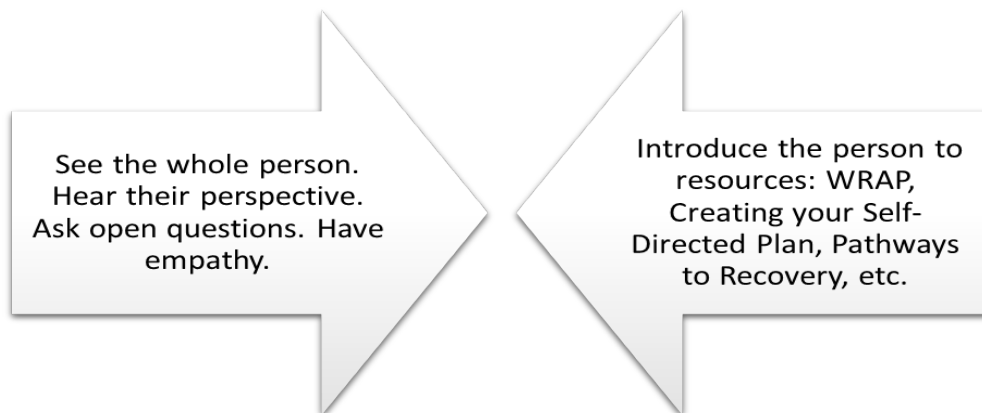
Module 1 Summary: Defining the Role of the CPC

During Skill Checks, your instructors will come around and listen in, ask questions and even work with you to ensure that you are able to show what you have learned in the section.

Skill Check 1: The CPC Role

1. Describe the basic role of a peer supporter
2. Describe the type of rapport a peer supporter has with people served
3. Describe the kind of work a peer supporter might do

Get into groups of three to four people. Try to find a new group of folks with whom you have not worked yet.

> **Materials**: Each group will get a piece of Flipchart paper and a marker. Put your first names at the top of the page, and number each of your answers.

Discuss the following and as a group, and write on the paper:

1. The three most important things you have learned about the role of a CPC;

2. How you would describe what a CPC does. Write a definition of a CPC together, without looking at the book, and be prepared to read this definition to the class;

3. The three most important things you have learned about the rapport a peer supporter has with the people you serve.

Hang your paper on the wall for others to see. When all the groups are done, walk around the room to see what others thought. Be prepared to present your ideas to the class.

> ### CLASSROOM DISCUSSION QUESTIONS
>
> - What is the most important thing you learned in this Module?
>
> - What is one piece of information about the role of peer support that surprised you?

Module 2: Forming Peer Partnerships

IN MODULE 2 you will have the chance to explore, discuss, think about, and practice skills that help create rapport that are not only peer, but that promote recovery.

The Big Idea of this Module

Peers use engagement skills and sharing their story to support their unique role.

Think About It: As peer supporters, we operate from a place of mutuality, respect, and self-determination. This means that we intentionally use communication skills to connect with, support, and understand the peer or family.

On a recovery journey, the peer must be

"in the driver's seat."

It's the peer's, or the family's journey. In learning to drive, all drivers may need support at some point in learning how to drive, getting GPS or coaching along the way, someone to help "gas up," or even someone to chat with on the way. It's their journey, their decisions and this is where peer support may come in. And to support the driver, we need partnering skills.

The three skills that we will examine in Module 2 are:

- Partnering to Promote Recovery

- Sharing our Recovery Story

- Navigating Difficult Relationships

Communication Skills that promote recovery: Partnering

"The foundation of genuine helping lies in being ordinary. Nothing special. We can only offer ourselves, neither more nor less, to others—we have in fact nothing else to give. Anything more is conceit; anything less is robbing those in distress." (Pearson, 1988)

What is Partnering? Certified Peer Counselors (CPCs) have the responsibility to develop a unique, trusting rapport with each peer they work with. Today we will discuss tools geared toward developing and sustaining connections through effective communication skills that we call partnering.

> *Partner [pahrt-ner] noun:*
> *a person who shares or is associated with another…*

To partner means that you are in equal position, having "power with" instead of "power over." Partnering is more than helping. Partnering supports the peer or family in finding their own answers, solutions, or path forward.

CLASSROOM DISCUSSION QUESTIONS

- What kinds of partners do you think of when you see the definition above?
- How would it benefit *you* to be a peer partner who "journeys together" with others?
- How would it benefit the other peer or family?

Why Partner? Partnering allows people to be supported, to have a place at the table, and to be heard. Partnering allows the people you work with to find their own truth, their own wisdom, and to go after their own goals.

What are the skills of Peer Partnering? By the end of this lesson, you will have learned how to:

A. Listen Actively
B. Support Engagement
C. Ask recovery-supporting questions

Peer Partnering: Listening Actively

- What do other people do or not do to cause you to feel heard or understood?
- When you feel that no one is listening, what are they doing or <u>not</u> doing?

What is Active Listening?

Listening involves several activities that we must do while partnering with our peers:
1. Prepare for listening

2. Listen for meaning, feeling, and values

3. Demonstrate understanding

Preparing for Listening

Preparing for Listening involves reducing distractions and readying the mind and body for listening.

Activity

Annie has appointments with four individuals today, and one of the individuals is bringing his family with him. Additionally, Annie has a staff meeting and supervision session that are scheduled! Annie is getting overwhelmed. She looks around to see her office is a mess. Her cat has been sick at home, and she knows she has to stop at the grocery store later to pick up food and other supplies. She realizes she will have to miss her home group. On top of all this, she just noticed her shirt is on backwards. She thinks to herself: "I don't know how I'm going to get through this day!"

Discuss with a neighbor:

- What could Annie do to reduce her distractions?

- What could Annie do to ready herself for her upcoming appointments?

Listening to Understand: Attending

Attending is using your body to communicate that you are *open* to what the person is saying. Attending signals you to focus on listening, by aligning your physical self toward the peer, so that you can pay attention to that peer.

Preparing for Listening by *Attending*: One way of thinking of how to align your physical self toward the peer is by using the acronym, **SOLER** (adapted from Egan, 2002)**.** Do the following when it is culturally appropriate:

➢ **S**eat yourself toward the peer: Sit as directly in front of the peer as is comfortable for the two of you.

➢ **O**pen your posture: Uncross your arms and legs to show you are not closed off to hearing the peer out.

➢ **L**ean toward the peer, as is comfortable for you and the other peer. You may find that the more intense the conversation, the more you may lean in.

➢ **E**ye contact: look at the peer if it is comfortable and when it is culturally appropriate for both of you.

➢ **R**elax: so that you can pay attention and listen. Don't forget to breathe.

Think About It: Pay attention to the peer you are listening to, and reflect the peer's comfort level as you do these things. Take the peer's lead: Are they leaning in? If so, you may want to mirror that with your own leaning in toward the peer. Pay attention to what is comfortable, and what may be culturally appropriate, for that peer. If you're unsure, ask!

Practice

Your instructor will invite one person to come to the front of the class. The person will describe a favorite hobby for two to three minutes. While the person talks, practice using SOLER at your seat.

- Notice if attending in this way helps you focus on what the peer is saying.

- Discuss with the class after the person is finished.

Listening to Meaning, Feeling and Values

"Most people do not listen with the intent to understand; they listen with the intent to reply." --Stephen Covey

Why Listen for Meaning, Feeling, and Values?
Listening to Meaning, Feeling and Values is actively listening to what a peer is communicating to you. In Peer Support, we listen to connect, inspire hope for recovery, engage the peer through building rapport—in peer support—and perhaps in services or activities that are meaningful to the peer. We actively listen to understand the peer's perspective about the choices they are making or considering making. Often the words we are hearing are only the surface of what the peer is trying to communicate. The skill of listening for meaning, feeling, and values may go much deeper that what the peer is actually saying.

Values
Your values are the things that you believe are important in the way you live and work. They (should) determine your priorities, and, deep down, they are probably the measures you use to tell if your life is turning out the way you want it to.

When **the things that you do and the way you behave** match your values, life is usually good – you're satisfied and content. But when these don't align with your personal values, that's when things feel... wrong. This can be a real source of unhappiness.

Making a conscious effort to identify your values is so important. If you have not identified values, follow these steps:

> **Step 1:** Identify the times when you are happiest.

> **Step 2:** Identify the times you were most proud.

> **Step 3:** Identify the times you were most fulfilled and satisfied.

> **Step 4:** Determine your values, based on your experiences of happiness, pride and fulfillment.

When listening to a peer, hear **what is important to them**. They will identify their values.

Listening to Meaning, Feeling and Values: The How

How do you Listen for Meaning, Feeling and Values?

Take turns reading the following:

1. Listen quietly while the peer talks. Don't interrupt, don't judge what they are saying. Use your curiosity to find out more about the peer.

2. Ask yourself, "what is this peer communicating to me?" Instead of coming up with an answer, argument, or response, take a moment to think about the meaning. What do you hear? What is being communicated through the peer's tone and body language?

3. In addition to the words, what feelings are being communicated? What values?

Activity

Two volunteers will read aloud the following conversation. Write answers for the questions below, and then discuss with the class.

Eman: "Hi Joe, how's it going with your son?"

Joe: "Well, you know he has some attention difficulties. He's been having a lot of trouble at school and he's a lot to handle at home, too!"

Eman: "That sounds like a lot."

Joe: "I mean, I am always on his case and the whole house revolves around him. That seems ridiculous! He has been in counseling for years and it doesn't seem to help. I am at my wit's end here!"

CLASSROOM DISCUSSION QUESTIONS

1. What is Joe communicating to Eman?

2. What feelings and values are Joe communicating to Eman?

Listening: Demonstrating Understanding

Demonstrating Understanding is showing the peer that you are listening to what they say, what they mean, and how they feel.

There are three basic elements of Demonstrating Understanding:

- Paraphrasing
- Reflecting Feeling
- Responding to Meaning

Paraphrasing: Paraphrasing, or restating, is showing the peer, in words, that you understand the words that they are saying to you. Paraphrasing involves saying back, in different words than the peer used, what the peer said to you.

Reflecting Feeling: Reflecting Feeling means that you are capturing what a peer is feeling, and not just the words they are saying. Reflecting Feeling comes from "feeling with" the other peer: ask yourself, "What are they feeling right now? What word can I put on it?"

Responding to Meaning: Responding to Meaning means showing understanding of the peer's experience, or belief about that experience. Ask yourself, what is this peer communicating to me? What are the values being communicated? What does this peer mean? What is at stake for the peer?

Discussion
Read the scenario that follows, then review and discuss the responses below and the top of the next page.

Tai to Camelia: "I'm sick and tired of what my sponsor is telling me. Who is he to tell me what I should do? I'm sick of it!"

NOT-SO-SUPPORTIVE responses:

<u>Not</u> Demonstrating Understanding:	What's wrong with it?
"Oh, you think that's bad? You should hear what my sponsor says to me!"	One-upping the peer It becomes about you, not the peer
"Oh, I'm sorry you're being treated so bad."	Sympathy, not empathy
"You should just quit! I wouldn't take that!"	Advising, not listening
You're sick and tired of what your sponsor is saying to you. Who is he to tell you what you should be doing? You're sick of it!	"Parroting," or repeating the same exact words back (which can be annoying)

SUPPORTIVE responses: What might be supportive

Demonstrating Understanding		What's right with it?
"You don't like the advice you're getting."	→	Paraphrasing Tai's content
"You're angry at your sponsor."	→	Reflecting Tai's feeling
"You want to be heard."	→	Responding to Tai's meaning
"You feel angry because you want to be heard, not advised."	→	Demonstrating all three together

More examples of Demonstrating Understanding:

Marcus speaking to Cam: "I'm blown away by what I'm hearing in meetings. I can't tell you how it's made me feel to hear stories that in some ways are so similar to mine."

Cam, **Paraphrasing**: You've really liked the meetings because of the stories.

Cam, **Reflecting Feeling**: You feel surprised! It's refreshing to hear stories that are like yours.

Cam, **Responding to Meaning**: You are inspired because you realize that you're not alone.

Practicing Skills: Demonstrating Understanding

Activity
Using Amy's comment below, write one to two sentences describing how you would show understanding. Be prepared to share one of them with the class.

Amy: "I'm just not able to work. When I try to apply for jobs, there is always a background check, and I have a felony conviction. I don't even have a high school diploma. I get too depressed to get out of bed. My parents say if I don't have a job in a month I will have to move out. I don't know what to do."

How would you **Paraphrase** Amy's situation?

How would you **Reflect** Amy's feelings?

How would you **Respond to the Meaning** of Amy's comments?

Peer Partnering: Supporting Engagement, Voice, and Choice

What is Engagement? Engagement is gaining a peer's trust and willingness to participate in activities. A peer who is engaged can gain supports and needed services. To become fully engaged, a peer must really be heard and get needs met while maintaining the ability to make decisions for themselves.

What supports people engaging? Developing positive rapport is a key factor. Sometimes people are making decisions about whether, or how much, to engage in services. Peer support can be very helpful to those who are making these decisions.

Think about your own experiences. Have you ever been dissatisfied with services for yourself or your child?
- What was the situation?

- How did the situation change the way you engaged in services?

- What helped or could have helped?

Discussion: Supporting Engagement

Read the scenario below. Discuss as a class the questions that follow.

Chelita is providing peer support to **Barbara** in an agency that provides treatment to people who are diagnosed with both mental health and substance use challenges. Barbara's providers and other staff are having a team meeting. It's 10:00 am. Barbara has been asked to "stand by" and the team will bring her in toward the end of the meeting. Chelita and Barbara chat about how their weekends went, and then are asked to join the meeting at 10:45. The team discusses what they have come up with as potential steps for Barbara to take, such as to meet with the prescriber to discuss her compliance with medications, continuing to go to 12-Step meetings, and meeting with her therapist two times a week. They are considering sending her to day treatment to give Barbara some structure in her day.

1. How is Barbara engaged (or not) in her own services and supports in this example?
2. What do you know about what Barbara wants for her own wellness and recovery?
3. How could Chelita support Barbara's service engagement in a way that would support her wellness and recovery?

Supporting Engagement: Orienting

Orienting is supporting a peer to understand the process, the activities, and the people involved. It includes the who, what and why of each interaction. It also includes orientation to the physical location. Orient every time you work on something together.

O-ri-ent *Verb.*

> find one's position in relation to new and strange surroundings.

Synonyms: align, place, get/find one's bearings

Why Orient? When we're not oriented, we feel disconnected. It's hard to participate in something when we don't know what to expect and why we're doing it.

When we support the peer getting oriented to what is going on or what might happen next, we support them in being fully involved in their own wellness and recovery.

How do we Orient? We talk about the:

Examples

- The **What**: What's going to happen
- The **Why**: What's in it for the peer/ Why do it
- The **How**: How the activity or process happens

Orienting to the What: "Clarence, when we talked last time, you said you wanted to start thinking about the team meeting that's coming up. You were worried about what decisions might be made. So, if you like, we can discuss what *you* want to talk about with the team, and what some of *your* goals might be."

Orienting to the Why: "How do you think talking about this today will help you? (Wait for Clarence to respond) I am hoping that if we have this conversation now, you will go into the meeting and have a strong voice in the decision-making and goal-setting."

Orienting to the How: "Do you want to tell me what you have been thinking about the meeting? I will listen carefully to what you say. I'll support you in making a plan for the meeting."

Orienting Examples

Orienting can occur in many different settings. See if you can identify the what, the why, and the how in the following scenarios.

Activity

Read the following scenario, then discuss as a class:
What did Ching do to orient Julie?

Ching just started working at a new agency two weeks ago. Ching is meeting with Julie, a woman who is new to peer support. Julie's been involved with services for a long time now and isn't sure what to make of "this new peer support thing."

> "Julie, I can understand where you're coming from. I didn't know about peer support until a few years ago. Do you want me to tell you a little bit about it? I work alongside therapists and case managers, but my role is a little different. I am in recovery myself, and have been using services for a long time, too. I'd be happy to share my story with you anytime. My expertise is my lived experience. That means I didn't learn what I know from books, but from life. My job is to hold out hope that recovery really is a possibility for everyone, and to support that recovery by living it, walking it, and sharing it with others. If you're interested, we can work together on our recoveries, supporting each other. Maybe what we can do today to get started is get to know each other a little. I know this is new, and honestly, it's new for me, too. Do you want to chat a little? I can tell you a little about me, and maybe you can tell me a little about you."

The **What**_____

The **How**_____

The **Why**_____

Activity

Read the following scenario, then talk about what Caesar did to orient Joanna

Caesar is nervously heading into his appointment with his supervisor, Joanna. He knows that his evaluation is going to be discussed, and he's nervous that he's not been doing as well recently. He's had a recent medication change and some personal things going on.

> "Joanna, I'm glad we're meeting today. I know we will be talking about my evaluation, and given that I've been having a rough time lately, I wonder if we might do this in a way that will help me absorb what you have to say, and might help you understand what's going on with me. If it works for you, what I'd like to do is to start out with my own evaluation of my progress—the good, the bad, and the ugly. Then you'll know what I already know, and what I need to still hear. If that works for you, I'd like to start."

Supporting Engagement:
Asking Questions

Don't we already know how to ask questions? Asking skillful questions helps to engage the peer. Being skillful in asking questions can engage people and support wellness and recovery.

How do we Ask Questions to Support Participation?

- Asking Direct Questions

- Asking Open-Ended Questions

- Asking Clarifying Questions

The Big Idea Here: Ask the questions that are going to get the peer involved, supports them telling their story, and/or provides the information needed.

Asking Direct Questions:

If a quick piece of information is needed, ask a **Direct Question**, for example: "Do you want to go to this event?"
- Direct questions often begin with "do you . . ." "are you . . . " "will you . . ."
- Direct questions generally can be answered with a "Yes" or "No," or with a short, one-word answer.

Asking Open-Ended Questions:

If more information is needed, or if you want to open up the opportunity for the peer to express themselves, ask an **Open-Ended Question**, such as, "How do you spend your time on the weekends?"

- Open-ended questions often start with "What would you like…?" "How…?" "Why….?": "Who..?"

- Open-Ended Questions are usually the most effective in encouraging open and ongoing conversation. Open-ended questions cannot be answered with "yes" or "no" or other short factual answers.

Practice: Can you tell the difference?

Jack says to Bree: What makes a good progress note?   ❏ Direct   ❏ Open-ended

Mary says to Tommy: Did you do the dishes this morning? ❏ Direct   ❏ Open-ended

Asking Clarifying Questions

What is a Clarifying Question? Clarifying Questions show that you are listening by asking for additional information.

One approach to using Clarifying Questions involves Demonstrating Understanding, then Asking a Clarifying Question and Demonstrating Understanding again. This is known as "sandwiching."

Demonstrate Understanding
Ask a Clarifying Question
Demonstrate Understanding
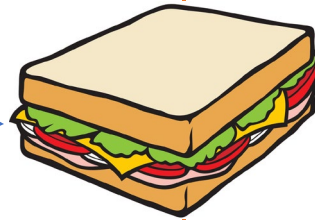
You can see an example of "sandwiching" using a Clarifying Question in the following:

"So, you're tired of answering so many questions during intake processes. How do you think telling your story to a new service provider could help you?" (Answer: "Well, I guess they won't know me without my input.") "OK, so you think that it could help to find a way to tell them your story, so that they hear about you *from* you."

Activity

Your instructor will give you a real-life scenario. Your role is to Ask Clarifying Questions of the instructor. Remember to Demonstrate Understanding before and after the question.

We've discussed Supporting Engagement using three types of questions, Direct, Open-Ended and Clarifying:

- What did you learn?

- What did you get good at?

- What do you think you want to keep practicing?

Skill Check 2: Partnering
Listening to Understand and Asking Open-Ended Questions
Paraphrase, reflect a feeling, or respond to meaning

Your instructor will divide the class into two groups. When in your groups, your instructor will provide you instructions and an example.

Instructions:

1. The first person begins by making an "I Statement." An example may be, *"I really like listening to my favorite music."*

2. Listen to the "I Statement" made by the person before you and demonstrate you have listened and understood by using one of your listening tools—i.e., responding to meaning, reflecting feeling, values, paraphrasing. You will want to avoid *parroting* or simply repeating what they said. Examples may begin with, *"It sounds like you…., or, What I'm hearing is…."*

3. Then as a follow-up, ask an open-ended question; remain curious about their initial I statement. Remember that open-ended questions use *"What"… "How"… "Why"… etc.?* When you have successfully asked an open-ended question then you are ready to move to #4.

4. Finally, make an "I statement" of your own such as *"I like chocolate in the afternoon"* for the next person to listen to and demonstrate understanding….

Successful completion of this Skills Check will show you are actively listening by demonstrating understanding and are able to ask open-ended questions that will invite peers to share more of their story.

Ethical Considerations

Asking questions is a very important Partnering tool. Can you ever ask too many questions?

- Questions can be used to take over the conversation, make the conversation about us, or to control the agenda. We might even do this without intending to. Keeping the focus on the peer and on their needs is an ethical standard.

- Questions can sometimes be our fallback strategy and be aimless. Questions may be what we use when we don't know what else to say. As a peer counselor, ethics require that we continue to develop skills in listening actively, attending to the person, asking purposeful questions, and demonstrating understanding.

- Questions can be too clinical or unrelated to the work of peer support. Asking overly personal questions, unrelated to the work, is crossing an ethical line.

Sharing Your Recovery Story

- Have you had other people share their recovery stories with you?
- What was that like?

Sharing your Recovery Story is sharing your personal message of hope to support people in the face of difficulty.

Why Share your Recovery Story? Sharing your Recovery Story is a unique and important part of being a Certified Peer Counselor. It is in sharing our stories of how we overcame challenges that we can connect, inspire, and offer hope to other people about recovery. Sharing your story of hope is a key task of a peer counselor. It is one of the things that makes peer support effective.

What are the Ethics of Sharing Your Recovery Story?

In the prerequisite online course, you learned about ethics in peer support. We will learn more about how to tell a recovery story in a little bit. The ethical standards for telling your recovery story include:

- A peer supporter should not be compelled by anyone else to tell their story.

- Only tell part of your recovery story if it will benefit the other person. If you are the only one who will benefit, do not tell your story at that time. The story must be of benefit to the peer you are supporting.

- Tell your story in a way that the peer or family can hear. Telling "war stories," or "one-upping" the peer, can harm the person you are there to support, by potentially bringing up the other person's pain, or making the story about you.

- Don't push your story on someone who is not ready to hear it. Be careful to not overstep what a peer says they are interested in or ready to hear.

- If the peer is not reacting well to your story, try using another partnering skill instead, such as Demonstrating Understanding or Asking Open-Ended Questions.

WHAT DOES A RECOVERY STORY LOOK LIKE?

Good question! A Recovery Story has particular elements that we pay attention to.

A Recovery Story is NOT an Illness Story.

A Recovery Story	An Illness-Focused Story
• Gives a sense of what you've experienced that led to your discovering recovery • Is overall hopeful, positive, and strength-based with more positive elements than negative ones • Talks about resilience and hope • Shows how you overcame barriers in your way to get to where you are now • Holds out hope that the peer or family can and will recover too	• Includes graphic images or details • Focuses on illness rather than recovery • Jokes about drug use, alcohol, behavior when not well • Uses stigmatizing or medical language • Has more negative elements than positive ones, including feelings of anger, hopelessness, etc. • Does not hold out hope for recovery

Activity

Take turns reading the following stories. Decide as a class and mark below which are ☒ illness stories and which are ☑ recovery stories.

❒ Juan doesn't know if he should believe his providers who have been saying that recovery can be a goal for him. CPC Prem responds to Juan, "I know what you mean, they told me I could recover too, but I still have a crummy apartment and I'm still dealing with symptoms all the time."

❒ DaQuan is working with Janie, who thinks that she can never get married because of her diagnosis. DaQuan says, "That's what they say: People like us won't have regular lives again."

❒ Maxine and Carina are talking about the difficulty of dealing with the loss of a loved one. "I know what it's like to love someone who is gone. It's so painful. It feels, in the moment, like it's never going to end. I've learned that at least for me, there's no easy way through. Support and time have helped me. Still not easy. But it's helped."

Why Share Recovery Stories?

Share Your Recovery Stories to:

- o Inspire hope

- o Build rapport with the individual or family

- o Break stigma and biases or change attitudes others may have

- o Advocate for change

- o Educate others about recovery

- o Share skills and strategies

- o Bridge cultural gaps

What would you add to this list?

- o Other

  _____

- o Other

  _____

Activity

Read the following:
Rory is feeling depressed, she says. Her Supportive Housing apartment is a mess, and people keep saying she "has too much stuff." Rory says she is so overwhelmed, she can't get herself to clean up. Every piece of paper has meaning, every toy and dish has a memory attached. "It's hopeless" she said, "I don't even care anymore. Let them throw me out. Whatever."

- Would you share a part of your story with Rory?

- Why or why not? If yes, what part would you share?

- What feeling do you hear in what Rory is saying? How would you respond to that?

- What's the value to Rory in sharing part of your story?

SHARING A RECOVERY STORY

Rachel had started to meet with Jake, who reports he is struggling with symptoms as he is applying to Community College programs. He told Rachel that he is starting to think he could never go back to school again. He asks if maybe people "like him" can't have a career because his mental health challenges will always get in the way.

Rachel could hear his frustration, and after considering whether this was the right time to share part of her story, she shared the part of her story that might offer hope just when Jake was starting to feel hopeless. This is what she shared:

"I can hear how hopeless you are feeling, Jake. And I know what you mean when you say that you wonder if anyone with symptoms can go back to school. I wonder if it would be okay to tell you part of my story. I had a really difficult time when I was first diagnosed and was in and out of hospitals for a long time. I didn't think I'd ever get out of day treatment at one point. But I always had a dream of doing something important. It took me a little while, but I eventually found a support person who thought I could do it, too. She helped me start to take steps toward my dream. I had to start slow, taking one class at a time at first, but I was able to make my way in school, far enough that I am working now and love my job. I never thought I could do this. I learned that I am smarter than I thought I was, and that I am someone who can really keep at it, even when times get tough. I have been really glad I took a chance on working on my real goals. I believe in you, and l would be happy to work with you on what is important to you."

> ### CLASSROOM DISCUSSION QUESTIONS
>
> - What made this story a recovery story and not an illness story?
>
> - How do you think Rachel decided on what part of her story to tell?
>
> - How do you think Jake felt after talking to Rachel and hearing her story?
>
> - What part of your story would you tell Jake?

HOW TO SHARE YOUR RECOVERY STORY

Sharing our Recovery Stories takes some skill, and maybe some finesse. Here are some of the skills you will need to develop when learning how to share your story of hope for recovery.

1. **Learn your own Story of Recovery**. Start to describe for yourself:

   a. When did you know you were starting to have some serious challenges?

   b. What were those challenges (as appropriate and briefly)

   c. How did those challenges affect you? (for example, couldn't work or get out of bed, stopped using medications, used recreational drugs)

   d. What helped you move from that place to a better one, or to where you are now? What did you or others do to make that happen?

   e. What have you learned about yourself? What strengths did you learn that you have? What have you learned about recovery, and the probability of recovery?

2. **Share the piece of your story that is relevant to the peer.** Tell parts of your story, rather than the whole story of your life. Decide what part of your story is related to what the peer is struggling with. That part of your story may relate to the feeling, the challenge, or the situation the peer is experiencing at the moment. What you share will be based on listening and attending carefully to what the peer is communicating.

3. **Share your recovery story when you have one to share.** You may not always have common experiences. In that case, what other partnering skills could you use to connect?

4. **Share your story when you are comfortable doing so.** Sometimes we may feel too vulnerable sharing particular experiences. You have the right to choose what parts of your story to share.

5. **Share your story intentionally and for a specific reason.** The reason will guide what part of your story to tell:
   a. Building rapport: shared experiences break down barriers
   b. Inspiring hope for the future
   c. Identifying strengths
   d. Changing attitudes and breaking down stigma and discrimination
   e. Advocating: sharing your story can be a way to show that change is needed.
   f. Sharing your story if it will benefit the peer. Ask yourself, "Whose interests are being served? Whose needs are being met?"

6. **Assess the need**. Does the peer need a quick resource or answer to a question, rather than a connection based on shared experience?

7. **Keep hope at the forefront**. There is always hope for recovery, no matter what the peer's experience has been so far. Make sure hope is the point of your story.

Navigating Difficult Conversations

Relationships often can sometimes involve conflict, difference of opinion, or misunderstandings. Navigating those complex relationships involves using our partnering skills to:

- **Reflect**
- **Relate**
- **Re-define**

Reflect: Hear what the peer is saying, and demonstrate understanding of the peer's perspective, experience, concerns, or position.

Relate: Relate to the peer's perspective. Think of a time when you felt similarly, and what that was like. If helpful, tell a piece of your story to help connect with the peer and show that you can relate.

Re-define: Re-define the way you move forward. Instead of an argument, work with the peer to find a way for the two of you to come together with a plan.
(Transformation Center & Appalachian Consulting Group, 2008)

Activity

Sita is working with Joe, a 14-year-old who seems these days to be in disagreement with everything Sita says. The other day, when she suggested that they go for a walk, he yelled, "Man! You all are always asking for me to do stuff I don't want to do! I HATE going for walks. Walks are for old people. I don't want to do anything with you!"

Sita thought about this for a minute and remembered her CPC training. "OK, Joe, I hear you. I'm always deciding what to do, and I'm not asking you. I hate it when no one asks me what I want to do. Can I ask you what you want to do this time? Maybe we can find something we both want to do."

- How did Sita reflect?

- How did she relate?

- How did Sita re-define the way they moved forward?

Complex Relationships: Conflict

Activity   What **NOT** to do

Role Play: Two volunteers are need for this exercise. One person in the class will read the role of Joy, and the other will read the role of Alan in the following conversation. As a class, discuss the questions below.

> **Joy:** Hi Alan, I wanted to introduce myself. I am working here as a new CPC, and I'm working with Jorge, in the supportive housing program.

> **Alan:** Hi Joy, good to meet you. As you know, I'm Jorge's case manager. So, how's it going with Jorge?

> **Joy:** Well, my role is as a peer supporter, so I work to support Jorge in his recovery and well-being. You know, he's been talking to me about going back to school.

> **Alan:** Oh really . . .

> **Joy:** Yeah, he'd really like to go to auto mechanic training. He said that he used to work on cars.

> **Alan:** Yeah, I've heard him say that, too. You know, he's been in the system a looooonnnngggg time. I don't know that he's ever actually worked with cars. I'm afraid that if you work with him on that, it's going to give him false hope. I don't know that I recommend it.

> **Joy:** Wait. I don't understand what you're saying. Do you really think Jorge has no hope of doing something he loves?

> **Alan:** Look. I've been in this business for 20 years. And I know one thing. I've never seen anyone successfully go back to school after being in the hospital 15 times. I just haven't seen it. I don't want to see him get hurt by trying something that he probably can't finish.

> **Joy:** What? I don't think this is very recovery-oriented!

CLASSROOM DISCUSSION QUESTIONS

- What did it feel like to you to hear this conversation?

- Where did the conversation go wrong?

- If this were really happening, what would happen for Jorge?

Complex Relationships: Conflict

Activity   What **TO do**

Role Play: same instructions as above and the class will discuss the questions below.

Joy: Hi Alan, I wanted to introduce myself. I am working here as a new CPC, and I'm working with Jorge, in the supportive housing program.

Alan: Hi Joy, good to meet you. As you know, I'm Jorge's case manager. So, how's it going with Jorge?

Joy: Well, my role is as a peer supporter, so I work to support Jorge in his recovery and well-being. You know, he's been talking to me about going back to school.

Alan: Oh, *really* . . .

Joy: It sounds like you may not have heard him talk about that lately. He'd really like to go to auto mechanic training. He said that he used to work on cars.

Alan: Yeah, I've actually heard him say that, too. You know, he's been in the system a looooonnnngggg time. I don't know that he's ever actually worked with cars. I'm afraid that if you work with him on that, it's going to give him false hope. I don't know that I recommend it.

Joy: So it sounds like we don't know that much about Jorge's background with cars, or maybe even about work.

Alan: Now that you say it, I don't know much about his work history. I can't really see him working now, though; he's been in the hospital so much, like, about 15 times since I've been working with him!

Joy: OK, that helps me think about things a little. I remember when nobody thought I could work, and though I had to figure things out for a while, I'm working now and it changed my life. I wonder if we should talk with Jorge a bit more, and find out about what he's done in the past and what he hopes for in his life now. I bet we could encourage him to take even small steps so that he can see if working, and working with cars in particular, is really for him. What do you think?

Alan: Let's be in touch on this. I would love to see him have a reason to stay out of the hospital.

Classroom Discussion Questions

- What did it feel like this time?
- How was this conversation different?
- How would Jorge have been served through this conversation?

Module 2 Summary: Forming Peer Partnerships

- What are the three most important things a CPC can do to Form Peer Partnerships? Consider:

    a. Communication/Partnering skills like: paraphrasing, and responding to feeling or meaning

    b. Supporting Engagement through Orienting and Asking Open-Ended and Clarifying Questions

    c. Telling your Recovery Story, or pieces of it, to inspire hope for recovery

    d. Navigating Complex Relationships and Difficult Conversations

- What are the two skills you think you will start using immediately?

- What skills do you want more practice with?

Module 3:
Working from a Trauma-Informed Perspective

What is a Trauma-Informed Perspective?

Working from a trauma-informed perspective means interacting with peers based on an understanding of emotional distress as often being a result of trauma and adopting trauma informed practices.

Why do it? When we work from a trauma-informed perspective, we are better equipped to offer supports for recovery and resiliency. A goal is to avoid causing further harm.

CLASSROOM DISCUSSION QUESTIONS

- How do you think trauma affects people?

- What do you hope to learn in this module?

The Big Idea of this Module

It's not what's wrong with a peer, what's important is what matters to them now. Actively listen to people's stories to understand how you can provide peer support.

Think About It: Many of us may have trauma in our backgrounds. Sometimes discussing trauma brings up difficult memories. Difficult memories can cause distress and make it hard to participate in the training.

How will you take care of yourself throughout this Module? (i.e., breathing, grounding, taking breaks, etc.)? How can we support each other?

What you will learn in this Module:

You may notice that this Module is more informational than some of the others. We want to offer a safe space in which to learn about trauma, its effects, and how we as CPCs can support others in their own recovery from the impacts of trauma. We will focus on the following:

- Overview of Trauma and Potential Impacts

- Peer Skills for Trauma-Informed Practice

- Supporting Resiliency and Trauma Recovery

- Maintaining Wellness and Self-Care

Understanding Trauma

Individual trauma results from an <u>event</u>, series of events, or set of circumstances that is <u>experienced</u> by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse <u>effects</u> on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Trauma is a normal response to extreme events.

People can experience recovery from the effects of trauma.

SAMHSA, 2014

Think about it: All forms of abuse, neglect, abandonment, and natural events *can* be traumatizing, but not every event causes trauma. The earlier in life the trauma occurs, the more severe the long-term consequences may be. Deliberate and intentional violence is particularly damaging, especially when it is disguised with the "betrayal trauma" of "love" and "care" (Blanch *et al*, 2012).

Prevalence of Trauma

Prevalence means how common something is. When something is prevalent, it is common, widespread, and universal.

Prevalence of Trauma: Take turns reading the following facts out loud. Afterward, discuss the questions below.

- ✓ 70% of adults in the U.S. have had some kind of traumatic experience at least once. That's over 223 million people. (SAMHSA/HRSA)

- ✓ 90% of people being served in the mental health system have been exposed to trauma (Rosenberg, 2010)

- ✓ Most people in mental health systems exposed to trauma have had multiple experiences of various types of traumatic stress (Meuser 2004 and 1997; Felitti 1998).

- ✓ 97% of homeless women with mental health diagnoses have experienced physical and sexual trauma in childhood and adulthood (Goodman, et al. 1997).

- ✓ At least 75% of adolescents involved in the criminal justice system have trauma histories.

- ✓ People who have challenges related to trauma often end up diagnosed as "mentally ill" when these challenges are often rooted in traumatic life experiences. (National Council for Behavioral Health, 2014).

CLASSROOM DISCUSSION QUESTIONS

What is your reaction to these numbers?

In your work, how likely do you think it is that you will know who has experienced trauma and who has not?

Given the prevalence of trauma, especially among the peers we support as CPCs, how important is working from a Trauma-Informed perspective?

Where does trauma come from? There are various experiences that can cause trauma. Traumas are very personal, and may be different for everyone, however, below are some common sources, not listed in any particular order:

Emotional, physical or sexual abuse	Historical violence against a specific group (as in slavery or genocide)	Abandonment or neglect (especially for small children)
Sexual assault	Grief	Domestic violence
Experiencing or witnessing violent crime	Accidents	Institutional abuse
Cultural dislocation or sudden loss	Medical procedures	Terrorism, war, combat
Prolonged, repeated racism and poverty	Natural disasters	***What would you add?***

Impacts of Trauma

The ACE Study

The Adverse Childhood Experiences (ACE) study (Felitti & Anda, 2010) showed that people with more adverse events (ACEs) were found to be *much* more likely to develop psychiatric symptoms, abuse substances, have chronic physical illnesses and die prematurely (Blanch, *et al,* 2012).

To give context, the more…

- Childhood physical abuse, verbal abuse, and sexual abuse,
- Physical neglect, emotional neglect, and
- Household stressors, such as a parent who's an alcoholic or who has experienced domestic violence, a family member who is in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment,

…the more potential there is for the peer to experience mental health, substance use, and physical challenges.

What do these impacts have to do with peer support work? How does this increase your interest in partnering with people who have experienced trauma?

What Trauma Can Look Like

Trauma has lasting impact, and as Certified Peer Counselors, we will want to be able to recognize trauma if we some of the signs.

Peer specialists should not diagnose or try to determine if someone has experienced trauma. So why it is important for us to examine what trauma might look like?

Trauma affects our behavior

Traumatic experiences can show up as the behaviors or "symptoms" that get examined when diagnoses are made. We use behavior, whether we are aware of it or not, as a way to communicate our feelings and to get our needs met. Traumatic events often interfere with relationships and fundamental beliefs about oneself, others and one's place in the world. We must enter into partnerships understanding these impacts.

What looks like "symptoms" may actually be better explained as *effects of traumatizing experiences*, or even coping strategies:

Feeling helpless	Feeling fearful	High-Risk Behaviors	Not showering	Being "Manipulative"
Flashbacks and frequent nightmares	Sensitive to noise and touch	Exaggerated startle response	Feeling numb and disconnected	Feeling anger, anxiety and shame
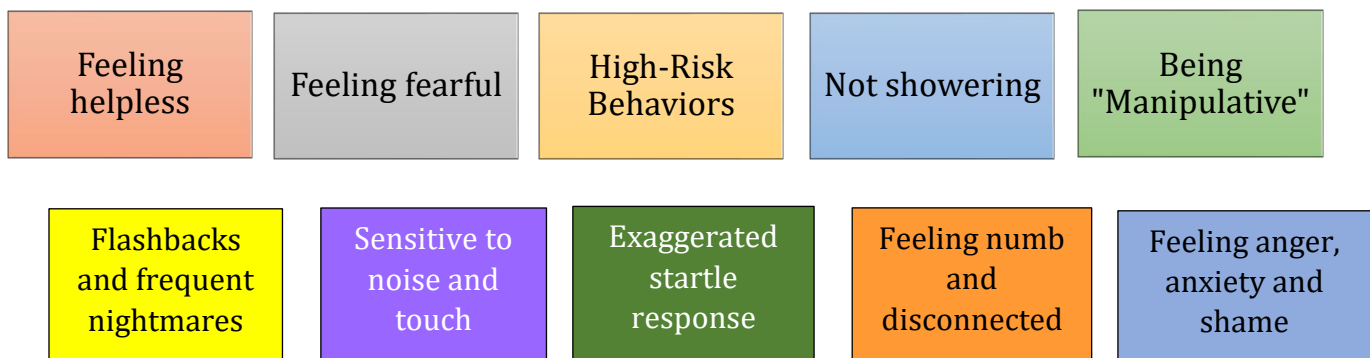
Fight, Flight, Freeze or Fawn. Trauma survivors often experience a reaction of "fight, flight, freeze or fawn." These behaviors might be *misinterpreted* as defiance, manipulation, non-compliance, service resistance, laziness, or lack of motivation. Misinterpreting behavior could result in re-traumatizing the peer we are working to support. Re-traumatization might mean that we ignite feelings of loss, lack of safety, and/or hopelessness/helplessness.

When old coping strategies don't work anymore: Sometimes a "behavior," or what we have been doing, has been useful in the past in getting our needs met but isn't working so well anymore. As we've gotten older and our situations have changed, our old ways of communicating may be confusing or off-putting to others. What has been perceived as "manipulation" may be an individual just trying to get their needs met. CPCs can use partnering skills to determine the underlying needs.

CLASSROOM DISCUSSION QUESTIONS

What tends to happen when people in systems or programs are labeled?

- Aggressive?

- Passive?

- No-shows?

- Not participating/uncooperative?

Trauma-Informed Care

Trauma-informed care involves a shift in philosophy that moves us from "what's wrong with you?" to "what happened to you?" or "What matters to you?" In practice, we don't ask the actual question, but we might say instead, "Tell me your story." Trauma-informed care recognizes that trauma is widespread and that our systems of care need to consider this in all services *and* service environments.

Our role is to help shift thinking from an illness paradigm to one of a trauma-informed *environment, organization, system, and practice* that:

- ***realizes*** *the widespread impact of trauma*

- ***understands*** *potential paths for recovery;*

- ***recognizes*** *the signs and symptoms of trauma in clients, families, staff and others;*

- ***responds*** *by integrating knowledge about trauma into policies, procedures, and practices,*

- ***seeks*** *to actively* ***resist re-traumatization****.*

(SAMHSA/HRSA)

Ethical Considerations:

In your role as a CPC, you are *not* expected to evaluate, diagnose, or determine whether someone has been impacted by trauma.

You *are* expected to see that most of the peers you serve have been touched by a traumatic event and may have long-lasting effects from those events. Partner in a way that respects what the peer may have gone through, responds to the humanity of the peer, and works to avoid re-traumatization.

Peer Support and Trauma Resiliency

As Peer Supporters, we are prepared to support peers who have experienced trauma, as we are taught to focus on mutuality, support, choice, and sharing lived experiences with others. We know from experience that not having a voice or a choice about our lives or services can be traumatizing.

There are **six Principles** that guide our work in serving people who are recovering from the effects of trauma. For more on these Principles, check the Module 3 Appendix.

1. **Safety**
2. **Trustworthiness and Transparency**
3. **Peer support**
4. **Collaboration and mutuality**
5. **Empowerment, voice, and choice**
6. **Cultural, Historical, and Gender Considerations**

Activity

Small Group Talk and Post. Your instructor will divide you into groups and provide six index cards, and some tape to each group. One person in your group should number the index cards from one to six. Assign one or two people to be the "scribes" who will write down one or two answers to each of the following questions from your discussion, in as large a print as you can on one side of each of the cards. The instructor will post flip-chart paper with each principle labeled at the top. When your group completes the exercise, tape the card to the matching page.

1. What does Safety mean in peer support that has a trauma-informed perspective?
2. How can we be trustworthy and transparent?
3. How can we offer Peer Support and our own recovery stories to inspire hope?
4. How can we work in Collaboration and Mutuality?
5. How can we support Empowerment, Voice, and Choice?
6. How can we keep Cultural, Historical, and Gender Considerations in mind?

Post your group's index cards on the Easel paper marked with the Principle. Walk around and note differences and similarities.

Sharing Your Story to Support Resilience and Recovery in Trauma

Think About It: We should ASSUME that everyone we support has had traumatic experiences.

When considering whether or not to share a Recovery Story, remember that it is a combination of the peer's interest in hearing it and our purpose in telling it. Our intention is hope and recovery, which makes sharing our recovery stories impactful.

Make sure your story is full of HOPE. "Me too" are powerful words.

CLASSROOM DISCUSSION QUESTIONS

- What do you remember about *how* to share your recovery story? *When* should we share them? How do we pick what part of our story to share?

- How do we share recovery stories in a trauma-informed manner?

Ethical Considerations

- Sharing your own traumatic experiences should not be done in depth.

- We do not want to encourage people to focus on details of traumatic events.

- Too many details in sharing can re-traumatize people and make trust and healing more difficult.

- Keep a clear and ethical line between shared experience and providing counseling. The peer support role is not to be a "fixer," sponsor, advisor, or counselor. The peer support role is to listen and reflect strengths.

Peer Support Skills in Trauma-Informed Practices

So, what skills can peer supporters use to work from a Trauma-Informed Perspective?

- **Express confidence and hope** that healing and trauma recovery are possible.

- **Form authentic, supportive connections**. Your positive rapport is the anchor that allows people to use their own voices, understand their own stories and gain power and control over their own lives. People who have experienced trauma often have difficulty fully trusting others. Connections are key. Avoid suggesting you are "more" in recovery or in any superior role. Questions you can ask yourself include:
  - Am I showing unconditional regard and respect?
  - Am I conveying a mutual connection instead of power over?
  - Am I supporting the peer to explore and express their feelings, wants, and needs and strengths?
  - Am I being collaborative in interactions, including inviting people to participate in writing progress notes and talking with the treatment team?
  - Do I accept and understand big and difficult feelings?
  - Do I try to understand that each peer's experience is different and each finds meaning differently? Am I careful not to presume I share someone else's trauma experience, even when our stories are similar?
  - Do I express support for crisis and difficult times as opportunities for growth?
  - Do I use the language of common experience, not clinical language?

- **Support a trauma-informed environment**. Support your agency in becoming more trauma-informed. Consider the following:
  - Avoid having separate "staff" bathrooms
  - Wear name badges where they are not conspicuous
  - Keep keys where they don't jingle or show
  - Encourage all staff to be trained in trauma-informed care

Wellness and Self-Care

- What do you need to do for yourself to stay well when working with trauma survivors?

- Who could you talk to if you are experiencing intense feelings, doubt, or questions about working in peer partnerships that involve trauma?

Take turns reading the following:

Relationships in which the effects of trauma are present can be challenging. To keep ourselves well within all this complexity, work on these things and more as you become a CPC:

- **Protect your empathy**: Everyone has the potential of what some call "Compassion Fatigue." We can get tired, and feel bombarded with feelings, requests, and expectations. Work hard to hold onto this precious thing we have to offer: empathy, or feeling with, another peer who has been through similar experiences. To do this, we may need to:
- **Know the impact** of trauma on your life.
- **Be aware** of experiences, sounds, sights, smells, and environments that could be difficult for you.
- **Know your limits:** Proactively develop and use personal strategies, such as getting and keeping a life, having a strong social network, and creating down time.

Ethical Considerations with Staying Well

Keep in mind that *you* are responsible for keeping yourself well so that you can perform the duties of the CPC. When in doubt about how to do this, *consult your supervisor,* and with other peer supporters about how they stay well when working with trauma.

As a peer supporter, you may be assigned to work with a broad variety of people. Some peers may be more challenging for you to work with, based on your own experience. You are ethically bound to work with anyone, if at all possible, and as a peer support worker you need to have done your own trauma work so you are prepared to do the work of supporting others.

Skill Check 3: Telling Your Recovery Story and a Trauma-Informed Position

Demonstrating your Knowledge of Trauma-Informed Practice and the appropriate use of your Recovery Story

Instructions

Choosing one of the scenarios below or one provided by your instructor. Read the selected scenario and write your answers to the questions below. Be prepared to discuss your responses with the instructor or the group.

1. Carlos is a combat veteran and is currently in a hospital mental health unit. He has been told he is now stable on medications and that he needs to go to residential substance use treatment. He is told a bed has been arranged for him on Friday in a facility 60 miles away from his home. The treatment center will be sending transportation. He is refusing to take the prescribed medications or talk to staff.

2. Mindy is in a treatment center, and her husband's parents have temporary guardianship of her son. Mindy had experiences of childhood abuse and feels she should "be there" for her son. She hasn't talked to other people or participated in groups.

3. Jennifer was admitted to a mental health unit for the first time, against her wishes. She was a survivor of domestic abuse and there is a man in the main room in the morning who was yelling at staff and several other people were involved in the argument. Jennifer doesn't feel anything but stays standing in the common room. She hasn't eaten anything all day.

4. Lucio is an African American father of a fourteen-year-old boy who has just made a serious suicide attempt, and drugs were found in his room. His son has been taken to a hospital for evaluation. The doctors, who all seem to be Caucasian and talk down to him, say his son does not want to talk to him.

Questions:
1. What is one thing you could do to be trauma-informed when supporting the person in your scenario?

2. Describe one way to support them with your recovery story in a trauma-informed way without telling your story.

3. Describe what is not trauma-informed in the scenario.

Module 3 Summary:

Working from a Trauma-Informed Perspective

"Recovery unfolds in three stages.
The central task of the first stage is the establishment of safety.
The central task of the second stage is remembrance and mourning.
The central focus of the third stage is reconnection with ordinary life."
— *Judith Lewis Herman, Trauma and Recovery*

In this module, we discussed how trauma is often defined, what it might look like, how we might see underlying trauma in everyday life, and resilience and recovery related to trauma.

We now know that most of the peers we serve are living with the effects of trauma. Importantly, we have had a chance to think how we might perceive the actions of peers not as "difficult" or "problematic," but as peers trying to figure out how to live with ongoing impacts of significant trauma.

We also learned how we, as Certified Peer Counselors, can support peers who have experienced trauma in their lifetimes, and how we might support agencies, providers and others to consider the role of trauma in the lives of the peers we serve.

CLASSROOM DISCUSSION QUESTIONS

- What have you learned in this module that you think is key to peer support?

- What do you most want to take with you when you start working as a peer supporter?

- What do you think will be the biggest challenge for you in your role as a CPC?

MODULE 4. Cross-Cultural Partnership

In Module 4, we will be reviewing how to foster partnerships across cultures. This topic is covered in greater depth in the online course that is part of this training. Almost any interaction is a cross-cultural interaction in some way.

NOTE: We could spend the whole week attending to Culture and Cross-Cultural Partnerships. This Module provides an opportunity for us to learn about some of the SKILLS we will need as CPCs but will not provide an in-depth examination of all the aspects of culture that touch our work. We will not have time to explore specific cultures. You are expected to seek out additional trainings and other opportunities to learn, explore, and exchange about culture.

CLASSROOM DISCUSSION QUESTIONS

- How would you define culture?
- What do you remember about culture from the online portion of this course?
- How is culture different from the mainstream of society?
- What does culture have to do with peer support?

Why look at culture? Culture affects who we are, how we interact with others, the choices we make, how we look at mental health and substance use, and how we look at and practice behavioral health services.

The Big Idea of this Module

Culture is a crucial part of recovery and cultural humility is vital for peer supporters.

What you will learn in this Module:

Culture plays an important role in the lives of all of us.   The likelihood is high of the people in this training representing several diverse cultures.   We want to explore how we reflect our cultures and how CPCs can support others in their own recovery as part of their cultural settings, beliefs, its effects, and how we as CPCs can support others in their own recovery. We will focus on the following:

- Aspects of Culture

- Exploring Our Own Culture

- Learning about the Peer's culture

- Learning about other cultures.

So what is culture?

The *Cambridge English Dictionary* states that culture is, "the way of life, especially the general customs and beliefs, of a particular group of people at a particular time." Culture is:

- **Learned**. We learn over time many aspects of culture. The process of learning one's culture is called "enculturation."

- **Shared**. The members of a society, an ethnic group, a religious group, a neighborhood, a family, each share that culture. There is no "culture of one."

- **Mutually constructed**. We create our culture in a lot of ways. It is not stagnant; it changes over time and is reinforced by a constant process of social interaction.

- **Internalized.** We take culture for granted. It is habitual. We perceive it as "natural." We hardly recognize that culture is there, until we slam into someone else's culture; and then for a moment, we can see the difference. It is in this place we lean in with curiosity and remain out of judgement.

Aspects of Culture

Aspects of Culture can include geography, beliefs, food, celebrations, traditions, dress, age, gender identity, sexual orientation/preference, worldview, and many more.

See if you can identify some aspects of culture as described in the examples on the next page.

Activity

Culture in America: *Take turns reading these examples out loud, then discuss the questions below.*

Manuel is a Mexican American young man who grew up in Texas, and pronounces it, "Tehas" or as it's sometimes spelled in Spanish, Tejas. He loves "*real* Mexican food" AND Tex-Mex (his favorite is chili, made with all beef, no beans, of course). He lives with his parents, grandparents and three brothers in the city. Several relatives live in the neighborhood (*barrio*).

Sammi is a lesbian who grew up in constant movement between both coasts to live in their divorced parents' homes and with their "new families." Sammi loved their parents but was never at ease and struggled through their teen years and young twenty's using alcohol and drugs to "help travel through life," but that only made things worse. When Sammi came out as lesbian and sought out other lesbians, Sammi was able to make life changes that resulted in a happier, healthier sense of self with their new family.

Patrick is a New York Irish-American man, who describes himself as "54-years-young." He went to a Jewish funeral recently and described it as "really different." "In Irish funerals, at least in my family, there's a lot of laughter. We even tell funny stories about the person—maybe you'd think we're making fun of grandma. We're just letting off steam, remembering, and having fun. It was really different to see a funeral and gathering afterward that was so quiet, so unlike what I am used to."

Hannah describes herself as a "twenty-something Cali girl" from the suburbs of a major southern California city. On a trip to a big city in the Northeast, she asked, "How do you live like this? The houses are so different! Where are your pools?" She had never seen "triple-deckers" that housed three to five families. "Do you hate being so close to other people?" she asked a friend.

Jodie is from Central Washington and enjoys caring for her horses on the property she and her family own. Everyone in their family owns a truck, and of course, good boots. She's not sure whether she still owns a dress.

Laiana is from a coastal Washington tribe. She lives in a small city but travels home each weekend to the reservation to be with her family and for traditional celebrations. She enjoys her job, but not the commute. Her family enjoys outdoor activities far more than TV.

Classroom Discussion Questions

- What aspects of cultures can you pick up in the above examples?
- What possible "blind spots" should you be aware of when engaging with the peer?
- What's missing?

Cross-Cultural Partnering

So far, we have looked at a little bit about what culture is, and how many aspects to culture there are. We will continuously learn how complex culture is in our work as CPCs.

We will focus now on the skills of *Partnering* cross-culturally.

How do we Cross-Culturally Partner?
The steps to partnering across cultures are illustrated in the graphic below.
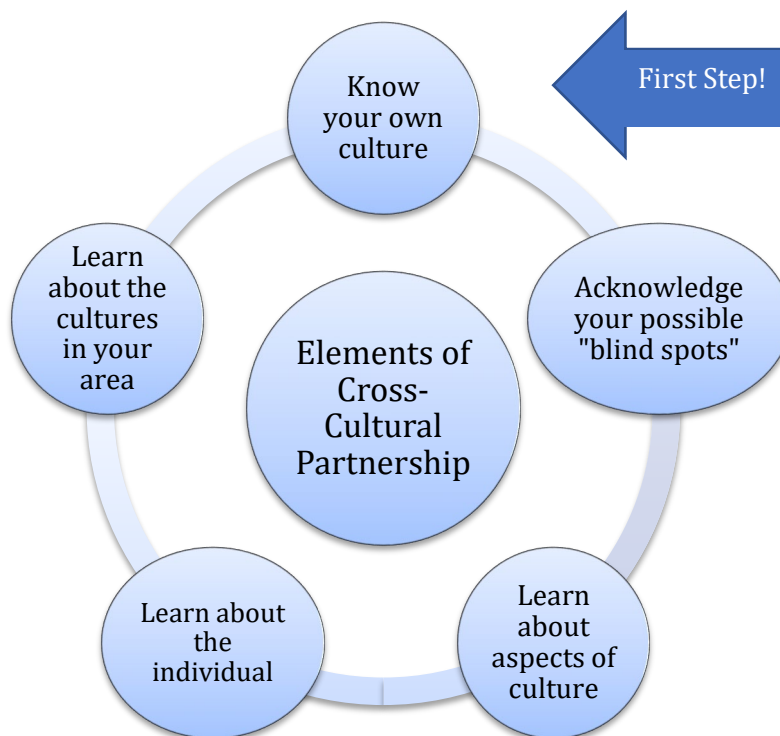
CLASSROOM DISCUSSION QUESTIONS

1. Given the graphic above, why do you think there is so many different angles to consider when partnering cross-culturally?

2. How do we recognize culture when we are interacting with another?

3. What do you make of the statement, "Culture is a shared understanding of reality"?

CROSS-CULTURAL PARTNERING: OUR OWN CULTURE

In the next pages, we will have opportunities to:
1. Start to get to know our own culture(s)
2. Learn about the peer through Partnering
3. Learn about the cultures in your area

VALUES AND BELIEFS: *Take turns reading.*
How Are Values and Beliefs Part of Culture?
For us to embrace our differences, we must first understand our own *values* and *beliefs*. Culture is often thought of as ethnicity and race only. However, culture is much broader than that. Culture can refer to the customs that you grew up with in your family, a belief system that comes from where you grew up, with whom you grew up, who you've grown up to be, and your experiences. Culture is often shaped by our experiences, values and belief systems which can influence the way we think, behave, interact, perceive and judge the world.

- **Values:** something that is important to us that serves as a standard by which we live our lives. For example, some people value freedom of speech, honesty, or family. Each person will prioritize multiple values in their own way.

- **Beliefs:** internal feeling that something is true, even though it may be unproven. An example would be that someone believes that they will have seven years of bad luck if they break a mirror. Or one person may believe that everyone prefers having housing, when some people may prefer to be outside.

CLASSROOM DISCUSSION QUESTIONS

- From the online course, what did you identify as your two most important values? Why are they the most important?

- How would you work with a peer who has very different values than yours?

- From the online course, how can culture affect behavioral health treatment?

- How would you work with a peer who has different beliefs than yours?

Our Own Culture: Privilege

Privilege is an advantage, or set of advantages, that you may have, that others do not have, due to discrimination or bias.

- Privilege is when you think something is not a problem because it's not a problem to you personally, or you have not experienced it.

- People who have privilege often do not recognize that they have it, because it's usually hidden, especially from them.

- People with privilege have little or no incentive to change because the bias is in their favor.

Our Own Culture: Bias and Prejudice

One of the challenges that we face as human beings is to honor our own beliefs, experiences, and culture without trying to change another person's understanding of culture. As we will discuss next, culture is very deeply ingrained in our experiences and, if we are not aware of it, can cause us to judge others who don't share our experiences.

> **BIAS:** *Noun*. Prejudice (pre-judging) in favor of, or against, one thing, person, or group compared with another, usually in a way considered to be unfair. Bias and prejudice are often based on little or no factual information.

EVERYONE has biases. We often learn them early and unknowingly. A bias may be for something, such as "Asians are good at math", or against something, such as "Mexican people are lazy". It should be your goal to notice your biases, hold them to the side so you can be present with each individual, without judgment and with equity.

Note: The terms "bias" and "prejudice" are often used interchangeably.

- What feelings come to mind when we say "bias"?

- Have you been at the receiving end of bias? Briefly, what did that feel like?

Activity

MY BIASES: Individual Exploration: In the same way that we each have values, we each have biases that can influence how we interact with others. Knowing our own biases is key to ensuring that our thoughts don't translate into actions.

1. What are biases you have encountered or seen?

2. What can you do to learn more about your own biases?

Think about it: Understanding our own values, beliefs and biases gives us the needed level of awareness of what *we* bring to the table in any interaction. As we saw from the values, as well as reflecting on our own biases, we can see that each of us is rather complex. This is why, in many respects, every interaction is a cross-cultural interaction.

From Our Own Culture to Others: Discrimination

Before we launch into practice for learning about the peer, we need to talk about the difficult side of culture and relationships. Many of us may know all too well the pain of being on the wrong side of discrimination, stigma, and oppression.

> **Discrimination.** *Noun.* The unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex.

Discrimination, according to the online course, is when we act on a prejudice or bias. It may be deliberate or unconscious, and is not just about deliberately excluding certain people, or acting in a way that harms them in some way. It can also be about failing to reach far enough to include other ways of thinking.

Read aloud the following real life situations:

Maria is an individual who has a Hispanic family name and speaks with an accent. She is a nurse by trade. When she visits her health care provider, the staff assumes that she does not understand English very well so they speak loudly and slowly. She asks to see a specialist and is refused. Maria feels her concerns are not taken seriously.

Joseph is an African-American man in his early twenties. When he goes to the front desk of his psychiatrist's office, the receptionist closes the window and tells him through the window that he will be expected to keep all appointments and tells him guns are not allowed on the property (he does not own a gun).

Jackie and her wife go on a long-awaited and much anticipated vacation, booking a hotel room with a king-sized bed. The reception desk tells Jackie, "A room with one bed is not available, but I have one with two standard beds."

<div style="text-align:center">

CLASSROOM DISCUSSION QUESTIONS

</div>

1. What happened in these situations? What went wrong?

2. How do you think the people in these situations felt?

3. How can we avoid making these mistakes?

Learning about the peer

Learning about other cultures is an important step in connecting with others because other people, too, are multi-cultured and have accepted and rejected beliefs, affiliations, etc. along their journey. Next, we will explore getting to know the individual, and how he or she sees his or her cultural identity, rather than making assumptions based on things such as race, gender name, accent, etc.

To avoid doing unintentional harm, our task is to be simultaneously aware of what *may* be a cultural component to a peer's experience while also holding space and curiosity until we find out for sure, from the peer, rather than through our assumptions (bias and prejudice).

How do we Learn about the Peer?

1. **Learn** what you can about the peer's culture(s) from books, cultural fairs, and other people. Remember that a peer may not strongly identify with traditional cultural norms as you may understand them; each peer is unique.

2. **Listen** to what the peer says about their culture(s). Listen hard for cues like what they do on holidays, vacations, what they like to eat, beliefs, traditions, etc.

3. **Ask**! Show an interest in the peer's culture. Ask about how the peer sees their culture.

Activity

Linette was raised in a mixed community, black and white, and as a young black girl was always taught to speak proper English. She was taunted and teased and called many derogatory names. As an adult, she is perceived mostly as Black, though she identifies as both Black (African American, descended from slaves brought to this country) and Native American (specifically Cherokee). Dr. Lin, as she's now called after getting her doctorate, constantly battles the low expectations society seems to have for Black people. As a gay woman, she doesn't feel included in the dominant culture(s). When working with providers, she feels that they need to get past their expectations and biases in order to see her as the very complex and unique peer that she is. Linette has little confidence in getting her or her daughter's needs met.

What could you do to "learn about the peer" if you were meeting with Dr. Lin?

Learning about the Peer: Ignorance

Ignorance of cultural factors, assumptions, and a lack of understanding can be just as harmful as out-and-out discrimination.

Ignorance can lead to missed opportunities for cross-cultural partnership, including missed appointments, loss of referrals, fear of getting help, confusion about services offered, feelings of being unwelcome, and ultimately, reduced recovery outcomes.

Activity   **Read over the following examples. Discuss with the class:**

Maya is a 21-year-old woman and identifies as a Lebanese first generation woman. She is about to complete her senior year of college with an engineering degree. When speaking to her peer supporter, she expresses her confusion over what next steps she should take, stating, "I have many opportunities, but my family really wants me to move to Arizona with them." The peer supporter says, "Maya, you're 21 now and it's time you make your own decisions!"

• What did the peer supporter miss in this interaction?

• What family norms were potentially missed?

• As a peer supporter, how might you respond?

LEARNING ABOUT CULTURES IN YOUR AREA

Learning about cultures, especially those that are local to your agency, is equally important as knowing our own culture. We will likely work with people who live in the "service area" or near the agency itself. We cannot be responsive to a variety of cultures and cultural "norms" (i.e., what is usual for a specific group of people) if we are not aware of them.

CLASSROOM DISCUSSION QUESTIONS

- What are some activities you can do to learn about your region?

- What are some peer supporter partnering skills you can use to discover more about people and different cultural groups within your community?

Activity

Read Aloud in Class and Discuss:

Tiffany, a case manager, was working with Nguyen, a young man from Vietnam who lived in her agency's service region. Nguyen and Tiffany had only been working together for two weeks when they had a more intense conversation, about Nguyen's desire to go to college. Tiffany found herself looking at Nguyen and trying to catch his eye. The more she looked at Nguyen, the more that he seemed to be avoiding looking at her. At some point, she noticed that her head was practically on the table from trying to look Nguyen in the eye when he was looking down.

She thought to herself, "What's wrong? My training taught me to look at people in the eye. What's the deal that he is avoiding me? Am I saying something wrong? Is he just being a jerk?"

- What do you think is happening in this scenario?
- What could Tiffany do to be more culturally aware of Nguyen?
- In what way does Tiffany's training meet, or not meet, the needs of Nguyen?
- How can Tiffany learn more about how to work well with people in her area who identify as Vietnamese?

Learning about the peer through Partnering

So, how do we learn about the peer *from* the peer? There are some very simple, yet complex, ways to do this:

- **Ask:** With respect and a genuine heart, ask the peer about how they think about, believe, experience, and understand their culture.
- **Listen to understand:** Keep in mind that we always filter what we see and hear through our own experience. As much as possible, hear, take in, and respect how the peer sees their own culture.
- **Use partnering skills:** You have been learning how to attend, be present, listen, demonstrate understanding, and ask questions effectively. Use these skills liberally.

Example

Your instructor will invite two volunteers to read the script, below. Be prepared to discuss how Sara used Partnering skills to learn more about Afreen.

Sara	Hi Afreen! I'm so happy to see you today; it's been almost two weeks since we first met. How have you been?
Afreen	Hi Sara. You know, I've been thinking some things over since then, and it was almost too much to talk to you last week. I have been thinking about talking to my family about work, what we were talking about, you know? About my thinking about starting to work again? But I'm afraid that my family is going to be against it.
Sara	Ok, so you're not sure what your family is going to think. Tell me about your family. What do they think about work in general?
Afreen	Well, they're workers. They emphasized working for the boys in my family. And for me, at one time too, as long as they approved. But now that I have all these problems, I'm not sure they think I can handle it.
Sara	So, you are concerned that although they have been okay with your working, that given what you've experienced…
Afreen	Yeah. I don't know if they'd be open to me trying it out. I think they're just really protective of me, and they don't want me to get hurt.
Sara	I see what you're saying. They love you, and they want what's best for you. Do you want to think together about how to talk to them about it?

Skill Check 4: Interviewing About Culture
Invite someone to talk about their culture

Your instructors may come around to listen in as you Interview about Culture. They may offer support and coaching as you demonstrate your skills.

Get together with a partner. You will interview your partner with the intent of introducing them to the class with elements of their cultural identity. Use the "bubbles" below for prompts for questions or to think your cultural richness.

Remember to Ask, Listen to Understand, and Use Partnering Skills.

Take turns, for about five minutes each, interviewing your partner.
When it is your turn to listen, start with the lead: "So, tell me about your culture."
When it is your turn to talk, be yourselves. Do not play the role of someone else.

 Ask questions only to get the person talking. Spend most of your time listening.

When instructed, you will introduce your partner to the class highlighting cultural elements of their story.

Elements of YOUR culture:
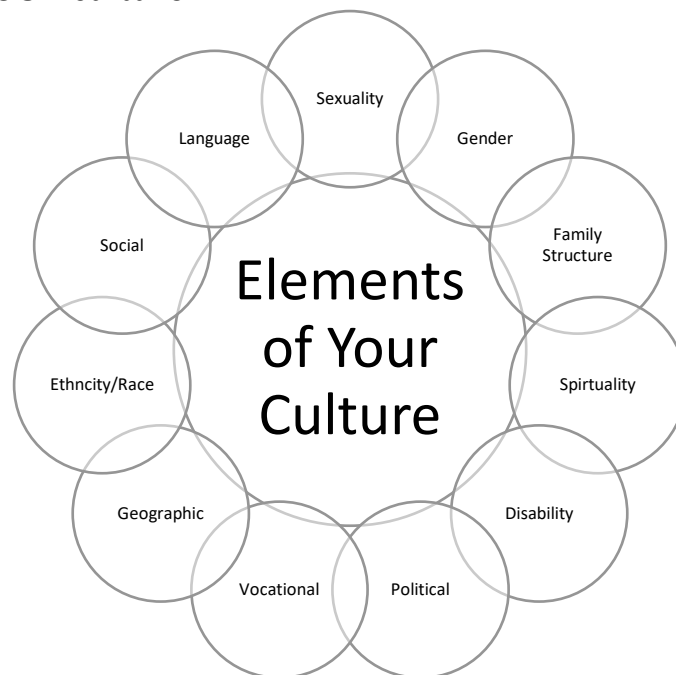
Module 4 Summary:
Cross-Cultural Partnership

We have learned today about what culture is and what it can be composed of. We learned about how to start to identify our own culture. We may have started to realize that identifying our own culture can be an ongoing, even life-long exercise, especially since culture is not stagnant—it can change over time.

We have started to think about exploring other cultures in "our neck of the woods." As CPCs, we will work with any number of peers from any number of cultural identities, and it is important to know even a little about some of those cultural groups in our area.

And we have learned how to use partnering skills to get to know peers personally, and how they see their own cultural identities, so that we don't make assumptions that can lead to stigmatizing and discriminating experiences.

As Peer Supporters, what can we do to improve our cultural competence?

1. Recognize that learning about your own culture and those of others is an ongoing process.

2. Examine your awareness and attitude about people who differ from you in terms of race, ethnicity, culture, sexual orientation etc.

3. Adapt your practices and skills to fit the cultural context of others

4. Be curious about culture—it's okay to ask questions in a respectful, non-judgmental way, and to explore cultures with which you are unfamiliar.

What are your biggest "takeaways" from this module?

Module 5: Ethics and Boundaries in Peer Support

What you will learn in this Module:

IN MODULE 5, you will have the opportunity to review and refine your understanding of Ethics and Boundaries in Peer Support. Through this module, you will review some of the basics, see examples, and work on exercises that will support you thinking through and starting to make decisions about your responsibilities as a CPC. We will focus on the following:

- Being guided by ethics

- Using boundaries when navigating your role as a peer support

- Working through ethical dilemmas

- Importance of consulting your supervisor

The Big Idea of this Module

Ethics and acting ethically while maintaining boundaries are key components of a CPCs success.

CLASSROOM DISCUSSION QUESTIONS

1. What are two words that come to mind when you think about "Ethics"?

2. What did you learn about ethics and boundaries from the online course?

3. Why do you think ethics and boundaries is an important topic in CPC training?

4. What do you hope to learn from this module?

Think about it: *Take turns reading the following paragraphs out loud:*

Like all professionals, **Certified Peer Counselors are guided by ethics** to provide excellent service, and, at minimum, ensure that we do no harm. Many of these skills were covered in the online course, and mastery of principles and rules around ethics are essential for certification. You will want to review the online module material carefully.

In researching the needs of employers for this course, universally the primary need expressed is for **peer supporters who understand ethics and act ethically**. As a Certified Peer Counselor working in an agency, ethics are rules that you agree to as an employee and as a professional. In Washington State there is no uniform Code of Ethics for peer counselors, but peer counselors are expected to conform to agency policies.

Ethics are created to strengthens and protect you as an employee. Ethical behavior creates an environment in which people can heal and have trust. Ethical behavior is essential for all peer support work.

Navigating healing support roles in an ethical way can seem black and white at times. At other times, they may seem gray and require careful thought and consultation with supervisors.

Ethics describes the legal and moral standards of practice. Ethics refer to decisions about right and wrong behavior. They also refer to rules and guidelines that a group agrees to. As a Certified Peer Counselor, you will be held responsible for standards related to confidentiality, relationships, scope of practice, use of drugs or alcohol, and more, which are described in detail in the online course.

Ethics Review

Directions: *Your Instructor will provide you directions. Place a GREEN dot on square that describe an action you feel is usually ethical, a YELLOW dot on squares where you would seriously question the action, and a RED dot on activities you feel would be unethical. When everyone has finished, discuss where you agree or not, and how you make the decision whether the action is ethical or not.*

Giving a small gift	Accepting a gift worth under $10	Giving a hug
Telling someone "You're one of my favorite people"	Invitation to come to your home for holiday dinner	Telling someone they look attractive
Giving out your cell phone number	Borrowing money or accepting a loan	Sexual relationship with family member of a peer
Using drug culture slang	Telling a child their parents are too strict	Attending recovery support meetings together
Going to church together	Telling someone about the difficulties in your divorce and how upset you are	Hiring the peer to do work at your home
Asking youth to babysit	Having one sexual encounter with an adult in services	Describing your culture and identity
Convincing someone why they should take medications	Convincing someone they should remain sober	Telling a youth they should go to college
Not documenting things a peer asks you not to	"Friending" a peer on Facebook	Discussing a peer with another CPC not on the peer's team
Reading a medical record of someone you're not working with	Educating someone about their diagnosis	Sharing how spirituality is important to you in your recovery
Describing how your child became more successful in school	Describing how it feels to be in recovery	Helping a peer plan how to talk to the team about not taking medications

Navigating Complex Relationships: Boundaries

A peer role is different from some of the other supportive relationships in recovery and treatment. Boundaries are limits we or others set for interactions with each other. We may have some different boundaries than other professionals, as we may, for example, visit people in their homes or community, or "walk through the door" with families to get to know resources in their neighborhood. We must, however, be careful to have some boundaries that keep our role helpful and ethical. Boundaries are tricky, because we want the peer relationship to be as equal as possible and work to neutralize any power inequalities that come from our status as a paid worker. Not all peer support roles believe in the same boundaries. For example, in an Alcoholics Anonymous group, members may interact freely and socially. In a role as a paid CPC in a Medicaid agency, however, you may be held to different boundaries in our relationships, such as:

1. **Avoid Dual Relationships**
   Avoid situations in which you have more than one relationship with a peer. For example, a peer may be your hairdresser and you also serve them as a peer. Dual relationships are not always harmful but require careful thought and discussion with your supervisor.

   What other dual relationships can you think of that might present an ethical issue for a CPC?

2. **Avoid role confusion and tasks related to other roles:**
   Work hard to remain in the peer role, and to avoid taking on other professional roles, tasks, and responsibilities. Some examples of *non-peer* counselor roles are:

Sponsor—Guides someone through the 12 Steps, encourages someone to go to meetings, etc.	**Therapist/Counselor**–Works to decrease symptoms and distress, issues from the past, discusses options for treatment
Nurse/Physician—Diagnoses conditions, prescribes medications, and monitors side effects, medication compliance	**Priest/Clergy**—Provides pastoral counseling, supports religious belief system
Parental Figure—Provides nurturing, structure, and direction to children and youth	**What would you add?**

Working through Possible Ethical Dilemmas

Small Group Discussions: Your instructor will break you into groups of three to four. Consider the following scenarios and discuss the questions below for all of them.

1. **Gabriela** has been working as a CPC in an agency that provides comprehensive mental health, substance use, and medical services for over a year now, and she loves her job. She just told a colleague the other day that she feels like the "luckiest woman in the world" for working to support others in recovery. It was not too long ago, she thought, that she was in pretty bad shape and without a lot of hope.

   Gabby, as she prefers to be called, was in between meetings when something caught her eye. A name she recognized from a group she used to attend was among the people just referred to her unit. She couldn't believe it! "I miss Joaquin! I wonder how he's been doing?" she thought. She started to look up his file. "I just want to see what he's up to," she thought.

2. On Tuesday, **Jada** was working with Marcus, a young man of 21 years, who had been using peer services for about 6 months. Jada and Marcus just started working together last month. She noticed that while she was trying to gain his trust and start a partnership, he had started to get more and more flirtatious. She oriented him to the goals of the peer support relationship, but it didn't seem to deter him. Jada wondered if she was doing something to lead him on, or whether he expected that all relationships with women were supposed to be romantic. She was starting to dread meeting with him.

3. **Mario**, a CPC, sees himself working as a clinical social worker someday. He starts every note with, "The patient is oriented x3."

4. **Charlotte**, a CPC, has started calling one of her peers every night, "just to say goodnight."

Questions: Are there ethical or boundary dilemmas here? If so, what are they? If so, what would you recommend that they do about it?

Resolving ethical issues requires problem solving in situations where two or more ethics may conflict. An ethical dilemma occurs when two or more ethical standards conflict and it is not clear which one is more important. Ethical dilemmas always involve a choice, and, whenever possible, a supervisor or other person should be brought into the discussion.

Again, it cannot be emphasized too much, **when you are in doubt** about an ethical or boundary question:

Ask your supervisor!

Skill Check 5:   Identifying Ethical Dilemmas

   1. Identify an ethical dilemma

   2. Know when to consult a supervisor

SKILL CHECK Practice: Small Group Work
Identify an ethical dilemma and when to consult a supervisor

The goal of this exercise is to identify an ethical dilemma or boundary issue. On the next page, you will see a variety of scenarios. *Your instructor will break the class into groups.*

Your instructor will assign each group one of the scenarios listed on the next page. *NOTE: There may or may not be an ethical dilemma within the scenario.* With your group, read through your assigned scenario, and discuss the following questions as a group. Write your answers below and be prepared to report back to the class.

   1. Is there an ethical dilemma? Keep in mind the ethics you learned about in the online class, and the guidelines we talked about earlier.

   2. If so, what is the ethical dilemma?

   3. What should the CPC do to respond in an ethical manner?

   4. Who should be brought in to support the CPC in this situation, if anyone?

   5. If there is an ethical dilemma, how could you avoid that kind of situation as a peer supporter?

   6. What would you say to the peer or supervisor in the scenario?

Skill Check Scenarios

1. **Khrish**, a CPC, is facilitating a class on the Eight Dimensions of Wellness. On the week that they're discussing spirituality, one of the class members says, "You're from India, aren't you? Can you teach us about Hinduism? I've always wanted to learn about it." Khrish practices Hinduism but is concerned about sharing this information. Will this violate ethical standards?

2. **Mark** is a parent partner for a single female parent of a 10-year-old girl. The parent, Cheryl, would like Mark to take her daughter out for some activities so she can have quality time with a male role model. Will this violate any ethics?

3. **LaShawn** is a recovery coach who uses 12-Step support for his own recovery. He believes that people need to stay out of relationships in the first 12 months of sobriety. He's supporting Devon who's been clean for about four months. Devon wants some information on STDs and safe sex. LaShawn knows he can't preach AA principles to Devon in his recovery coach role, but wonders to himself, "Hmmm… Can I tell Devon that I don't really know, but his sponsor might? That way his sponsor can straighten him out." Does this violate any ethics?

4. **Savannah** is a CPC who's been supporting Anabel as she addresses her social anxiety in public places. They go to coffee houses and bookstores. Now it's Saturday night and Savannah is lonely and wants to go to a movie. Savannah thinks Anabel is probably at home alone, so it might be good peer support to call her to see if she wants to go to a movie. Does this violate any ethics?

5. **Li,** a Chinese American 18-year-old, is in treatment for drug use and has peer support. However, Li begins describing what Claude, his CPC, believes could be mental health issues as well. What should Claude say to Li? What ethical issues are there, if any?

6. **Joshua** is a CPC who has been working with Awan, a peer from the local Native American community. They've worked together for nine months and are ending their work together today. As part of their good-byes, Awan presents Joshua with a gift from his tradition that is worth about $25. Joshua knows Awan would be offended if he did not accept the gift. Joshua is concerned, as his agency has a policy against accepting any gifts. Does accepting the gift violate any ethics? Does not accepting the gift violate any ethics? What are some possible responses?

7. **Sunny** is supporting Alison, a woman who has not found services to be useful to her in the past. With Sunny's support, Alison has felt hope for the first time in a long time and has connected with someone in a meaningful service relationship. Alison has decided to cut down her medications, especially the antipsychotics that leave her feeling numb and sedated. Sunny asks Alison if she has talked to her doctor about her decision, and Alison says, "No, she doesn't understand me at all. I'm not telling her anything. And I don't want you to say anything either. You said our meetings are confidential unless I'm suicidal or going to kill someone" Should Sunny keep this information to herself? If she does, will it violate any ethics? Will sharing the information violate any ethics? What are some possible options?

Module 5 Summary: Boundaries and Ethics

Take a few minutes and write down your own thoughts about these questions, and then discuss as a class:

1. What are two words that come to mind when you think about "Ethics"?

2. What did you learn about Ethics and Boundaries from the online course?

3. Why do you think ethics and boundaries is an important topic in CPC training?

4. What have you learned about Ethics and Boundaries?

5. What will support you being successful in applying ethical and boundary learning in your work as a CPC?

6. What questions or concerns do you have about Ethics and Boundaries?

Module 6: Supporting Goal-Setting

The goal is to become the unique, awesome, never to be
repeated human being that we were called to be.
-- Patricia Deegan

Why is Supporting Goals Important?

As a certified peer counselor, a core aspect of the work you do will involve helping peers set personal goals and work toward achieving them. We are likely to have had different experiences with working on goals, such as enjoying setting goals, not wanting to set or work on goals, or achieving or not achieving goals.

Think About it: When you work for an agency, you may hear the term "Golden Thread" being used. The idea is that from the time a peer enters services until they end services, everyone on the team follows the same plan to meet the peer's needs. The Golden Thread will tie the initial need through goals, and be reflected in all the work you do, including the notes you write. We will learn more about notes and the Golden Thread when we discuss documentation. Your role as a peer supporter may include supporting a peer with forming goals, or to support goals that have been made with the support of the team.

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CLASSROOM DISCUSSION QUESTIONS

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1. What is your experience with setting goals? Have you found setting goals helpful?
2. What have people done to support you to think through your own goals?

3. Given what you know about peer support, how do you hope to support goals as a CPC?

The Big Idea of this Module

We support the goals, dreams, and hopes of the peers and families we will serve as CPCs.

What will you learn in this Module: Supporting goal-setting is complex, but it can be a fun way to get to know a peer. As peers with our own experiences, we are respectful of the *peer.* We make sure that the goals we support are not *our* goals *for* people; rather, their own goals for themselves. To do this, we will be thinking through the following in Module 6:

- Honoring dreams and hopes

- Exploring preferences and strengths

- Making goal statements SMART

Honoring Dreams and Hopes

Honoring dreams and hopes is as important in peer support as any other concept or skill. Peers find hope for recovery when the peer supporter honors their hopes and dreams, using them to form goals for recovery.

Take turns reading the following quotes out loud. Then discuss the question below as a class.

> "Why is hope important to recovery? Because hope is the root of life's energy. In order to recover, I had to turn away from the wish that psychiatrists could fix me. I had to turn away from the myth that psychiatric treatments could cure me. Instead, I had to mobilize all of the energy I had. I had to become an active partner in my recovery. I had to learn to work collaboratively with my treatment team and to draw strength from the wisdom of my peers. I had to begin striving for my goals, not when I was "all better," but from day one. I had to believe that there was a life for me beyond the confines of the mental health system. That is hope. Hope is the tenacious pursuit of pathways to a better life, despite the odds. Without hope, there is no recovery."
> Patricia Deegan
> https://www.patdeegan.com/blog/posts/hope-and-recovery-part-1

> "You tell your kids that no matter what, you set your goals and you go for them. Whatever it is you achieve, never give up. You want your kids to have that good attitude, the confidence, and the will power to believe in themselves."
> Joel Parkinson,

> "Life's up and downs provide windows of opportunity to determine your values and goals. Think of using all obstacles as stepping stones to build the life you want."
> Marsha Sinetar

CLASSROOM DISCUSSION QUESTIONS

- How do these quotes impact your thinking about what is possible for people with mental health, substance use, or other challenges?

Honoring Dreams and Hopes:
The How To

Honoring Dreams and Hopes of individuals and
families often means:

- Holding out hope for the *reason* to keep going.

- Saying, "Why not?" when others may be saying, "No way."

- Saying, "I'll go with you," and, "Let's find out."

- Active listening, using partnering skills

CLASSROOM DISCUSSION QUESTIONS

1. Has someone ever not honored the dream(s) that you have?
2. How did it feel when someone was unable to honor your own dreams and hopes?
3. How did you get to the other side/recover from that disappointment?
4. Who provided support to you? How?
5. Why is supporting dreams and hopes so important in peer support?

Activity Honoring the Dream

Get together with a partner, preferably someone you have not worked with yet. Decide who will tell part of their story of "Dreams and Hopes" and who will be the *peer supporter* who listens. You will have the chance to switch after five minutes. If you are the peer supporter in this exercise, use your Partnering skills to facilitate the conversation. Minimize your use of questions and listen closely.

Find out about: your partner's real-life experience with two things:

1. A moment in time when the dream was *not* honored
2. A time when the dream was honored, and how.

Discuss with the Class: What have you learned about how to honor someone's dreams and hopes? Why it is important to you?

Types of Goals

Look at the pie chart below—you will see several categories of goals, such as "Financial" or "Emotional." You will also see some example goal statements next to several of the categories.

Activity

What would you add if these were your goals? Add in your thoughts next to categories. And feel free to add to or change the goal examples to suit you.

Financial
- I will save $100 a month

Emotional
- I will spend time with my family every weekend to increase closeness

Physical
- I will walk every day for 30 minutes

Intellectual
- I will apply for financial aid and attend a few college classes

Spiritual
- I will meditate for 15 minutes daily

Occupational
- I will enroll in paralegal training

Social
- I will introduce myself to the neighbors and invite them over for coffee

Discuss: Discuss with the class what you added to the "pie." Are there other categories that are not on this chart? What was easy? What was hard about doing this?

Supporting People to Explore their Goals

There are lots of ways to explore goals. Peer supporters can support the peer to articulate and celebrate a goal, wish, or desire. The *peer support* approach to exploring goals is different than the traditional approach. Remember that peer supporters come from a place of mutuality, "been there, done that," and empathy. Who better to sit with the peer and explore what is important to them?

Take turns reading the following out loud:
How do we support the exploration of goals?

- **Use your Partnering/communication skills**
    - Orient to the idea and process
    - Demonstrate Understanding
    - Reflect Feelings and Meaning
    - Support by summarizing

- **Listen for "goal talk"**
    - Is the peer mentioning the kinds of goals we talked about on the last page?
    - Is the peer saying, "I want to…" or "I wish I could…" or "I need to…."

- **Listen for strengths**
    - What successes has the peer talked about?
    - What skills and talents do they have to support new goals?

- **Support the peer's choices**
    - The peer may choose a goal with which you disagree. Remember, this work is not about us, and the peer has a right to make their own choices. CPCs support peers in reaching for goals related to their stated reason for entering services (the Golden Thread).
    - Validate the peer's right to choose their own goals, even if the stated goal seems unrealistic to you.

- **Partner with the peer so they feel heard**
    - Stand with the peer and walk with them on the journey. Support the peer to have a voice in the process.
    - Advocate for the peer's voice: Help the team to hear the peer. Everyone has a right to a dream.

Supporting People to Explore their Goals

Activity

Small Group Practice
Get into groups of three to four people.

Choose someone to be the peer exploring his or her own overall goals (like vocational, spiritual, educational, social). If this is you, you will explore with the group some goal or goals you have in mind. Just be you, not someone else (don't role play a service participant).

The *rest* of the group will practice offering peer support. Your job as CPCs is to:

- Listen well using partnering skills
- Hear "goal talk"
- Support the peer's right to have a choice
- Demonstrate understanding of the peer's perspective
- Try using open-ended questions, reflecting, and paraphrasing.
- Look for opportunities to explore the peer's strengths

Take turns going around the circle that you've formed, responding to the peer, showing him or her that you hear what they say, identifying strengths, and if possible, helping the peer to articulate an overall goal.

The peer who stated goals will give feedback to the group about their use of partnering skills. The group will report back to the full class about their experience.

The Ethics of Exploring Goals

Keep in mind that:

- We keep the peer at the forefront of the process, ensuring that we support the peer's goals and not our idea of what their goals should be.

- We share our stories of hope for life goals, but we also work to keep our own opinions about what is "good" or "right" to ourselves.

Exploring preferences and strengths

Exploring Strengths is supporting the peer to look at what they are good at. Exploring Preferences is looking at what the peer likes and dislikes, in relation to their goals.

When do we Explore Preferences and Strengths? Once you have a sense of the "big picture" goal that the peer has in mind, be it vocational, social, physical, and spiritual, etc., you will have a context for exploring preferences and strengths.

Why explore preferences and strengths? Exploring Preferences and Strengths allows peers to use those strengths in the formulation of goals, and sets the stage for acting on those goal statements.

How do we explore preferences and strengths? On the next pages, we will learn how to support people to explore Preferences and Strengths, separately.

How to Explore Preferences

Exploring Preferences means working *with* the peer to discover their own interests and likes coming from past or current experiences. To do this, work with the peer, on paper, or in conversation, to look at which goal area they want to focus on, his or her experiences, likes, dislikes, and finally, preferences. A goal will not be successful if it does not meet the peer's preferences as well as strengths.

Activity

Your instructor will ask two volunteers to read the following role play example out loud.

Marcus is working with Becca, a 32-year-old woman who has been in the system for the last 12 years. When her case manager asked what her preferences were, she said, "I don't know what you mean. Why do people keep asking me that?" The team asked Marcus, a CPC, to help her understand the concept of preferences, because they felt it would help her to be more a part of the goal-setting and planning process. Marcus sat down with her and had the following conversation.

Marcus:	So, Becca, I hear the team wants to talk with you about preferences. Do you know what they mean when they say that?
Becca:	Not really. But they always ask it. I never know what to say.
Marcus:	Okay, I get that. I didn't know what my team was talking about when they first asked me. But I have experience with it now. Would it help if we talked it through? Then you'll know what they're asking next time.
Becca:	I guess so. Why are they after me about it?
Marcus:	Well, they really want to know what to keep in mind as they work with you to develop a goal. The goal is something they can help you with in services—something you want to work on in your own recovery, like learning how to manage your money or making new friends. And preferences is what you prefer, or like. Preferences might be that you want to have peer support in learning how to make friends, but you might want outside support like Vocational Rehab in getting a job. Preferences help make your plan specialized to you, to what you want and how you want it to happen.
Becca:	Oh, I see. Like I might want my case manager to help with some things, but not others.
Marcus:	Right. Your team wants to think about your preferences when writing up a Plan.

QUESTION: How did Marcus support Becca understanding and starting to explore her Preferences?

Exploring Strengths

What are Strengths? A Strength is something that a peer is good at, which they may or may not recognize. Strengths can come from many places. For example, the way a peer has dealt with difficulties and getting their needs met can show some of their strengths. A peer may have good family support, or a strong work ethic. **Areas of strengths may include:**

- **Values**: Cultural or family beliefs that strengthen the peer. An example of a Value is the belief that "parents should be there for their children."

- **Skills and Abilities**: What the peer knows how to do. Skills can be physical (using your body to do something), intellectual (using thinking or problem solving), or emotional (using a heart connection with either yourself or another person). Skills can include many things, for example, mopping the floor, writing poetry, cooking, running a marathon, choosing coping strategies, organizing family events or using social media.

- **Personal Qualities**. Examples could include: friendliness, persistence, interested in learning, being a peacemaker or having a positive attitude.

- **Support**: The peer may have strong support from people (family, friends, or faith or other communities) or access to resources, like transportation or finances that make working on a goal possible.

Why focus on Strengths? Focusing on strengths can help people feel more confident about their dreams and hopes. Identifying strengths might support people as they discover or remember what they have or can do. Exploring strengths may also give the peer more insight into what he or she truly wants in life.

Activity

Individual Reflection and Class Discussion. Take a few minutes to write down your thoughts about the following questions, then discuss them in a group of 4-5 people.

1. What Values and do you have that will help you to be a CPC?
2. What Skills and Abilities will help you most to work as a CPC?
3. What Personal Qualities do you have that will help you as a CPC?
4. What Supports or Resources do you have that will help you to become a CPC?

Identifying Strengths for Hope and Recovery

- How are strengths related to hope?
- What role can knowing your strengths play in your recovery?
- Are there areas where you have strengths that are not your preferences?

So how can we work to Identify Strengths?

Working to Identify Strengths is key to supporting hope for recovery, which may involve choosing, participating in, and working toward personal life goals. Here are some other important ways to Identify Strengths with the people we serve as CPCs:

1. **Take cues** from the peer or family and the setting to start a conversation. If you are meeting at their home, look for cues to help you learn about them. Are there many plants? Are there craft items? Family pictures are also a great starting place.

2. **Model** sharing information by talking about a few of your hobbies or things you enjoy.

3. Help individuals **reframe** difficulties and see the strengths they may have developed from them.

Activity

Classroom Discussion: As a class discuss the following question.

What strengths might a peer have who has been homeless and living on the streets?

Skill Check 6: Strengths & Goal Setting
Identifying Strengths

Instructions: Your instructors will each talk for a three to four minutes about a current or past hobby, interest, or life experience.

Listen carefully and write down three strengths you hear in each person's description. Be prepared to share them with the class.

Instructor 1 (Name: _____)

Strengths:

Instructor 2 (Name: _____)

Strengths:

Your instructors will come around during this time and check your work.

Making goals SMART

Goal statements are expected to be **SMART.**

"**SMART**" is an acronym that stands for Specific, Measurable, Achievable, Realistic, and Time-delineated.

Why is SMART important? We may already know that vague, fuzzy goals are hard to meet, and if they are hard to go after, we may tend to forget about them. When we support people to write goals that meet the following SMART criteria, it may help the peer to see concrete steps that can be worked toward. It may be easier to see progress toward the goal, and for the individual to know when a goal has been achieved and is ready to move on.

S **Specific**—Who, what**,** where, and when, sometimes how, and maybe even why

M **Measurable**—The more specific an objective is, the more measurable it is, but ask yourself, "How will the peer measure progress on this?"

A **Achievable**—Can the objective be attained in a short time, like in the three to six months of the Plan? Can it be achieved in the way and according to the timelines the peer or family has chosen?

R **Realistic**—Does the individual and/or family member feel it is realistic for them at this time?

T **Time-Delineated**—By what date does the peer intend to accomplish this goal? When will the peer/family member start doing this?

Example: "I will sign up for a trial college class at the local community college at the next quarter enrollment. I will evaluate my success in this class at the end of the quarter and decide whether to set a goal for more classes."

Question: What are the three specific actions in the example above?

Making Goals SMART is really working with the peer on honing the goal statement to fit into a plan that will occur over a certain period of time (often three to six months).

Activity **Let's Practice:** Try your hand at making vague goals more specific, measurable, etc., and then share your notes with a classmate. **Change the goals shown only as requested; don't write a whole SMART goal.** Be prepared to share your answers with the class.

Make this Goal more SPECIFIC: "I want to lose some weight."

Make this goal more MEASURABLE: "I want to start walking."

Make this goal more ACHIEVABLE (what can be done in three to six months)**:** "I want my own house."

Make this goal more REALISTIC: "I want to be an astronaut."

Make this goal more TIME-ORIENTED: "I want to do yoga."

Ethics of Making Goal Statements SMART:

- Remember that as a CPC, you are not usually responsible for writing SMART goals on your own, or for creating the Service Plan. It is your responsibility to help maintain the Golden Thread connecting goals to services.

- As a CPC, you should not write goals for the peer. Work with the peer to explore goals and objectives and support the peer with turning those goals into SMART goals using the peer's own words.

- What is "Realistic" and "Achievable" is in a lot of ways up to the person. What is achievable in a short time for one person may be different than for another person. Do not decide for the person what is realistic, attainable, or achievable.

Module 6 Summary: Goal Setting

We know from personal experience that it can be difficult to set goals for ourselves. Sometimes life gets in the way, sometimes we feel discouraged by the messages around us, and sometimes we don't have the confidence, resources, or willpower to allow ourselves to dream.

We also know that it is important to dream. And we know how important it is to have someone dream with us, or at least hear and support our dreams and hopes.

Because of this, we focus on supporting the goals, dreams, and hopes of the peers and families we will serve as CPCs. Some of the elements we have learned so far that will prepare us to do so include:

- Honoring hopes and dreams
- Golden Thread throughout all the work
- Exploring Preferences and Strengths
- Setting SMART goals

Classroom Discussion Questions

- What is the most important thing that you learned in Module 6?

- What would you like to learn or think more about when Supporting Goals?

Module 7: Treatment Planning, Documentation, and Supervision

Success isn't final
Failure isn't fatal
It's the courage to continue that counts.
--Winston Churchill

Certified peer counselors have responsibilities that require skills in treatment planning, documenting their work, and using supervision.

You will learn skills related to these areas both in this training and on the job. Using these skills will demonstrate your professionalism and ability to work with people to support wellness and recovery.

Do all CPCs use these skills the same way? No. Peer supporters may work in differing roles such as Recovery Coaches or on WISe teams, which might require different documentation. You may work for an agency that does not have the same requirements as what we describe here. This course, however, is designed to support you being able to meet the requirements in Medicaid agencies, where CPC responsibilities have to meet certain legal requirements.

What you will learn in this Module:
This Module is broken up into the following skills that will be part of your Professional Skills Competencies:

- Supporting Participation in Treatment Planning

- Documenting your Work

- Using Supervision Effectively

The Big Idea of this Module

CPCs are part of a professional team ethically meeting the needs of peers and families and evidenced by supportive documentation.

CLASSROOM DISCUSSION QUESTIONS

1. Why do you think the skills above might be important in the work of a CPC?

2. What do you hope to learn about these areas?

Supporting Treatment Planning

"It's not the plan that's important,
it's the planning."
--Dr. Gramme Edwards

What is Supporting Treatment Planning?

Treatment planning has differing names and descriptions. There are specific Medicaid state rules about treatment plans for both Substance Use Disorders and Mental Health. A non-Medicaid agency will also have some form of treatment or recovery planning.

For Medicaid-funded behavioral health services, *an Individualized Service Plan,* or *ISP*, is required for each peer being served. ISPs will be updated at every 6 months, or as needed.

The ISP is generally written by the mental health or substance use provider in collaboration with the individual or family member with the intent of meeting their unique needs and preferences. This is also referred to as the treatment plan. Generally, peer supporters participate and contribute to this process but are not solely responsible for the plan.

<u>**Supporting Treatment Planning**</u> means partnering with the peer whose plan is being written in order to do the following. *Take turns reading the following out loud:*

- Orient the peer to the process. Support the peer understanding the process and forms used, types of questions, updates, etc.

- Be present if the peer wants you to be there for the planning process

- Provide support and encouragement

- Support the peer to be involved by expressing their voice in the process, so that the peer's interests, desires, and preferences are heard

- Offer perspective and hope for the peer and the team

- Encourage self-advocacy

- Use lived experience by giving personal examples

- Support recovery values

- Model recovery and wellness throughout the process

How do we Support Treatment Planning?

Activity

Small Group Discussion: Get together with a small group of two to three people. Read over the scenarios below, and as a group, choose *one* of the three scenarios to work with. Then consider and respond to the questions below. Choose a "reporter" to report your responses back to the class.

1. You are a youth partner for Robyn, a 15-year-old who has just recently been diagnosed with an eating disorder. She has told you that she does not want to be a part of the team meeting that is happening in one week. You know she wants to learn to drive and try out a volunteer job for the first time, but she says, "They're just going to make their own plans anyway. And my mom, she doesn't listen to me. Why bother?"

2. You are a parent partner with a family whose 17-year-old son, Garrett, is expressing dissatisfaction with taking medications and is not sure he is willing to continue with medication treatment. He has an appointment with his prescriber in two weeks.

3. You are a peer supporter for Amy, a woman who lives with a co-occurring disorder and whose goal has been sobriety and medication treatment for mental health concerns. She has decided that she doesn't want to be completely sober, but that she would like to drink in moderation.

Questions:
Consider together: With everything you have learned how to do so far, how could you:

- Provide support and encouragement to this peer?

- Orient to the team process, possible benefits, and how to prepare for the meeting?

- Support the family, if appropriate?

- Offer perspective and hope during the team meeting?

Documenting your Work

"If it isn't documented, it didn't happen."

What is Documentation? As a CPC, part of your work will be to document what you do with the people you serve. These documents are usually in the form of progress notes, following an initial assessment and the Individualized Service Plan. Good documentation should read like a story, outlining the reason the person is at the agency, their goals, and their progress toward those goals, also known as the "Golden Thread."

What are Progress Notes? Progress notes are written documentation that describes an individual's progress toward achieving objectives that are identified on the ISP. Progress notes document progress relative to goals identified in the service plan.

Why write Progress Notes? Writing good progress notes offers benefits to you, to the peer you are serving, and to the agency.

- **Benefits to the *peer*:** The peer benefits in part by having validation that their activities and efforts taken seriously and recognized. The peer benefits from seeing progress toward goals. Progress notes should be a tool for recognizing successes and strengths. Documentation is required to establish the need and eligibility for continuing services. Notes help with information-sharing so that the peer does not have to repeat the same information to multiple staff. Documentation also ensures that services get paid for, which in the end, benefits the peer who wants to use services.

- **Benefits to *you*:** Progress notes can give you an easy-to-access reminder of previous discussions. They can help ensure accountability to the peer in remembering what you are working on so that you can follow through with commitments made to the peer. Documentation can offer personal safeguards about ethical challenges and your actions, including support in cases of complaints. In addition, if you document well, you will have created evidence to your employer that you are doing the work they hired you to do.

- **Benefits to the *agency*.** Progress notes provide evidence of services provided and are used in submitting billing to payers. Without it, most agencies cannot continue to offer services. In addition, the progress note, which becomes part of the medical record, is a legal document and as such can provide protection for both the CPC and the agency.

Classroom Discussion Questions

1. What might you say to a peer who is doubtful about creating notes?

2. What skills and attitudes are needed to ethically document your work as a CPC?

Progress Notes

There are a variety of formats for progress notes in use at different agencies, and each agency may have a different electronic health record system. You will receive guidance from your agency on which format they prefer. The supervisor at your workplace should ensure that sufficient training is provided on how the agency expects progress notes to be written. It is sometimes helpful to read other clinicians' progress notes to see the agency style, remembering that the peer support role has its own unique needs. *Be sure you have a legal right to read the notes.*

The Washington Administrative Code (WAC) 246-341-0724 describes peer support work and some of what is expected in documentation:

- Activities that promote recovery
- Self-advocacy
- Community living skills
- Development of natural supports
- Social skills
- Share relevant parts of your lived experience or recovery story.

The "Golden Thread": All treatment and treatment activities provided to a peer should be based on the needs identified in the Individual Service Plan. When you document, it is important to show how your interaction is related to the ISP. Anyone reviewing a peer's treatment should be able to clearly see the "Golden Thread" of the ISP is being attended to and documented. You will want to clearly state the goal being worked on and progress made, or not toward meeting the goal.

CPCs document their activities and interactions with the peer. Your progress notes are part of a clinical record and can reflect CPC values while maintaining the Golden Thread. When documenting as a CPC,

- Use language of common human experience
- Focus on recovery and resiliency
- Include observable strengths
- Include your "intervention(s)," or actions you took while supporting the peer that are identified in the WAC above

Writing Progress Notes: The How To

At your workplace, you will be trained to write progress notes as it suits your program. We will show you the DAP method, this is widely used among agencies.

DAP: Data, Assessment Plan: This method is an effective way to organize progress notes, state the goal being worked on, and document progress made, or not.

Data: refers to solid ***factual information*** about progress toward the peer's goal. Data is not based on personal or professional judgment or assessment.

- Data is what happened today
- Data is *information* that you hear, see, touch or smell
    - Note if there was anything different than usual
- Data includes *quotes* from the individual or from family members
- Data is the *actions* you made, such as telling your story, role-plays, or visits
    - Note any referrals you may have made

For instance, a note may state, "John stated that he is having trouble at home."

Assessment: is ***the interpretation you make about the data*** that has been recorded. Your interpretation should include a connection to the goals on the ISP, ensuring that the Golden Thread is evident in your note. Conclusions and interpretations should be approached as tentative judgments rather than certain facts. Avoid judgments or unsupported opinions, including evidence for your opinions or conclusions.

For instance, the note may state: "John's goal for our work is to lessen his arguments with his parents. John seems to be having arguments with his mother, and he says that they are not getting along right now."

Plan: consists of ***short, intermediary steps to meeting a goal*** that are a result of the data and assessment. For instance, John may decide he wants some support talking with his mother.

The Plan would then be written: "John plans to brainstorm with me and his case manager this month about ways to have better conversations with his mother."

Language in Documentation
It is important CPCs stay rooted in recovery and resiliency, and as we have discussed throughout this training our language is powerfully important. You have an opportunity to express peer values through documenting a peer's progress. Some examples of common words or phrasings:

Explored	Oriented to	Provided	Reflected	Offered
Supported	Used (skill)	Seemed _____, as evidenced by (what you see/hear…)	Reports/stated ("peer voice")	Shared

Describing yourself in documentation:
The way in which you as the CPC refer to yourself in documentation will vary from agency to agency. You may be asked to use "me," "this writer," "the facilitator," or something similar. Check with your employer to be sure. When referring to the peer, it's preferable to use that person's name.

Example

Progress Note: Read the example below to yourself, and then discuss as a class.

Full date – 5/13/21

Start Time: 1:00pm **End Time:** 2:00pm **Total:** 60"

D (DATA)—Community-based support. Jane spoke about a support-circle she attended last week and about speaking to someone on a break. Writer provided active and reflective listening as Jane described her experience. Jane reported some initial nervousness, and that, "it wasn't as hard as I thought it would be… she was really nice". I reflected observable strengths and shared a relevant piece of recovery story. Jane stated that she wants to practice with me (CPC) how to move from a comment to a more in-depth conversation so that she can eventually form friendships. Janes response to services today seems positive, as evidenced by stating that she feels "hopeful" and would like to continue to receive support with this goal.

A (ASSESSMENT)—Jane's goal is to increase natural supports. In speaking with the person at the support circle, some progress is being made toward this goal.

P (PLAN)—
1. Jane and I will practice as described on 00/00/00.
2. Jane will plan next steps for using practice
3. Jane and I will debrief efforts on 00/00/00

_____
Amanda Heppner, Certified Peer Counselor

Notes for child and youth services may require that the note refer to the peer's initial needs, which drive the goal and the objectives.

WHAT TO WATCH OUT FOR... An Ethics Check

Passing judgment on someone else in the context of a progress note is unprofessional.

It's easy for personal biases to slip into the workplace. It is very important to monitor this in your progress notes. Check for any evidence of bias against the person, the plan, or team.

Write your notes as if the peer will read it. In Washington State, people have the right to read notes in their medical file.

Only share progress notes with those who are working directly with the person. *Read only* progress notes and other documentation if you are directly working with the person, even if you have access to more.

Involving the Peer

> *"Tell me and I will forget. Show me and I will remember.*
> *Involve me and I will make it mine."*—Chinese Proverb

Strive to involve the peer as far as possible in documentation. Some ways to do this are:

- Summarizing a peer's comments and then writing

- Reading aloud what you are writing as you write

- Positioning your notes so the peer can see what you are writing

- Encouraging the peer to write parts or all of the note (if supported by your agency; this can as simple as asking, "What shall we say we did today?")

Think about it:

Being actively involved in documentation may support a peer developing problem solving, decision making, and writing skills that will help in meeting other life goals.

A peer's level of interest in being involved in documentation may vary. One peer may initially be having challenges that use so many of their resources that they may be unwilling to be involved in activities like note-writing. Another peer or family may have a keen interest in how notes are worded and written.

All professionals struggle with meeting the dual demands of meeting with a peer and note-taking. Your priority is always to provide peer support in a supportive manner. You can expect further training from your employer. Get support from a supervisor if you start to struggle to balance documentation with other duties.

Remember, if it isn't written down it didn't happen, and it must be part of the Golden Thread.

CLASSROOM DISCUSSION QUESTIONS

- Do any of *your* healthcare providers document your visits?

- How does documentation of your own services help you?

- How do you think documentation will support the people you serve?

Skill Check 7: Treatment Planning, Documentation & Supervision

Writing Progress Notes

Option A – Pairs with individual scenarios	Option B – Trainer demonstration scenario.
Find a partner to work with. You will take turns being the **CPC** and the peer using services. When you are playing the role of the ***peer***, talk about a challenge you are facing in your own life. It doesn't have to be a major challenge, and you can choose what to talk about. When you are playing the role of the ***CPC***, your job is to invite, and then to listen. Use your best partnering skills. Use any and all tips from the pages preceding this exercise. Make notes as needed so you can write a progress note. You will have about five minutes in each role: five minutes as CPC and five minutes as Peer. Your instructor will tell you when to change roles. After you have each played both roles, you will have five to ten minutes in which to write a progress notes. Use the outline below. *Note: your instructor will come around and check your work as you create this note. Each of you will write a note with your partner, about your partner's challenge.*	Trainers will model a CPC and peer interaction while the class actively observes. The cohort takes a piece of note paper and draws a line down the middle creating two halves, labeling one side "CPC response/actions" and the other side, "Peer Voice, Goal." The class takes notes as they observe the "Peer and CPC" engagement. The class will then have up to 10 minutes to develop a DAP progress note from this single scenario. The Trainers can then review class participants notes from a single interaction.

D (DATA) –

A (ASSESSMENT) –

P (PLAN) –

_____ Date: _____
, Certified Peer Counselor

Supervision

Supervision: n.
The action or process of watching and directing what someone does or how something is done. Synonyms: care, guidance, support
-- (Merriam Webster's Dictionary)

In this section, we will discuss the role of supervision in Certified Peer Counselor work.

CLASSROOM DISCUSSION QUESTIONS

- **For this Discussion**, form a group of three to four people. Discuss the following questions. One participant should write down as many responses as possible, below. Star (*) the responses that seem to create the most energetic discussion.

- **After ten minutes**, your small group will gather with another group of three to four across the room. Discuss your starred (*) answers with each other.

- **After five minutes**, discuss with the class how similar, or dissimilar, those answers were.

  1. What have your experiences taught you about what you need from a supervisor?

  2. What have your best supervisors done (or not done) to make them good supervisors?

  3. What have your worst supervisors done (or not done) that made them not effective for you?

Supervision in Peer Support

Supervision is a practice-focused relationship that enables you to reflect on the way in which your role as peer supporter is developing. Supervision aims to bring you and a skilled supervisor together to reflect on what you do, to develop skills, to identify solutions to problems, to increase awareness, and to provide information about agency policy and procedures.

Ideally, supervision should be provided at least weekly, with access to a supervisor in between meetings. There is no legal requirement for how much supervision a CPC should get from the MHP supervising them. Some agencies use group supervision or peer supervision. Group supervision is supervision with several or all staff members, and peer supervision may include staff members keeping each other informed and accountable.

In the best case scenario, supervision can: *Read out loud as directed by instructor.*

- Support you in your work
- Guide you
- Support you making decisions
- Support you prioritizing
- Drive you forward
- Give critical and constructive feedback

What is Supervision for?

- Supporting you learning your responsibilities, including policies and procedures
- Manage workload
- Getting support with working with any peer or family
- **Dealing with ethical dilemmas:** relationship not working, receiving gifts, dual relationships, attractions to or by people you serve,
- Cultural misunderstandings (or the potential for it)

Given what you've studied so far, what would you add to this list?

-
-
-

Supervision is not:
- Time for complaints about peers, about agency policies, or about colleagues
- Disciplinary action
- Friendship
- Gossip
- Wasted time (unless you make it so)

Your Role in Supervision

Your approach to supervision can help make the relationship productive for both of you. When you first meet your supervisor, tell him or her a little about you. You don't have to share details of your recovery story—or really *any* of your recovery story unless you choose to. However, it will help your supervisor to know where you think you have strengths and where you think you need to learn more. Tell your supervisor the kinds of tasks you most enjoy. You may not be able to influence the kinds of work assigned to you, but letting your supervisor know where you excel will help to support your supervisor's decisions about the kind of work that will suit you best.

Preparing for Supervision

To get the most out of supervision, it's helpful to do some preparation before the meeting. Your exact preparations will depend on the kind of supervision for which you are preparing. Supervisors generally come to group supervision with a plan and to individual supervision without of a plan. In group supervision, the supervisor is more likely to discuss issues that impact everybody, such as updates on agency policy or challenges with a particular program. Individual supervision is specific to your unique needs as a CPC, and what you need to continually improve your skills.

If you are preparing for group supervision, your preparation may be minimal. Find out if the supervisor has an agenda and if anything is expected of you during group supervision. Give yourself enough time to make any preparations your supervisor asks for.

If you are preparing for individual supervision, you may want to do more. Consider what has happened since your last individual supervision. Some things you may want to bring up with your supervisor include:

- Ethical questions
- Boundary issues
- Uncertainty about what to do next with a particular peer
- Need to know more about resources
- Questions about how agency policy applies to you
- Requests for additional training or continuing education
- Requests for time off or vacation

Using Supervision Effectively: Exercise

Activity

Small Group Draw: In a small group of three to four people, draw an outline of a person on a large piece of paper.

- Around the figure, and corresponding with parts of the body, write in characteristics you think supervisors respect the most.

- For example, around the mouth, you might write: "talk positively with peers and colleagues." Around the legs, you could say, "likes to get things moving."

- Be creative! Feel free to add artwork or other graphics.

- Share your artwork with the class and compare features of your outlines.

Skill Check 8: Using Supervision Effectively

Demonstrating understanding of the use of supervision

Read the scenario below, then consider answers to the question that follows, using the prompts below. Write your answers in the space following the questions. *Your instructor will come around to look at your answers and support you.*

> **Ami** and you have been working together for three months now. She's been doing great on her goal of going back to school after quitting at 16. She applied for a GED program, has researched tutoring options, and seems excited about school. She just came out to you as bisexual, and she shyly mentioned that she's "available." She says she wants your support for getting her studies on track again because, in her words, "you get me." You really like her, and even have some feelings for her, but you wish she would just focus on school.

How would you use supervision effectively to work with this situation, before and during a supervision meeting about your work with Red?

BEFORE: What would you plan to think about, bring, or do before the meeting? Be specific.

DURING: What would you ask, explore, or do during the meeting? Be specific.

Module 7 Summary:

Treatment Planning, Documentation, and Supervision

In Module 7, we have learned how to:

- Listen for what might go into a plan while supporting an individual or family in their recovery.

- Support the writing of a treatment plan that is inclusive of, and/or directed by, the peer or family served.

- Write progress notes that include the Data, Assessment, and Plan from each encounter with a peer or family served.

- Use supervision in a way that helps you to learn more about your role as a CPC, get support to serve people better, and to improve your skills as a CPC.

- Consider ethical issues in Treatment Planning, Documentation, and Supervision.

CLASSROOM DISCUSSION QUESTIONS

- What will you "take away" and think about some more?

- What do you want to learn more about?

Module 8: Facilitating Groups for Recovery

"Nothing truly valuable can be achieved except by
the unselfish cooperation of many individuals."

— *Albert Einstein*

We probably have all taken part in groups in the past: in school, in teams at work, in therapy, in community activities, or as part of hobbies we have taken interest in. Part of what CPCs may be expected to do as part of their work in agencies is facilitate or co-facilitate groups. This Module will address how we might start, prepare for, and facilitate, those groups.

CLASSROOM DISCUSSION QUESTIONS

- If you have ever facilitated a group, what was it like?
- What do you hope to learn about in this Module?

The Big Idea of this Module

Effectively facilitating support groups is an important role for CPCs.

In this Module, we will learn how to:

- Preparing for Facilitation

- Engaging Group Participants

- Modifying Content and Pace

Activity

Think-Pair-Share. Find a new partner. Think about groups that you have been involved with. **Discuss with your partner**, and then share with the class your thoughts on:

1. What are the characteristics of the *worst* group facilitators you can remember? What made them the worst?

2. What are the characteristics of the *best* group facilitators you have seen? What did they do (or not do) that made them the best? How did they make people feel welcome, get conversation going, help the group connect?

3. What do you hope to emulate, or be like, as a facilitator? Is there a teacher, group leader, etc., who has had an impact on you?

Facilitating the Group

"The well-run group is not a battlefield of egos."

~ Lao Tzu

What is it? Facilitating the Group is working with members to achieve the objectives of the group.

Why focus on Facilitating the Group? Facilitating the Group will support you engaging the members of the group to meet the group where they are.

Ethical Considerations of Facilitating Groups:

As the quote at the top of the page suggests, make sure to keep the participants of the group at the forefront. If we are not used to being "at the front of the room," we may feel a lot of pressure to perform, and the group can subtly become about us. Remember the group is for the participants AND you!

Keep mutuality, peer support, and a focus on recovery front and center. Remember that even if the group is happening in a treatment setting, as a Certified Peer Counselor, your job is to operate as a mutually supportive and recovery-supporting group "leader."

Groups can be hard! When in doubt, ask your supervisor how to handle difficult situations. Talk with other CPCs about how they "stay peer" while running groups.

Preparing for Group Facilitation

What is it, and why do it? Preparing to facilitate a group involves setting up the environment, the group, and yourself so that you can easily present the group without distraction.

Preparing the Environment: Eliminate external distractions.

Set up the space so that potential distractions are minimized.

- Is the space comfortable for a group? Is there other "stuff" all over the place? Do you think people will be able to concentrate? Can they hear each other?
- Put a note on the door if needed to remind others that a group is in process, especially if it is a closed group.
- Is the temperature and lighting comfortable?
- Are the teaching props clean and ready to go? (white board, etc.)
- Have you arranged the room so that people can see each other, learn, work together, or engage in activities? The arrangement of the room will vary according to the kind of group, for example, chairs in a circle for talking, tables for taking notes.

Preparing Yourself: Eliminate internal distractions.

- Is there something you're thinking about that might get in the way of leading the group? How can you put it aside for the moment so you can focus?
- Prepare for the group ahead of time, so that nervousness about supporting the group is minimized. The more you know about what you're going to do, the more prepared and relaxed you will feel!
- Have some icebreakers ready for new groups
- Have a Plan B for when things don't go as expected

Preparing the Group: Review Group Structure with the group.

- Talk with the group about the structure you have planned, or if it is a mutual peer support group, plan that structure with the group.
- The more they know about the expectations of the group, the more people can participate in that group.
- Evaluate readiness of participants so you know how to approach the group

Activity

Get together with a small group of four to five people. You will have the chance to Prepare for a Group of your choosing. Your instructor will provide you time to gather and brainstorm what kind of group you want to work with (support group, class, etc.).

Decide together (and actually prepare if possible) how you could use the information from the previous page and your collective experience to:

Prepare the Environment for the group you've recommended? Use the space you're in now to help envision a room a group might take place in. Clear the space a bit to make room for the group.

Prepare yourselves for the class? What kinds of preparation should you be thinking about?

Prepare the Group for the experience? What will people need to know in order to participate?

Facilitating the Group: Engaging Group Participants

Engaging Group Members is supporting people in the class to participate as they desire.

Why Engage Group Participants? Engaging people in a group will enhance the group process, get people involved in sharing/learning/working together, and allow you to facilitate, rather than run, the group.

How do we Engage Group Participants?

- Orient the group
- Involve participants
- Modify process and pace

Orienting the Group:

Orienting a group is working with the group to "be on the same page" about what is about to happen, how it might benefit them, and how you will all proceed together.

From Module 2:
Orienting is supporting a peer to understand the process, the activities, and the people involved. It includes the who, what and why of each interaction. It also includes orientation to the physical location. Orient every time you work on something together. When we support the peer getting oriented […], we support them in being fully involved in their own wellness and recovery.

How do we Orient? We talk about the:

- The **What**: What's going to happen

- The **Why**: What's in it for the peer/ Why do it

- The **How**: How the activity or process happens

As the group facilitator, you may greet the group participants and provide them with the topic or the outline of the material for that day's group. This can be done in writing or in verbal discussion.

Next, ask the group participants what they already know about the topic. This respects their knowledge and ensures that you aren't going over material they already. It also invites group participants to share with each other and begins to get them engaged right at the beginning.

Ask group participants how they think the topic for the day will benefit them, or how it might be useful for them.

Facilitating the Group: Involving Participants

Involving participants is using your partnering skills to support participation of group members.

Why involve participants? Involving participants gives you a way to connect group members to each other and to the class content.

Involving Participants requires us to use several skills, including:

- Attending to the group
- Engaging participation

Attending to the Group

When *Attending to the Group*, do the following to assure participants that you are with them:

- *Make eye contact* when culturally appropriate with participants to show you are paying attention to what they say.

- *Position your body* toward the participants, especially if they are talking. (Think SOLER)

- *Stand up or write on the board* to lift the energy if the energy goes down.

- *Walk around* if people are doing activities, to support and offer guidance or clarification.

CLASSROOM DISCUSSION QUESTIONS

- What would you add to this list?

- What have you noticed that the facilitators of the CPC course do to facilitate your participation?
    - What has that felt like? How does it support your participation in the course?

- What do you hope to do to attend *to* future group attendees?

Facilitating the Group: Engaging Participants

What is it? Engaging participants is using partnering skills to retain participant connection with the group.

Why Engage Participants? Engaging participants will help you get people talking or otherwise participating in the group and is expected to support people to get something out of the group.

What do you remember about partnering that might play a role in facilitating groups?

How do we do engage participants?

- **Listen**. Listening actively, by paraphrasing and responding to things like feeling and meaning, is a great way to engage people. Listening in this way helps people to feel welcomed, listened to, and safe to participate.

- **Ask for participant input**. Spark ideas and interaction. Inviting participant opinions, perspectives, and experiences helps people to connect to the content of the group.

- **Connect what people say to the content of the group or session**. When someone makes a comment, support them by connecting what they say to what the group is talking about or working on.

- **Use humor** as is relevant and helpful to the group.

- **Invite those who may often be silent to participate**. Invite those who may be quieter to participate, but also respect different ways of participating—some people listen as a way of participating, others talk to participate. We want to invite people in but also understand that there is more than one way to be a part of a group.

- **Keep the group on track**. One of the things we don't think about until we're in the group is working with available time. Respect participants' time, your own time, and others who may have booked the room by starting and ending on time, estimating time for discussions and exercises, and learning how much "wiggle room" you have.

- And maybe most importantly, **connect people to each other**. Especially in support groups, help people connect to each other. Avoid having everyone talk only to you if possible. Support people avoiding responding directly to someone who is talking, perhaps *while* they are talking. Encourage participants to give respect and attention to the person who is speaking, listening until the person finishes speaking.

Facilitating the Group: Modifying the Group

Modifying the Group is adapting the group to fit the needs of the individuals attending.

Why Modify the Group? Modifying the group to meet the participants' need will ensure that you don't lose people and will support them to stay engaged.

How do we do it?

- **Evaluate Engagement**: Get a sense of how engaged people are.
  - Are people talking or acknowledging you and others in the group? Or are people distracted, looking at their phones, etc.?
  - Ask people how the group is going. Find out what they think about it.

- **Content or pace**? Figure out if the issue is *content* (what you are talking about) or *pace* (how slow or fast the group is moving)
  - If **content**: what part of the content is an issue? Is there a topic that is uncomfortable? Is something else of interest?
  - If **pace**: is the way information is being delivered too fast? Too slow? Is there a lot of discrepancy between participants about the pace of the group?

- **Decide how to modify:** If possible, decide together about how to modify the group so that people can engage and keep moving.
  - Match pace to the majority of participants. Support the fastest and slowest outside the group if possible.
  - If using an Evidence-Based Practice, you may not be able to modify content.

Ethical Considerations:

Evidence-based practices and copyrighted material have limitations. You may not alter an evidence-based practice, as that would negate its evidence base.

Intellectual property laws forbid of the use and copying of copyrighted material without specific permission. Check materials you wish to use for copyright. Some materials will have a note indicating that they may be used or photocopied for certain purposes. Be sure you are copying only materials that you have permission to copy.

Activity

Group Facilitation and Engagement. Get into small groups.

Using the skills we have learned about today, practice the beginning of a "first meeting". Each one of you will practice one skill for five minutes. Choose what type of group you will have. Decide as a group who will do which of the following.

- **Orient the group**: explore with the group what they already know about the topic or type of group, why it may be helpful, and how it will proceed.

- **Create agreements** as a group: Come up with guidelines for participation together.

- **Facilitate a short discussion** about a group topic. Look over your notes about what the group would be about, choose a topic, and facilitate a conversation about that topic.

- **Ask the class to evaluate** the session, by finding out what they liked about the group, any changes they would make, and what they learned by participating in the group.

- If there is a fifth person, they will listen for questions that went unanswered, and write on the board/easel paper any part of the discussions that could have answers written down.

- Everyone should: Involve participants, Attend to participants, Engage participants, and Modify pace or content if needed.

Report back to the class:

- What was it like to be a facilitator?

- What was comfortable? What was challenging?

- After trying out facilitating a group, what do you most want to learn or practice?

Module 8 Summary: Facilitating Groups for Recovery

"We must remember that one determined person can make a significant difference, and that a small group of determined people can change the course of history."

~ Sonia Johnson

Facilitating Groups for Recovery can be an important, recovery-supporting, and satisfying part of working as a CPC. We have offered you a comprehensive introduction to how you can plan for, facilitate, and evaluate groups as a peer supporter.

CLASSROOM DISCUSSION QUESTIONS

- What kinds of things do you need to think about before starting a group?

- How do we prepare *ourselves* for the group?

- What's important to think about when engaging participants?

- What kinds of ethical issues can come up when using groups? How can we get support with ethical dilemmas?

An Important Note! Most of the focus within this Module has been on the group of people being served. We have not focused on ourselves, the group leaders. As we can see from this Module, running peer-led groups can be a lot of work. There's a lot to plan, think about, and do!

Within all these activities, it's also important to continue to work on our own recovery, on our own health, and on our own wellness. Plan to use self-care and wellness tools that you have at your disposal to support you!

Module 9: Supporting Self-Advocacy Efforts

Speak the truth, even if your voice shakes

-- unknown

Why Support Self-Advocacy Efforts?

Providers often have great power over the peer receiving services. Systems are not set up to help people to advocate for themselves or to express disagreement. People are often subtly asked to adapt to the system, be compliant, and to "go along to get along."

Going along with a system may appear to make things smooth and easy, but it does not necessarily lead to self-direction and recovery. For people to be well and to experience recovery, they and their families must be free to speak up for what they really want and need.

Peer supporters are uniquely positioned to support people to be self-advocates. Peer supporters most often have their own experiences with injustice and with not getting needs met. Your experience in learning to get your needs met is invaluable in peer support. You wouldn't be in this course if you didn't know a little something about self-advocacy.

CLASSROOM DISCUSSION QUESTIONS

- What words come to mind when we say, "Self-Advocacy"?

- Given what you've been learning about peer support, what kinds of peer support skills do you think could support someone to advocate for themselves or for system change?

We will learn in this Module:

- Working with people to learn about their rights and to self-advocate,
- Inspiring hope for having a voice in one's goals and with service providers
- Strengthening the advocacy skills of peers
- Sharing our recovery stories to inspire hope for advocating for oneself
- Modeling community advocacy

The Big Idea of this Module

Effectively facilitating support groups is an important role for CPCs.

Activit

Peer Interview: Get together with a partner in the class. Take turns interviewing each other about your experiences with your own self-advocacy for two to three minutes.

As the Interviewer:

- ***Ask*** about an experience in which your partner needed to advocate for change, self-advocate, or advocate for a family member.

- ***Listen*** and demonstrate understanding.

Discuss what you learned with the class.

Overview: Supporting Self-Advocacy Efforts

Supporting Advocacy Efforts in peer support is working with people who want to work on getting their needs met or on "righting a wrong." Supporting Advocacy Efforts is *not* taking over the advocacy. Remember, peer support is working *with* people, not *for* people. So, Supporting Advocacy Efforts is walking alongside of people who want to help make a change.

Why is Supporting Self-Advocacy Efforts Important?

When we use our CPC skills to Support Advocacy Efforts, the peer will have the opportunity to hear that other have gone through similar situations and will have someone to rely on when they work to advocate for themselves.

How do we Support Self-Advocacy Efforts?

We will learn how to Support Advocacy Efforts in the following ways:

A. Use our own Recovery Story to Inspire Hope for Successful Advocacy
B. Support Self-Advocacy
C. Model Community Advocacy

Classroom Discussion Questions

- Have you ever supported someone in self-advocacy efforts before? What did you do?

- What do you think peer supporters should *not* do in supporting self-advocacy?

Using Recovery Stories

Think about it: Advocacy, whether advocating for yourself to get what you need, or advocating for change in a program or system, can be a lonely endeavor. After what may have been years of following directions, having limited choices, and being asked for compliance rather than self-determination, people may feel alone and unsure when starting out.

Peer support was made for having been in similar situations yourself, and having felt similar feelings, and you have a story to share that can inspire hope. You can walk with the peer so they feel supported, not alone. And you can work with the peer to discover new ways of speaking up in a way that can be heard effectively, speaking out, and make choices.

Activity

Recovery Story: Rajesh is in a substance use disorder treatment center after several other attempts at treatment and achieving sobriety. He is 19 years old, and really does not want his life to take place in the behavioral health system. He's told you that he wants to live on his own, get a job again, and maybe even go to school someday. "You know, like a real life." Others have told him that he is not far enough along in his recovery to take on major changes.

How could you use a part of your recovery story to inspire hope for self-advocacy?
Work alone for a few minutes to write, below, a short piece of your story. Consider what Rajesh is communicating if you are partnering and listening for meaning, feeling and values when you choose the part of your story.

Then meet with a partner and discuss why you decided on that piece of your story. Ask the partner what parts of your story were effective, and why.

Planning for Self-Advocacy

When planning for Self-Advocacy with the peer, take these steps to support the peer.

1. Start with strengths. Talk with the peer about their strengths and the best way to use their strengths as resources during this process.

2. Name the need for advocacy. Develop a clear "need" statement that outlines the unmet need. Focus only on the need and why it needs to be met, not a specific resolution, in the statement.

3. Support the research. Ask the peer to write down the history of the need: what has been tried and who the peer talked to about it. Support the peer to find out more about eligibility, how to access resources, and how the peer or organization can help with the need. You may support by asking around or going with the peer to visits and meetings if desired by the peer.

4. Identify the gatekeeper(s). A gatekeeper is the person the individual must talk to in order to get something accomplished, although they may not always be the one to make the ultimate decision. Support the peer to find out who the gatekeeper is and how to connect with that gatekeeper.

5. Make a Plan. Encourage the peer to develop a plan using the stated need and the research. Include a proposed solution. Write out the plan so you can give a copy to the gatekeeper. Include the need statement and anything else the peer wants to say.

6. Role-play the interaction. The first few times an individual takes the step of advocating for themselves, it can be reassuring to role play the interaction first with a trusted person (you!). Try to anticipate possible responses or questions from the gatekeeper, and practice possible responses in advance.

7. Repeat as necessary. Prepare for "No." Sometimes more than one resource is required to meet the need, or the peer may encounter challenges that require that you both change course. If the first attempt doesn't work out, you can:

- Work backwards. If the identified gatekeeper can't do anything, see if the individual can talk to their supervisor or someone who has more control.
- If the agency is firm in its rules, go back and try one of the other options you identified in the initial brainstorming session.
- Be curious. Ask, "Why Not?" The answer to this question will determine your next steps.

Activity

Partner with another person and take turns working through the steps of self-advocacy. When you are the **peer**, describe a situation that you need assistance with. When you are the **peer supporter**, support the peer working through the steps of self-advocacy. Do

not provide advice or solutions but direct your partner toward resolving their issue.

Supporting Self-Advocacy

Supporting self-advocacy is assisting someone to learn, strengthen, or prepare to use the skills needed to champion one's own desires and needs.

Why do it? Supporting Self-Advocacy is key to peer support. If we support self-advocacy, we can lend a hand to others who are learning how to speak up for themselves and walk with them on their path.

Think about it: It may be tempting to try and take over the role of advocating for the peer. There is a place for showing the peer how to do certain skills related to self-advocacy. But remember that peer support is *doing with*; and we can support the peer to do their own advocacy to get what they need for their own recovery and wellness.

Ethical Considerations when Supporting Self-Advocacy

Remember that Self-Advocacy is the person speaking up for them self.

Self-advocacy and advocating for someone are two different things. Explore with people how they want to proceed with advocating for their needs before advocating on their behalf. Refrain from taking over the process. Avoid talking for the person unless agreed upon beforehand; for example, if the person wants to learn from you, or wants to see a model of what speaking up could look like.

Using Partnering Skills to Support Self-Advocacy

Activity   **Sam** tells you his doctor has prescribed medications to help him with psychiatric symptoms, but his 12-Step sponsor opposes it and tells him he is not in recovery from using substances if he is using drugs of any kind. He thinks he should stop taking the medication.

Sam: "I'm sure my doctor will just get mad at me. I mean, he knows what I should be on. That's his job."

CPC: "It can take courage to talk to doctors. Can you imagine what else your doctor might say or ask?"

Sam: Yeah…he'll probably just ask me why. Honestly, he doesn't tend to get outright angry at me, it's just hard for me to speak up."

HOW WOULD YOU RESPOND AS THE CPC? *Take about five minutes to write your answers to the questions below, and then discuss with the class. Be sure to look back to page 130 for the steps to supporting a peer with self-advocacy. Use the space below or a piece of notebook paper.*

How could you paraphrase what Sam is saying here?

How is Sam feeling? How could you demonstrate understanding here?

What part of your recovery story could you tell here?

Supporting Self-Advocacy

Who is a Self-Advocate? Someone who…
- … says what they think and feel
- … speaks up for things they believe in
- … knows and understands their rights and responsibilities
- … takes responsibility for his or her own life
- … makes decisions that affect her or her life
- … helps to improve quality of life
- … works to change the way things are done

As CPCs, how do we Support Self-Advocacy?

Supporting Self-Advocacy is inspiring hope for speaking up about what is important to the peer you are working with. How do we do this?

1. **Model Self-Advocacy**: By speaking out about what is important to you! Be yourself—Model self-advocacy by exploring your dreams, using your strengths, having a voice, respecting others' voice, etc.

2. **Learn together about Rights and Responsibilities**: Some self-advocacy requires learning more about what one's rights are: under the law, or rules or regulations. Learn together what those rights are, so that everyone can know more. Along with knowing your rights comes being actively responsible for them.

3. **Support The Peer to Identify Strengths:** In order to make change happen, we have to have a certain number of resources, both internally and externally.

4. **Support People as They Advocate For Themselves.** Listen, support planning, support people practicing, model speaking with respect for others' opinions, and hold out hope.

Modeling Community Advocacy

Modeling Community Advocacy. Facilitating change on a systems level can be challenging, especially if we're not in a position of power or authority. Many of us have found that supporting system change has been a meaningful part of our own resiliency. Supporting the change in active ways is fulfilling and strengthens our own inner resources. Supporting others who want to take on this type of advocacy role can also be an important part of our work.

What is a Change Agent? A Change Agent is someone who sees injustice or a need for change, is resilient in the face of change, and supports change by supporting people to see new ways of thinking about challenges. Being a change agent is actively participating in facilitating system and policy change.

How can CPCs be Change Agents? Just by your very presence as peer supporters, you are change agents. By serving on teams, working with people directly as they recover and develop or maintain their wellness, and by providing a *model* of recovery and resiliency, you are a catalyst for change. You work on changing systems, team dynamics, and personal beliefs about recovery every day by doing what you do, and by being who you are.

CPCs also can work for change. We have already learned about supporting self-advocacy. Modeling Community Advocacy may also become an important role in our work.

What kinds of changes are we talking about? Changes in processes, programs, organizations, systems, impacting system culture....

Activity

Below are some examples of situations that might require Modeling Community Advocacy. Community advocacy is going beyond advocating for yourself and your family and advocating for change in a wider system. What would you add?

Devonna's child has an Individual Educational Plan (IEP), and she has been doing some self-advocacy for herself and her child to have more of a voice in the process. She realizes that the process is designed to *not* include parents' perspectives from the very beginning.

Gary, a new CPC at a mental health agency, feels left out of team meetings and sees that other peer supporters often feel the same way.

Bryanne feels isolated as a CPC and realizes there are few CPCs in her area. She would like to see CPCs at every agency.

Change Agents

What Change Agents Do!

When challenges try to scuttle your scheme,
And adverse conditions pound hard at your team,
When no one but you shows belief in your dream . . .
Don't toss in the towel!
Don't let baddies win!
Double your efforts!
Go at it again!
When the big thing you've thunk of for years upon years
Is rejected by jerks who jab junk in your ears,
When the toughest of toughies gob gunk in your gears . . .
Don't shut off your shooter!
Don't mothball your no!
Revive your horn-tooter!
And give it a blow!
When downhill turns uphill and joy's out of sight,
When confidence turns into fear overnight,
And storm clouds appear to the left and the right . . .
It's not time to run!
Don't look for the door!
It's just getting fun!
That's what we're here for!
So when change gets hard, do what I do:
Crack out your Change Agent Ching-Changeroo.
Zap 'em with stuff that we know will get through.
Now fight through the queasy!
It's what Change Agents do!
'Cause changing ain't easy,
That's why we need YOU!

**Steven J. Chihos,
theBigRocks.com**

The folks who wrote
this poem about being
agents of change were
honoring Dr. Seuss'
writing while
encouraging change
agents to keep going
in hard times.

Classroom Discussion Questions

- How do change agents as discussed in this poem have a place in peer support?

- How is being a peer supporter and a change agent the same? How would it be different?

Modeling Community Advocacy

How do we Model Community Advocacy? With support!

Following are two quotes regarding Community Advocacy.

From the Substance Use Community:

> "The concept of recovery capital reflects a shift in focus from the pathology of addiction to a focus on the internal and external assets required to initiate and sustain long-term recovery from alcohol and other drug problems. As this concept permeates the field, addiction treatment programs will increase their involvement with families and communities, and addiction professionals will become more involved in recovery community building activities. Recovery capital has a contagious quality. It is time we all became its carriers."
> ~White & Cloud, 2008

From the Mental Health Peer Support Community:

> "The tasks of a change agent are best done in a team with others (who) support the change:

- Figure out who can help make changes happen
- Figure out ways barriers could be bridged and opportunities used
- Work with others who support change to make a plan and get busy
- Evaluate how it went and tweak the plan if need be
- Be consistent, persistent, get support, inspire and encourage
  ~Transformation Center, 2009

Activity

Johanna is a CPC and has been working with an agency that serves people with mental health and substance use conditions. They have one program that works with young people who don't want to get caught up in the system. Johanna has noticed that the language that the staff uses does not seem to reflect the recovery and resiliency values that she espouses. She worries that the words staff are using are hindering recovery, but is scared that if she says something, people will shun her. But she senses that the youth are feeling "pigeon-holed."

As a class, discuss the ways in which Johanna can be a change agent at her agency.

Skill Check 8: Supporting Self Advocacy

Supporting Self-Advocacy

You will get into groups of three. The Trainer or Volunteer will read the scenario below. Then you will have 12-15 minutes to complete the activity. As a group you will discuss the following three questions and be prepared to share your answers with the class:

1. How would you provide support to Alex?
2. What would you do or not do while supporting Alex? (Be specific)
3. Are there any other things to consider? (Recall the Prerequisite Online Training and supports like the Grievance Process and the Ombuds)

For this Skills Check, maintain a focus on supporting Alex with self-advocacy.

Scenario:

Alex is a transgender young woman who has come to you for support. She had started to use opiates when she was about 12. "I started out taking stuff that was in my mother's medicine cabinet." She then went to rehab by the age of 15 when she had started to use heroin. "It was soon after, when I started to see a good therapist, that I realized I had never felt comfortable in my own skin. I realized I was always trying to be the boy I was told I was supposed to be. But I was starting to identify more as a female, and I learned that I want to live life as the woman I really am." Alex is finding that people in the service programs—providers, clients, everyone—are having a hard time making the transition along with Alex. Alex finds that people are calling her "he" and "him," and referring to her as "Alexander," her dead name, when in the clinic. This is making Alex uncomfortable, and less willing to participate in services.

Share with the class, when indicated by the instructor, what you learned about Supporting Self-Advocacy.

Module 9 Summary: Supporting Advocacy Efforts

Start where you are. Use what you have. Do what you can.
- *Arthur Ashe*

Supporting people to have a voice and choice about services, and more importantly, about their own lives, is what peer support is all about.

In Module 9, we learned about:

- Working with people to learn about their rights and to self-advocate,
- Inspiring hope for having a voice in one's goals and with service providers
- Strengthening the advocacy skills of peers,
- Sharing our recovery stories to inspire hope for advocating for oneself, and
- Modeling community advocacy

Module 10: Planning for Success as a CPC

Congratulations! You have made it to Module 10, our last Module in the CPC course.

Up until this point, you have learned concepts related to peer support and your potential work as a CPC. You have begun to learn the core skills that CPCs need to provide peer support.

We say that you have *begun* to learn those skills because the truth is, you will continue to learn how to provide peer support as you do it. You will continue to build on peer support skills, as well as develop new skills, as you practice and work and practice.

What will we do to Plan for Your Success as a CPC?

A. Discuss Maintaining our Wellness

B. Review Course Content

C. Identifying Your Skill Strengths and Areas for Additional Practice

D. Create a Development Plan

Classroom Discussion Questions

1. How is personal wellness a part of peer supporter's role?

2. What is the best peer supporter role for you? (e.g., youth/young adult, parent/caregiver, forensic, adult, substance use, etc.)

3. What have been your most favorite parts of the course?

4. What parts of this training do you think may be most applicable to your identified role and why?

5. What do you think you are most skilled at doing?

6. What do you want to start to learn or practice once you are done with the class?

In the following activity, we will review the CPC Course content. Please use this activity to examine what you have learned, the skills and information you still want to learn, and which skills you want to get better at doing.

Activity **Course Review Jigsaw**

Each person will be given a card with a RED number and a BLUE number. We will use red numbers first. Each RED group will have a topic associated with the number of the group.

RED GROUP TOPICS:

> **Red Group 1:** Role of the CPC
>
> **Red Group 2:** Forming Peer Partnerships
>
> **Red Group 3:** Trauma-Informed Perspective
>
> **Red Group 4:** Cross-Cultural Partnering
>
> **Red Group 5:** Boundaries and Ethics
>
> **Red Group 6:** Supporting Goal Setting
>
> **Red Group 6:** Self-Advocacy

Each group should find a part of the room where they can work together and hear each other.

Part 1: Join the RED group that corresponds to your RED number. Find
the others with that *same* RED number as you have on your card. *Work together on deciding, as a group, the following* **question**. Note on the back of your index card how your group answers the question, for use in Part 2.

> **Question:** What are the most important things you have learned about the Group Topic associated with your Red Group?

Part 2: When your instructor calls "Time," join up with people who have the same BLUE number as you have. Your instructor will give you time
to share briefly with the Blue Group what your RED group decided. Every person will have the chance to do this. Then, as a group, decide on the following:

- What ideas, skills, or concepts seem to be a theme throughout all of the Modules?
- Note these on your card under "Part 2."

Part 3: Re-join the Whole Class: What came out of that exercise? What did you
come to realize? What did you learn that was new?

Skill Check 9: Peer Support Elevator Speech

Describing what peer support is to someone

We started on Day One of this training describing an Elevator Speech and how you will use it for the final Skill Check. Let's review the Day One instructions.

*An "elevator speech" is a **brief summary** of who you are and what you do. It is named for the time it takes to ride an elevator from bottom to top of a building (roughly 30 seconds or 75 words). Our goal is to make it 1-3 minutes long.*

*For Module 10 skills check, use this week to **build your CPC elevator speech** and be prepared to share it with your classmates during Module 10 on last day of the training.*

1. *Start by introducing yourself. ...*
2. *Provide a summary of what you do. ...*
   Think about what you learned in each of the modules, skills developed, and how you understand the peer supporter role.
3. *Take your time. ...*
4. *Make it conversational. ...*
5. *Avoid jargon words and phrases. ...*
   Keep it simple.
6. *Express con*fidence.

Now is your time to shine. Each person will have 1-3 minutes to answer the question:
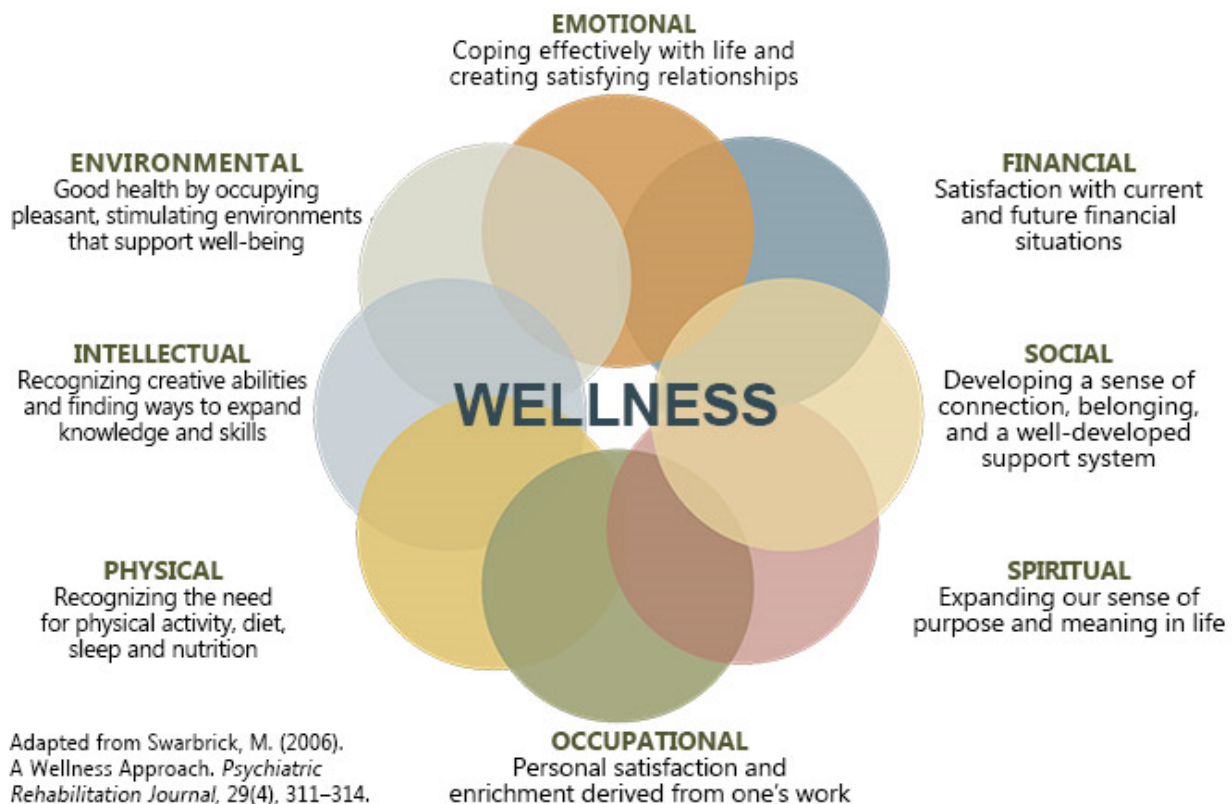
"Peer support, what's that?"

Maintaining Wellness as a CPC

Maintaining Wellness is staying in good physical and mental health while working as a peer supporter.

Why do it? Maintaining your wellness may help you ward off the impacts of stress, and help you be happier and healthier in your work as a CPC.

What is Wellness? The Substance Abuse and Mental Health Services Administration offers eight dimensions of wellness:

EMOTIONAL
Coping effectively with life and creating satisfying relationships

ENVIRONMENTAL
Good health by occupying pleasant, stimulating environments that support well-being

FINANCIAL
Satisfaction with current and future financial situations

INTELLECTUAL
Recognizing creative abilities and finding ways to expand knowledge and skills

SOCIAL
Developing a sense of connection, belonging, and a well-developed support system

PHYSICAL
Recognizing the need for physical activity, diet, sleep and nutrition

SPIRITUAL
Expanding our sense of purpose and meaning in life

WELLNESS

Adapted from Swarbrick, M. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal*, 29(4), 311–314.

OCCUPATIONAL
Personal satisfaction and enrichment derived from one's work

Questions:

1. How does the diagram fit your own definition of wellness?

2. Which are the easiest of the dimensions for you to maintain?

Maintaining Wellness

Working in any job has its stressors. Stress on a job will likely depend on things like:

- The environment you work in, including the people and place
- The culture of the workplace: social atmosphere, attitudes, and communication
- Your preferences for work: whether you like a lot of things about your job
- Your strengths: whether you are good at most of what you do
- Your stress tolerance: what affects you, how, and how often
- Whether the job and tasks fit your personality

Some people maintain their wellness by using a WRAP (Wellness Recovery Action Plan) or by using therapy. Others make sure to talk to a friend daily, or to take a walk and get some sleep. Still others do yoga, pray, or focus on getting enough fruits and vegetables. We will next discuss the ways that you maintain, and may need to maintain, your own wellness.

Activity

Small Group Discussion. Individually, write your thoughts about how you currently do and will need to maintain your wellness in the space below. Then discuss with a small group of three to four classmates. Think about daily, weekly, and situational maintenance. Compare and contrast the following.

You maintain your wellness now by:

You will need to maintain your wellness as a CPC by:

You will practice self-care when experiencing an emotional response to a situation by:

Personal Development Plan

Creating Your Own Personal Development Plan

Take a look at the areas listed below. Decide for yourself if there are any areas that you want to learn more about as you move toward, or further along with, your work as a CPC. Note if there is a particular subtopic you want to learn about, or a training or certification you want to pursue, and write it into the box.

Wellness Recovery Action Plans (WRAP)		Motivational Interviewing		Problem Gambling	
Trauma-Informed Care		Using Supervision Effectively		Working with Older Adults	
Ethics and Boundaries		Crisis Support		Peer Wellness Coaching	
Whole Health Peer Support		Supported Employment		Forensics	
Children supports		Youth		Family	
Facilitating Groups		Seeking Safety		Housing And Recovery Peer Services (HARPS):	
Recovery Coaching (CCAR)		Healthcare		Other:	

Before we go…

Congratulations! You've finished the course. But before we go…

The Course:

- What was your favorite thing about this course?

- What is the thing that you'll miss the most?

- What was your least favorite thing about this course?

- What are you looking forward to not having to do anymore?

Becoming a CPC:

- What are you looking forward to doing as a CPC, once you pass the exam?

- What are you most worried about?

New Connections:

- You have made new connections in this class, how will you keep networking?

- What will you miss about your classmates?

We wish you all the best in your exam, and your work as a Peer Supporter!

Appendix 1

Glossary
_____

Adverse Childhood Event (ACE)—is an experience during childhood that is difficult or traumatic. Experiences can include abuse, neglect, accidents, and divorce and loss.

Advocacy—promotes the cause of a person or idea.

Advocacy groups—are organizations that work in a variety of ways to create change with issues that affect society. (NAMI and Youth 'n Action are examples)

Age of consent—the age at which a person may independently consent to or deny treatment. With some legal exceptions for involuntary treatment, the age of consent in Washington is 13.

Alcohol abuse—means a pattern of alcohol use leading to significant impairment or distress; see also substance abuse and substance dependence.

Appeal process—is a series of steps you must follow to get a decision about services reviewed and changed.

Assessment—is the gathering and appraisal of information in order to identify a person's needs and strengths.

Bias—a belief a person has about a thing, person, or group of people. Biases can be conscious or unconscious, positive or negative, but are most often considered unfair.

Boundaries—refer to the degree of closeness we have with an individual.

Case manager—is the health care professional who works directly with an individual or children and their families to coordinate various activities, services and supports, and acts as the consumer's primary contact with other members of their treatment teams; also called rehabilitation specialist, service coordinator, and social worker.

Case management—is a service that helps people arrange for appropriate services and supports. A case manager coordinates mental health, social work, educational, health, vocational, transportation, advocacy, respite care, and recreational services, as needed.

Certified Peer Counselor (CPC)—is a person who has completed state approved training passed a state test, and is credentialed by the Department of Health as an Agency Affiliated Counselor. The CPC designation is often used by people who are not credentialed as well.

Child abuse or neglect—means the injury, sexual abuse, or negligent treatment or maltreatment of a child by any person where a child's health, welfare, and safety are harmed.

Credential—is the approval by the Department of Health to work in the counseling field. The credential may vary by level of education; however, most CPCs apply for an Agency Affiliated Counselor credential. A credential is required to work in a Medicaid setting, except for the first 60 days after applying to DOH.

Clubhouse—is derived from the Fountain House model of psychiatric rehabilitation; it is a club that belongs to everyone who participates in it, providing supportive companionship with a focus on opportunities for employment.

Collaboration—is where professionals and/or agencies with linked functions work effectively together on common issues, including the provision of care to an individual person.

Community—is a group of people residing in the same locality or sharing a common interest.

Community care—is the provision of services and support for people who are affected by a range of problems, including mental health challenges, to enable them to live as independently as possible in their own homes or in other home-like settings.

Community behavioral health agencies (CBHAs)—are groups of professionals providing behavioral health services locally.

Confidentiality—is the protection and proper use of patient information. Information given or received for one purpose may not be used for a different purpose or passed to anyone else without the consent of the provider of the information.

Consumer—is a term not generally preferred to describe someone who uses or has used mental health services because of mental health challenges or a disability. The term includes parents and guardians in many situations. Also called peer or individual.

Continuum of care—is a term that implies a progression of services that a consumer or child moves through, usually one service at a time. More recently, it has come to mean comprehensive services. Also see system of care and wraparound services.

Co-occurring disorder—see dual diagnosis.

Coordination—means bringing people together to work together efficiently.

Coordinated services—means that several child-serving or peer-serving organizations talk with the family or consumer and agree upon a plan of care that meets the child's or

peer's needs. These organizations can include mental health, education, juvenile justice, adult criminal justice and child welfare. Case management is necessary to coordinate service. Also see family centered services and wraparound services.

Counseling—aims to help people develop insight into their problems and identify resources within themselves that they can use to cope more effectively with their situation; see also psychotherapy.

Criminal justice system—includes all agencies involved in criminal justice including the police, probation service, courts and prisons.

Crisis—is a time of extreme trouble and an opportunity for growth.

Crisis residential treatment services—are short-term, round-the-clock help provided in a non-hospital setting during a crisis.

Cultural competence/culturally appropriate services—means a set of values, attitudes and practices held by an organization or individual service provider that are sensitive and responsive to cultural differences. These differences can include race and ethnicity, national origin, language, beliefs, religion, age, gender, sexual orientation, physical disability, or family values and customs.

Culture—is the integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, faith or social group.

De-escalate—means to lower the intensity of a situation; often refers to a way of communicating with a person when they are upset or in crisis.

Deinstitutionalization—is the process of releasing individuals from psychiatric institutions.

Dilemma—a situation where a difficult decision must be made.

Disability—is a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

Discharge plan—is a care plan for people being discharged from a hospital or residential center.

Discharge planner—is the person on the hospital or residence staff who makes plans for an individual's health care outside of the hospital; this can be a nurse, doctor, resident/intern, or social worker.

Disclose—means to share or make known.

Discrimination—is treating a person differently, usually in a negative way, based on differences in culture, beliefs, or other characteristics.

Diverse—means differing from one another.

Diversion—refers to the movement of an individual from the criminal justice system or hospital to health and/or social care.

Drop-in centers—are centers without structured activity where peers can socialize.

Drug dependence –occurs when an individual persists in using a drug despite problems related to the use of the drug, such as legal, health, family, occupational or other problems resulting from the drug use. It can be diagnosed either with or without physical dependence, which means issues of tolerance to and withdrawal from the substance.

Duty to Warn—a mandatory reporting requirement for an employed certified peer counselor to directly warn a person who has been seriously threatened.

Dual diagnosis—is the combination of mental health challenges with other conditions, including alcohol abuse, substance abuse, compulsive gambling, a learning disability, or a physical disability. Also called comorbidity or co-occurring disorders.

Early intervention—is a process used to recognize warning signs for mental health challenges and to take early action against factors that put individuals at risk.

Eligibility criteria—are guidelines used when a person seeks mental health services to determine the priority of their need and the degree of risk, in order to make decisions about the appropriate use of services. These may include age, disability, income, or type of insurance.

Emergency and crisis services—a group of services that is available 24 hours a day, seven days a week, to help during a mental health emergency. Examples include telephone crisis hotlines, suicide hotlines, crisis counseling, crisis residential treatment services, crisis outreach teams, and crisis respite care.

Empathize—means to identify with or develop an understanding of another's situation, feelings, or motives.

Empower—means to give authority, control and confidence to a previously disadvantaged group or person.

Environmental approach—is an approach to mental health treatment that attempts to influence either the physical environment (such as reducing access to lethal means) or the social environment (such as providing work or academic opportunities).

Evaluation—is the systematic investigation of the value and impact of an intervention or program.

Ethics—refer to principles of right and wrong as well as to rules an organization or group agrees to.

Evidence-based practices (EBP)—are activities or programs that have been shown to be effective through scientific testing and reproduction of practices. Various organizations have lists of these practices.

Facilitation—is the practice of working with several people or a group to aid in learning and discussion.

Family-centered services—are services designed to meet the specific needs of each individual child and family; see also appropriate services, coordinated services, wraparound services, and cultural competence.

Family focused—means an approach to designing and providing services that views the child as a member of a family and recognizes that everyone in a family can be affected by how the others act, what they say, or how they feel or are doing in school or work. Decisions about services are made considering the strengths and needs of the family as a whole as well as the individual child with a mental health challenge.

Family support services—are services designed to keep the family together, while coping with mental health challenges that affect them. These services may include peer information workshops, in-home supports, family therapy, parenting training, crisis services, and respite care.

Frequency—refers to the number of occurrences of a disease or injury in a given unit of time.

Goal—is a broad and high-level statement of general purpose to guide planning around an issue; it is focused on the end result of the work. In behavioral health, goals are designed to increase recovery and resilience.

Hallucination—is a false or distorted perception of objects or events, including sensations of sight, sound, taste, smell, or touch, typically accompanied by a powerful sense of their reality.

Health care—is medical and nursing care.

Health promotion—is education and support that enables people to increase their control over the factors that influence their health, thereby improving their health.

Holistic—means considering the whole person in the treatment of their illness; i.e., their physical, emotional, psychological, spiritual and social needs.

Home-based services—refers to help provided in a family's home either for a defined period of time or for as long as it takes to deal with a mental health problem without removing the child from the home; these can include parent training, counseling, and working with family members to identify, find, or provide other necessary help. Also called in-home supports.

Homelessness—describes people living in a broad spectrum of unsatisfactory housing conditions ranging from cardboard boxes and park benches through night shelters and direct access hostels to bed and breakfast accommodation or even sleeping on a friend's floor.

Hospital leave—is the right to leave the hospital grounds temporarily, often with a family member or care provider; leave must be approved by the hospital staff.

Hypomania—is the experience of being mildly manic (high); see mania.

Imminent—means likely to happen at any moment.

Internalized stigma—are negative beliefs about a condition held by a person having the condition.

Individual—is defined in behavioral health state law as a person receiving or who has received services. For the purpose of services, a parent or legal guardian meets these criteria.

Individual service plan—see service plan

Initial referral—see intake

Individual Service Plan (ISP)—Recovery Plan is a written document that lists and describes all the services and supports a peer or child and family will receive. Typically, service plans also include information about the peer's strengths, problems, and needs, describe what the services and supports are designed to accomplish, and explain how and when progress will be assessed; also called service plan or treatment plan. Also called Treatment Plan or Support Plan.

Intake—is the process an agency or program uses to find out about a peer or child and family for the first time and determine their eligibility for services; also called initial referral; see also eligibility criteria.

Integration—refers to treatment that approaches multiple challenges, such as substance use and mental health, or behavioral health and physical health.

Intervention—an action taken, often by a professional to assist a person.

Learned helplessness—is a belief that nothing a person can do will change their circumstances.

Managed care—is a system of delivering of health care services. Organizations are paid a set rate to provide services and must manage costs. Under managed care, an organization may specify which service providers the insured peer or family can see and make decisions about the type and amount of services are authorized.

Managed Care Organization (MCO)—is a private health organization that provides comprehensive health care. These organizations may contract with the state to provide public services.

Medicaid services—refers to services that the Center for Medicare and Medicaid will include in reimbursements to agencies. Services include hospital and other 24-hour services, intensive community services, outpatient services, peer support for mental health, medical management, case management, intensive psychosocial rehabilitation services, detox, and residential treatment.

Mental health—refers to the way a person thinks, feels, and acts when faced with life's situations. Mental health is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; explore choices; handle stress; relate to other people; and make decisions.

Mental Health Advance Directives—set out a person's wishes in writing concerning their care or treatment. Directives are binding legal documents.

Mental Health Professional—a professional who meets the requirements for this designation.

Mental health services—health services that are specially designed for the care and treatment of people with mental health challenges, including those with co-occurring substance use disorders.

Mental injury—non-accidental damage to intellectual, emotional or psychological functioning, which is a Mandatory Reporting requirement.

Motivational interviewing—is a collaborative conversation to strengthen a person's own motivation for and commitment to change.

Mutual support groups—are groups where service users and/or family members share their experiences and feelings about mental health challenges and generally help each other; also called self-help groups.

Needs assessment—is the process of assessing and monitoring health and social care needs of a population.

Objective—is a specific and measurable statement that clearly identifies what is to be achieved, often to meet a larger goal.

Open-ended question—is a question that cannot be answered "yes" or "no" but invites a person to discuss a question more fully.

Outcomes—are measurable results, such as a change in the health of an individual or group of people that is attributable to an intervention.

Orienting—means discussing activities, processes and/or reviewing plans, often at the beginning of a meeting.

Outreach programs—are programs that send staff into communities to deliver services or recruit participants.

Parent advocate—is an individual who has been trained to help other families get the kinds of services and supports they need and want. Parent advocates are usually family members who have raised a child with a behavioral or emotional problem and have worked with the system of care and many of the agencies and providers in your community. If a parent advocate is working in a Medicaid agency, they must be certified as a peer counselor.

Partnership—is working closely with others to achieve agreed-upon common goals.

Peer—is one term used for an individual (typically an adult) who receives or has received services; see also consumer. Parents may be referred to as peers when they are in a peer relationship with another parent.

Physical abuse—is a non-accidental serious physical injury or injuries whose effect may be permanent or temporary, which is a Mandatory Reporting requirement.

Policy—is a plan of action or an agreed position adopted by an organization.

Posttraumatic Stress Disorder (PTSD)—can occur after one is exposed to a traumatic event, such as war, natural disasters, major accidents, or severe abuse. The person may then develop an intense fear of related situations, heightened general anxiety, flashbacks and/or recurring nightmares.

Prevention—is a strategy or approach that delays or reduces the likelihood of onset of a mental health problem.

Primary care services—is the local provider or network which provides generalized healthcare services.

Privilege—in terms of culture, refers to rights, perceptions, and advantages a group has in society.

Protective factors—are factors that make it less likely that individuals will develop a disorder; these may include biological, psychological or social factors in the individual, family or environment.

Provider—is any organization, agency, group of people or individual who supplies a service in the community, home or hospital in return for payment.

Psycho-education—is education offered to those with psychiatric disabilities and often their families with the intent of helping them to better understand and cope with their psychiatric disability.

Public sector—refers to any facility maintained or controlled by a central government, local government, or other statutory body; Medicaid services are public services, while other medical treatment may be private.

Recovery—according to RCW 71.24, "'Recovery' means the process in which people are able to live, work, learn, and participate fully in their communities."

Recovery story—is one individual's experience leading them to improve their lives and their behavioral health.

Rehabilitation—restores skills (e.g., vocational, social, or daily living skills) through treatment or by training.

Rehabilitation specialist—see case manager

Resilience—refers to the capacities within a person that promote positive outcomes, such as mental health and well-being, and provide protection from factors such as difficult experiences that might otherwise place that person at risk for adverse health outcomes.

Revised Codes of Washington (RCW's)—are laws that the state government creates; see also Washington Administrative Codes (WAC's). RCWs are the highest form of state legislation.

Risk assessment—is an assessment of whether a person is at risk to themselves or others.

Risk factors—are certain factors that make it more likely that individuals will develop a mental disorder. Risk factors may include biological, psychological or social factors in the individual, family and environment, and are especially significant for children.

Screening—refers to the administration of an assessment tool to identify persons in need of more in-depth evaluation or treatment; see also eligibility criteria, intake.

Screening tools—are those instruments and techniques (questionnaires, check lists, self-assessments forms) used to evaluate individuals for increased risk of certain health problems; see also eligibility criteria, intake.

Self-advocacy—is action taken by a person to get their needs and wants met.

Self-help groups - see mutual support groups

Service—is a type of support or clinical intervention designed to address the specific mental health needs of a peer or a child and his or her family. A service could be provided only one time or repeated over a course of time.

Service provider—see provider

Sheltered work—is work provided for people with mental health challenges or a developmental disability in protected or well-monitored settings, outside the usual workforce; compare to supported employment.

Side effects—are the unwanted physical effects of taking medication.

Social support—refers to assistance that may include companionship, emotional backing, cognitive guidance, material aid and special services.

Social worker—is a graduate of a school of social work who holds either a bachelor's or master's degree and who is trained in effective ways of helping people living with mental health challenges, and other groups in need of assistance. Some case managers are referred to as 'social workers' even without the credential.

Spiritual—relates to the spirit or soul as distinct from physical matters; it includes religion but goes much wider to embrace, for example, art and music.

Stages of change—a theory describing stages a person may consider and make life changes. Stages include pre-contemplation, contemplation, planning. action, maintenance, and termination.

Stakeholder—is anyone, including organizations, groups and individuals that is affected by and contributes to decisions, consultations and policies.

Strengths—are personal skills and abilities, personal qualities and values that are used or can be used to increase recovery.

Strengths-based—is the practice of focusing on strengths, not deficits, in assisting a person or family.

Statutory—relates to organizations set up by law, statute or regulation (e.g. county council, local authority).

Stigma—is a general term for the widespread fear and misunderstanding of behavioral health challenges, together with the stereotyping and negative attitudes toward those who suffer from them.

Street drugs—drugs that are not prescribed by doctors for the person using them; also called illicit drugs.

Strengths—are the positive characteristics of any individual, child or family, including things they do well, people they like and activities they enjoy.

Substance abuse—is the use of a substance (e.g., alcohol, prescription drugs, street drugs, solvents, etc.) to the point that it has a negative impact on one's life (e.g., leads to fights, arrests, relationship problems, etc.); compare to substance dependence.

Substance dependence—is addiction to a substance (see above); i.e., the substance is taken more frequently, in higher doses, in inappropriate situations, or in spite of the user's desire to quit; compare to substance abuse.

Substance use disorder—is the preferred term for a person with addictions to harmful substances and behaviors.

Supervisor—refers to an individual who directs another's work. A Certified Peer Counselor must be supervised by a Mental Health Professional.

Support—means to help provide for and encourage a person.

Supported employment—is when a person is supported (usually by an organization or program) to obtain and retain open employment in the community; compare to sheltered work.

Supported housing—is where residents have their own accommodation, but a member of staff is available to provide support when necessary.

Symptom—is a reported feeling or specific observable physical sign of a person's condition.

System of care—is a coordinated network of agencies and providers that make a full range of mental health and other necessary services available to peers or children with mental health challenges and their families.

Trauma—is an event, series of events, or circumstances experienced by an individual as physically or emotionally harmful or life threatening and that has lasting negative effects on the individual's functioning and mental physical, social, emotion, or spiritual well-being. Trauma is a normal response to extreme events.

Treatment—means a medical or psychological therapeutic intervention.

Treatment plan—see individual service plan

Treatment team—is a group of professionals, service providers, family members and/or support people who meet to develop, implement and review a comprehensive service plan for an adult consumer or child and family.

Value—a principle that is important to an individual as a standard of value.

Vulnerable adult—is someone who is physically or economically dependent on another and unable to leave a situation without assistance, or a person who has a paid aide or home service provider.

Washington Administrative Codes (WACs)—specific guidance on the operation of legislation. These rules are derived from the Revised Codes of Washington (RCWs), the laws that the state legislature has created.

Wellness Recovery Action Plan (WRAP)—refers to training on and use of the Wellness Recovery Action Plan developed by Mary Ellen Copeland.

WISe—The Washington State Wraparound with Intensive Services (WISe) Program is designed to provide comprehensive services and supports to eligible clients. The purpose is to create a sustainable service delivery system for intensive home and community based mental health services to Medicaid-eligible children and youth with high intensity needs.

Wraparound services—are individualized community-based services that focus on the strengths and needs of a child and family. Wraparound services are developed through a team-planning process, where a team of individuals who are relevant to the well-being of the child (such as family members, service providers, teachers, and representatives from any involved agency) collaboratively develop and implement an individualized plan of care, known as a wraparound plan.

Youth—an individual who is between 13 and 25 years old. This definition varies in different parts of the state, nation and by organization. It may also refer to an individual under the age of 18.

Youth culture—the norms, values, language and music that define who a young person is.

Youth in transition—a young person between the ages of 16 and 25 generally. This term is applied to youth who are aging out of the youth systems and moving into adult systems, which includes education to higher education, and does not necessarily mean that a young person who is in the mental health system will automatically move into the adult mental health system.

Youth partner—a person who provides peer support to youth. Individuals providing services in Medicaid agencies must be certified as peer counselors and should be of a younger age and have good rapport with youth.

Appendix 2

HIPAA

The Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") establishes, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Rule standards address the use and disclosure of individuals' health information—called Protected Health Information ("PHI") by organizations subject to the Privacy Rule—called "covered entities," as well as standards for individuals' privacy rights to understand and control how their health information is used.

The Privacy Rule protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "Protected Health Information."

"Individually identifiable health information" is information, including demographic data, that relates to: the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

Appendix 3

The ADA - Americans with Disabilities Act
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What is the intent of the ADA?

The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities in employment; state and local government activities; public accommodations; public transportation; telecommunications; and public services. It was signed into law by President George H. W. Bush on July 26, 1990.

Does the ADA protect people with severe mental health challenges?

The definition of disability in the ADA includes people with mental health challenges who meet one of these three definitions: "(1) a physical or mental impairment that substantially limits one or more major life activities of an individual; (2) a record of such impairment; or (3) being regarded as having such impairment." A mental impairment is defined by the ADA as "any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental health challenges, and specific learning disabilities."

How and when should I disclose my disability to an employer?

Disclosure is a complex decision and should be made with care. Here's what you might want to think about:

Preparing to disclose

Assess your employment skills to determine whether you need help from your therapist or mental health agency to:

- Initiate contact or arranging an interview with the employer interview.
- Describe your disability.
- Negotiate the terms of employment.
- Negotiate accommodations.

Identify any potential accommodations you might need during the hiring process or on your first day of work.

Explore your feelings about having a mental health challenge and about sharing that information with others. Remember, no one can force you to disclose if you don't want to. Research potential employers' attitudes toward mental health challenges and screen out unsupportive employers.

- Have they hired someone with a psychiatric disability before?
- Do they personally know someone with a mental health challenge?
- What positive or negative experiences have they had in employing someone with mental health challenges?
- Do they show signs—newsletters, posted notices, employee education programs about mental health challenges, etc.—of encouraging a diverse workforce?
- Do they have a corporate culture that favors flex time, mentoring programs, tele-commuting, flexible benefit plans, and other programs that help employees work efficiently and well?
- Does the job have certain requirements (e.g., child care, high security, some government positions) that would put you at a disadvantage if you disclosed your diagnosis?

Weigh the benefits and risks of disclosure
- Do you need to involve an outside agency to get or keep the job?
- Do you need accommodation or other employer support?
- When will you need this accommodation?
- Do other people in the company need similar accommodation?
- How stressful will it be for you to hide your disability?

If you decide not to disclose, find other ways to get the support you need
- Behind-the-scenes support from friends, therapists, etc.
- Research potential employers who provide these supports to all Employees

If you decide to disclose, plan in advance how you'll handle it
- Who will say it (you, your therapist, your job coach, etc.);
- What to say (see below); and,
- When to say it.

Under the ADA, a person with a disability can choose to disclose at any time, and is not required to disclose at all unless s/he wants to request an accommodation or wants other protection under the law. Someone with a disability can disclose at any of these times:

- Before the hiring interview;
- During the interview;
- After the interview but before any job offer;
- After a job offer but before starting a job;
- Any time after beginning a job;
- We recommend disclosing sometime before serious problems arise on the job; and,

- It is unlikely that you would be protected under the ADA if you disclosed right before you were about to get fired.

Do all employers have to comply with Title I of the ADA?

Private employers with 15 or more employees, state and local governments, employment agencies, labor organizations, and management committees are all subject to the ADA. The ADA does not apply to the federal government; however, discrimination by the federal government or federally assisted programs is prohibited under Title V of the Rehabilitation Act of 1973.

Who is protected?

The ADA prohibits discrimination against "qualified individuals with disabilities" who are individuals with disabilities who meet the skill, experience, education, and other job-related requirements of a position held or desired and who, with or without reasonable accommodation, can perform the essential functions of a job.

What employment practices are covered?

All aspects of an employment relationship including recruitment, hiring, job assignments, pay, lay-off, firing, training, promotions, benefits, and leave.

How does one file a complaint under Title I of the ADA?

An individual who feels that they have been discriminated against in employment on the basis of disability can file a charge with the Equal Employment Opportunity Commission (EEOC) within 180 days of the alleged discriminatory act. (In certain states that have their own laws prohibiting employment discrimination based on disability this time limit may be extended to 300 days, but, as a general principle, the time limit is 180 days). The EEOC is authorized to mediate and negotiate a settlement between the individual who files the complaint and the employer. If this fails to resolve the matter, the EEOC has the option of either filing a lawsuit on behalf of the individual or issuing a "right to sue" letter. After a "right to sue" letter has been issued, the individual may file a lawsuit in a federal district court.

How does the ADA apply to state and local governments?

Title II of the ADA prohibits discrimination against qualified individuals with disabilities in all programs, activities, and services provided by state and local governments.

What are examples of state and local government activities covered under Title II of the ADA?

A state or local government must eliminate any eligibility criteria for participation in programs, activities, and services that screen out or tend to screen out or discriminate against persons with disabilities, unless it can establish that these requirements are necessary for the provision of the service, program, or activities. For example, a state may not refuse to grant a driver's license to someone merely because of their psychiatric diagnosis, unless the illness or medication taken for the illness interferes with the ability to drive. The ADA also requires that all new buildings constructed by a state or local government be accessible.

What is the purpose of Title III of the ADA?

No individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodations by any person who owns, leases, or operates a place of public accommodation.

What are places of public accommodations?

Places of public accommodation include a wide range of entities such as restaurants, hotels, theaters, doctors' offices, pharmacies, retail stores, or museums.

Filing a Complaint

How does one go about filing a complaint under title III of the ADA?

As with Title II, The U.S. Department of Justice is responsible for administering Title III of the ADA. An individual who believes he or she has been discriminated against in violation of Title III may either file an administrative complaint with the Department of Justice (1-800-541-0301) or file a private lawsuit in a federal district court.

Who can I call if there is evidence of an ADA violation?

Equal Employment Opportunity   **U.S. Department of Justice**
Commission (EEOC)   Title II and Title III concerns
for Title I concerns   www.usdoj.gov
www.eeoc.gov   800-541-0301
800-669-4000

Job Accommodation Network
http://askjan.org/ 800-526-7234
State Protection & Advocacy Agency www.ndrn.org (in Washington, it's Disability Rights Washington, www.disabilityrightswa.org)
Legal services organization (legal aid) in your area local phone directory

Technical Assistance Manual on the Employment Provision (Title I) of the ADA. A resource directory published by the U.S. Equal Employment Opportunities Commission. To order a copy, call 800-669-EEOC or visit www.eeoc.gov/policy/docs/psych.html.

Appendix 4

Review of Online Course

Module 1   Recovery Principles

- *What is the SAMHSA definition of recovery?*
- *Name three of SAMHSA's elements of recovery.*
- *What does resiliency mean?*
- *Describe the differing ideas about recovery in Substance Use Disorders.*
- *Describe how families are integral to recovery for children.*
- *What is the difference between a "medical" and a "recovery" model of care?*
- *What is person-first language?*
- *Describe two of the unique ways peer supporters support recovery.*
- *Describe why hope is essential for recovery.*

Module 2   Role of a Peer Supporter

- *When is certification as a peer counselor required by the State?*
- *Describe where peer supporters might work.*
- *Describe who can be a youth peer counselor and their role.*
- *Describe who can be a parent peer counselor and their role.*
- *Describe a Recovery Coach.*
- *Describe what is and what is not a peer role.*
- *Describe the process for becoming a certified peer counselor.*

Module 3   Self-Advocacy

- *Why is self-advocacy important, and what part does it play in recovery?*
- *How can a peer supporter help someone learn to self-advocate?*
- *What is the difference between advocacy and self-advocacy? When might a peer do each?*
- *How do strengths play a part in self-advocacy?*
- *Name some common steps in advocacy.*
- *Describe a grievance.*
- *Describe the Ombuds role.*

Module 4   Structure of Behavioral Health Systems

- *What two state agencies administer Medicaid behavioral health services?*
- *Describe the basic role of each:*
  - *Center for Medicare and Medicaid Services (CMS)*
  - *Division of Behavioral Health and Recovery (DBHR)*
  - *Behavioral Health Organization (BHO)*
  - *Behavioral Health Agency (BHA)*
- *What kinds of mental health services are authorized by Medicaid?*
- *What kinds of substance use services are authorized by Medicaid? (not peer support)*
- *How does a person usually get services?*
- *Who has access to crisis services?*
- *What is an Evaluation and Treatment Center?*
- *What is CLIP? How do children qualify?*
- *What is WISe?*
- *What is a System of Care?*
- *Describe what involuntary inpatient services are for both mental health and substance use disorders.*
- *What are co-occurring services?*

Module 5   Culture

- *Define each of the following:*
  - *Stigma*
  - *Prejudice*
  - *Discrimination*
  - *Privilege*
- *Describe how values are a part of culture.*
- *Describe at least five words that describe sexual orientation, and what they mean.*
- *What role might spirituality play in a person's recovery?*
- *Describe how culture could influence behavioral health treatment.*
- *Describe how a peer could include culture in interactions.*

Module 6   Movements

- *Describe a 12-step program and the kinds of programs there are.*
- *Describe what the "consumer/survivor movement" is and some of its history.*
- *Describe two mental health national advocacy organizations.*
- *Name two large family organizations.*

Module 7   Ethics and Boundaries

- *Describe ethics regarding:*
  - *Romantic relationships*
  - *Medication*
  - *Drug and alcohol use*
  - *Confidentiality*
- *What is the difference between a peer supporter and a friend?*
- *Describe how a peer supporter sets his/her personal boundaries.*
- *What is a dual relationship and why should they be avoided?*
- *Are employed peer counselors Mandatory Reporters? What does this mean?*
- *What does Duty to Warn mean?*
- *Who are Vulnerable Adults?*
- *Describe some guidelines for confidentiality.*
- *Describe what a peer counselor should do when ethics in a situation are unclear.*

Module 8   Holistic Health

- *Define holistic health and 3 components.*
- *Describe how the following impact behavioral health:*
  - *Nutrition*
  - *Exercise*
- *Name three health concerns that are common to peers, and how a peer counselor might help a peer in those areas.*

Module 9   Working with People in Challenging Times

- *How might crisis be defined differently for different people?*
- *What kinds of things can cause a crisis?*
- *What are some ways a crisis might be resolved? (in addition to hospitalization)*
- *What is a Mental Health Advance Directive and what does it include?*
- *What are common warning signs of suicide?*
- *What is the basic assistance a peer can provide to a potentially suicidal person?*
- *Name three ways a peer supporter should maintain safety boundaries.*
- *What is Motivational Interviewing? Describe its characteristics.*
- *Name the Stages of Change and define each stage.*
- *Define W.R.A.P.* and how it is used.

Appendix 5

Supplemental Exam Information with Study Tips

The Written Portion of the Certification Process:

- This part of the certification process is worth 75% of your overall score.

- Information from the prerequisite coursework, as well as the in-person training will be included.

- There are 50 questions to this part of the certification process, 45-multiple choice, 5-T/F.

- During the exam, make sure you understand what the question is asking; be on the lookout for negatively phrased questions and/or potential answers.

- **Slow down.**

- If you are drawing a blank on a question, take a deep breath… keep moving through the exam; as you do, it will likely occur to you what was being asked previously. Simply go back and answer the question.

- You have more than enough time to complete this without rushing or allowing yourself to feel rushed.

- **Slow down.**

- The answer is right in front of you 😊

The Oral Portion of the Certification Process:

- This part of the certification process is worth 25% of your overall score.

- The best way to practice for this is portion of the certification process is to talk about peer support, out loud.

- When practicing speaking about peer support, practice "unpacking" what you're speaking about, for instance, consider this three-pronged approach:

  o Talk about anything related to peer support, what it is, in detail.

  o Give some examples of how this thing you're speaking about might look in actual practice, when supporting peers.

  o Talk about *why* we do this thing in this way… what is the value to the peer?

- Are you able to record yourself and listen to the playback? Remember to listen for strengths and then areas of opportunity for improvement 😊

General Support:

- For general information on the CPC Certification process and exams, please first review the letter included in your welcome packet, many of your questions can be answered there.

- You must receive 80% or above to become certified.

Appendix 6

Additional Materials – Recovery Story and Groups

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*This material is from **Module 2***

WHEN SHOULD WE TELL OUR RECOVERY STORIES?

Recovery Stories are told with skill and with careful thought.

1. Tell your Recovery Story if it seems like the other person(s) **needs** a story of hope right now. Ask yourself if the person is indicating to you that they are struggling or in need of hope.

2. Tell your Recovery Story if you **have** one to share! You may not always have a Recovery Story for every situation. In that case, use your other partnering skills to connect.

3. Tell your story when it can be **helpful**. If your story will overwhelm the person, or you don't think the person can hear that story right now, don't share it.

4. Only tell your story after you've really **listened** to the person first, and have a good sense of whether a story is the best thing to offer now.

5. Tell your story when you are **comfortable** doing so. Having a story does not mean you always have to share it. Be aware that sometimes we may feel vulnerable sharing a story that talks about our own experiences. If it makes you feel too vulnerable to share your story in a given moment, you have the right to not share it.

6. Tell your story if it will **benefit** the other person. Ask yourself, "Whose interests are being served? Whose needs are being met if I tell my story?" If it's <u>you</u> who benefits, make the choice to hold onto that story for now. But if it is the other person or family who will benefit, now could be the time to share it.

7. Tell the part of your story that is **relevant** to the other person. You may not tell your whole recovery or resilience story every time. You may hear the person's hopelessness and be reminded of a piece of your story that is relevant at that moment. Tell that piece of your story if it inspires hope in that situation.

*Following is material from **Module 8***
Choosing a Type of Group

"A single voice cannot make a choir. A single tree cannot make a forest."

— *Ron Lizzi*

What kinds of groups are there? There are lots of different kinds of groups. Not all of them focus on recovery, and not all of them are peer-led. As Certified Peer Counselors, we want to share our own experience in service of supporting recovery of the people with whom we work.

Some examples of groups that may support recovery are classes that focus on teaching skills or information, advocacy groups, and probably most importantly for our work, peer or mutual support groups.

Peer-facilitated groups may offer a higher level of comfort than people may have when seeing doctors or other providers. People may feel more comfortable sharing their concerns and/or plans in a peer-facilitated group because of the shared, lived experience of the peer group leaders.

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Classroom Discussion Questions

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1. What kinds of groups have you had experience with in the past?

2. Which were your favorites? Why?

Ethical Considerations for Choosing Groups

- If you have the opportunity, think about your audience! Who is this for? What are they looking for?

- Do your research! Talk with your supervisor and other CPCs about possibilities for the group. Find curriculum that can guide you, lesson plans, and exercises to keep people engaged and learning.

- Do not try to make your group into a therapy group! Stay within your role as a CPC, and work to make it a mutually supportive experience, rather than a clinical or therapeutic intervention. There are lots of other professionals who do those, but peer-supported, recovery-oriented groups are the ones that we are trained for and feel committed to do.

Some Types of Groups: a few examples…

Peer/Mutual Support Groups:

The University of Kansas Community Tool Box says these things about peer support groups:

- When peers don't know many—or any—other people who are going through what they are coping with, they can feel isolated and stigmatized. Support groups help people with a problem or challenge feel less alone and more understood.
- Support groups empower people to work to solve their own problems.
- Among people who are experiencing similar challenges, there is a unique emotional identification that is different from the type of support that can be gained from professionals.
- Members act as role models for each other. Seeing others who are contending with the same adversity and making progress in their lives is inspiring and encouraging.

A support group is a safe place for someone who needs to talk about intensely personal issues, experiences, struggles, and thoughts.

Information or Skills Groups:

Classes that teach information or skills focus on educating people in specific areas. These may also be called educational groups.

Educational groups or classes can focus on any variety of content areas. Below are some (but not all!) possibilities:
- Information-based: Social Security benefits (or other benefits), new laws that affect people, new or existing resources in the community, accessing programs or other supports.
- Skill-based: These classes teach skills rather than provide information. Examples include coping skills, career exploration, financial management, goal-setting, etc.

Recovery Groups:

Recovery groups may have elements of the others involved. Recovery groups may use existing curricula or workbooks that can educate people about, and support people to, be in recovery if they so choose. Some examples of Recovery Groups:

- Wellness Recovery Action Plan (WRAP)—Copeland, 2000
- The Recovery Workbook—Spaniol, Koehler & Hutchinson, 2009
- Seeking Safety—Lisa Najavits, Ph.D.
- Hearing Voices Network-style groups

Exercise

(Optional) Listening Round: Types of Groups

The class as a large group will participate in this exercise. You will have the opportunity to note some of your thoughts for two minutes before the Listening Round begins.

- **Guidelines for the Listening Round:**
    - Each of you will have a turn to offer her or his response to the questions below. You have *only one minute* to respond verbally to the questions.
    - When your turn to speak comes around, please stand if you are able, so that everyone can hear you.
    - Please do not interrupt the peer who has the floor.
    - If your answer is similar to, or the same as, prior responses, start by acknowledging those who had similar ideas.

- **Questions to respond to:**
    1. What is your perspective on what kinds of groups most supported your own recovery?

    2. What kinds of groups do you think would be most interesting to facilitate?

After the Listening Round, consider as a group:
- o What have you learned about the types of groups that facilitate recovery?

- o How did this exercise help you think about Choosing a Group or a Type of Group?

Facilitator Practices

Ice Breakers
Many group facilitators use "ice breakers," exercises that will help group participants get to know each other at the first meeting. These ice breakers can be as simple as going around the room and inviting everyone to introduce him or herself. It's a good idea to give participants a specific area to focus on, such as your favorite hobby, your hopes for the group, or something people should know about you. Asking participants to introduce themselves using a specific topic will lessen the chance that they introduce themselves by diagnosis.

Ice breakers can also be much more elaborate. Many ice breakers use games, specifically games that require participants to talk to each other. This is a fun way to help participants feel more at ease with each other before the start of the group. The ice breaker you choose will depend on the topic and purpose of the group, as well as the time allowed.

Check In/Check Out
Some participants like to "check in" before the start of the group, telling each other what has happened in their lives since the last meeting and perhaps addressing any homework from the group. If you choose to use a check-in procedure, it's a good idea to have a specific format. If you don't limit the time for this, or limit the topic, you may find that participants use the entire group time checking in. Seeking Safety has a good check-in and check-out format, with specific questions each participant is asked to respond to. The check-in in this format asks participants to tell each other how they have used new tools since the last meeting.

Checking out is also a good idea. It allows the facilitator to hear whether participants learned anything, and is also a gauge on their emotional state. A participant who had trouble with the material may not speak up during group, but may talk about it during check-out. If this happens, you will want to follow up with that peer and see if they need additional support. Checking out is also a good way to ensure that you are not moving through the group material too fast or too slowly.

Feedback and Evaluation
When a group concludes, it's always a good idea to ask participants to evaluate the group. If your employer does not have evaluation forms already in use, work with your supervisor to develop an evaluation and feedback form that you can use routinely in all groups.

Feedback and evaluation forms should always be anonymous. In addition to asking for numerical scores, be sure to ask for narrative feedback as well. You will learn much

more about the group from the narrative than you will from numerical scores. Asking for feedback and evaluations will allow you to adjust your teaching style and the teaching materials, if possible, so that you will be more effective, and the groups will be more useful for peers.
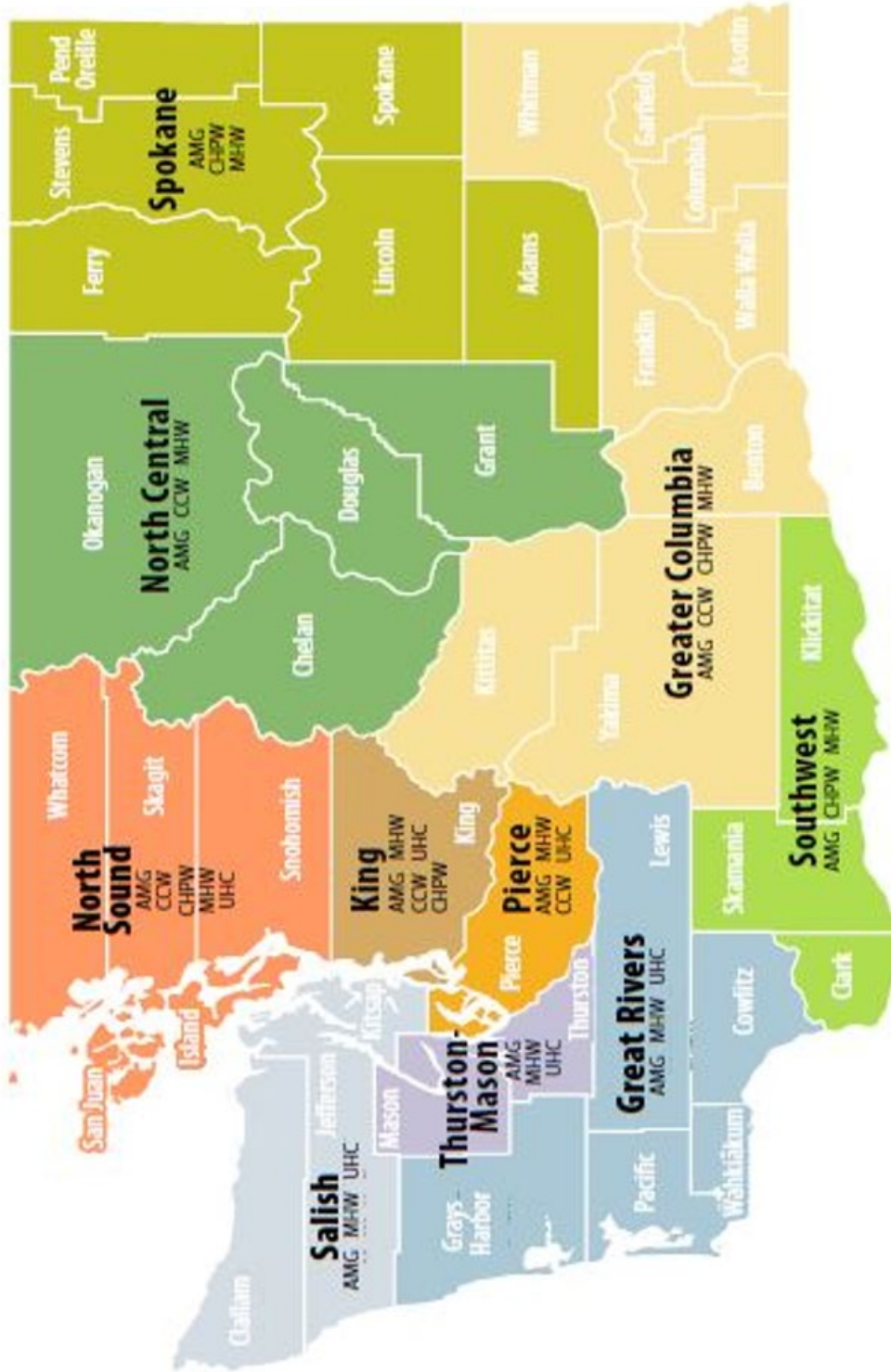
Appendix 7

Behavioral Health Organization (BHO) Map

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Appendix 8

Acronyms – Quick Reference Guide
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AA - Alcoholics Anonymous
AAA – Area Agency on Aging
ACS - Access to Care Standards
ACT – Assertive Community Treatment
ADA - Americans with Disability Act
ADHD - Attention Deficit Hyperactive Disorder
ADL – Activities of Daily Living
ADSA – Aging and Disabilities Services Administration
AFDC - Aid to Families with Dependent Children
AFH – Adult Family Home
AOT –Assisted Outpatient Treatment
APS – Adult Protective Services
BHSIA - Behavioral Health and Services Integration Administration
BHO – Behavioral Health Organization (formerly RSN, now BH-ASO)
BH-ASO – Behavioral Health – Administration Services Organization
CBT – Cognitive Behavioral Therapy
CD – Chemical Dependency
CDP- Chemical Dependency Professional
CFR – Code of Federal Regulations
CHINS - Child In Need of Services
CIT – Crisis Intervention Training
CLIP - Children's Long-term Inpatient Programs
CMHA – Community Mental Health Agency
CMS – Centers for Medicare and Medicaid Services
CPC – Certified Peer Counselor
COD – Co-Occurring Disorders
COPS – Consumer Operated Programs & Services
CPS - Child Protective Service
CRC - Crisis Residential Center
CSO – Community Service Office
CSTC - Child Study and Treatment Center
CVAB – Consumer Voices Are Born
DBHR – Division of Behavioral Health & Recovery
DBT – Dialectical Behavioral Therapy
DCDP – Designated Chemical Dependency Specialist
DCR – Designated Crisis Responder
DD – Developmental Disability
DDD - Division of Developmental Disabilities
DL – Disability Lifeline

DMHP - Designated Mental Health Professional
DOH – Department of Health
DRW - Disability Rights Washington
DSHS - Department of Social and Health Services
DSM-5- Diagnostic and Statistical Manual (5th edition)
DVA – United States Department of Veterans Affairs
DVR - Division of Vocational Rehabilitation
Dx - Diagnosis
E & T - Evaluation and Treatment facility
EBP – Evidence-Based Practice
EEOC – Equal Employment Opportunity Commission
EPSDT - Early Periodic Screening, Diagnosis & Treatment
EQRO – External Quality Review Organization
ESD - Educational Service District
ESL – English as a Second Language
ESH – Eastern State Hospital
FACT – Forensic Assertive Community Treatment
FAE/FAS - Fetal Alcohol Effects/Fetal Alcohol Syndrome
FERPA – Family Educational Rights & Privacy Act
FFCMH – Federation of Families for Children's Mental Health
FRS - Family Reconciliation Services
GA – Gamblers Anonymous
LGBTQ –Lesbian Gay Bisexual Transgender Questioning
HHS – United States Department of Health and Human Services
HMO - Health Maintenance Organization
HIPAA - Health Insurance Portability and Accountability Act
HR – Human Resources
HWD – Healthcare for Workers with Disabilities
ICCD – International Center for Clubhouse Development
IDEA – Individuals with Disabilities Education Act
IDDT – Integrated Dual Disorder Treatment
IEP - Individualized Education Plan
IMR – Illness Management & Recovery
INAPS– International Association of Peer Specialists
ISP – Individualized Service Plan
IST - Interagency Staffing Team
ITA - Involuntary Treatment Act
ITC - Individualized and Tailored Care
JAN – Job Accommodation Network
JRA - Juvenile Rehabilitation Administration
L & I – Department of Labor and Industries
LCSW – Licensed Clinical Social Worker
LD – Learning Disability
LMFT – Licensed Marriage & Family Therapist
LOS - Length of Stay
LRA – Least/Less Restrictive Alternative

LRE – Least/Less Restrictive Environment
MCO - Managed Care Organization
MDT - Multidisciplinary Team
MHD - Mental Health Division (outdated; now Division of Behavioral Health & Recovery)
MHFA – Mental Health First Aid
MHHC - Mental Health Housing Consortium
MHP - Mental Health Professional
MHTP - Mental Health Transformation Project
MI – Motivational Interviewing
NA – Narcotics Anonymous
NAMI - National Alliance on Mental Illness
NIH – National Institute of Health
NIMH – National Institute of Mental Health
MHA – Mental Health America
OA – Overeaters Anonymous
OAH – Office of Administrative Hearings
OCP - Office of Consumer Partnerships
OCR - Office of Civil Rights
OEF/OIF – Operation Enduring Freedom/Operation Iraqi Freedom (veterans)
OSPI - Office of Superintendent of Public Instruction
OT - Occupational Therapist/Therapy
PACT – Program for Assertive Community Treatment
PASS – Plan for Achieving Self Support
PAVE – Partnerships for Action, Voices for Empowerment
PCP – Primary Care Provider OR Person-Centered Planning
PHI – Protected Health Information
PIHP - Prepaid Inpatient Health Plan
PSSP – Peer Support Service Plan
PT – Physical Therapist/Therapy
PTSD - Post Traumatic Stress Disorder
QA - Quality Assurance
QI - Quality Improvement
QRT - Quality Review Team
RC – Registered Counselor (outdated)
RCW - Revised Codes of Washington
RN – Registered Nurse
RSN - Regional Support Network (now BH-ASO)
RTF - Residential Treatment Facility
Rx – Medical Prescription
SA – Substance Abuse OR Sexual Abuse
SAMHSA – Substance Abuse and Mental Health Services Administration
SBD - Serious Behavioral Disturbance
SE – Supported Employment
SED - Serious Emotional Disorder
SEIU – Service Employees International Union

SGA – Substantial Gainful Activity
SMI – Serious/Severe Mental health challenges
SSA – Social Security Administration
SSDI - Social Security Disability Insurance
SSI - Supplemental Security Income
TANF – Temporary Assistance for Needy Families
TBI – Traumatic Brain Injury
TE – Transitional Employment
TWE – Trial Work Experience
TWP – Temporary Work Placement
Tx – Treatment
USPRA – United States Psychiatric Rehabilitation Association
VA – (United States Department of) Veterans Affairs
WAC - Washington Administrative Code
WCMHC – Washington Community Mental Health Council
WDVA – Washington State Department of Veterans Affairs
WIMHRT – Washington Institute for Mental Health Research & Training
WIPA – Work Incentives Planning & Assistance
WISe- Wraparound with Intensive Services
WPAS – Washington Protection & Advocacy Service
WRAP - Wellness Recovery Action Plan
WSCC – Washington State Clubhouse Coalition
WSH – Western State Hospital
YNA – Youth 'N Action

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Appendix 10

Curriculum Contributors

We value and respect the contributions so many individuals have made to the development of this training curriculum. This curriculum reflects the thoughts, experience and beliefs of many peers with lived experience in behavioral health. This input was gathered through surveys, training evaluations, community meetings and committees. Your expertise is found throughout the curriculum, and individual contributions are almost impossible to count. This curriculum would be far less involving and accurate without you. There are many providers and administrators that also assisted in reviewing material. That being said, there are some contributors who have done major work on this project. This curriculum is a product of skilled professional writing and expertise as well as peer perspective. Thank you in particular to:

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Additional contributors include: Jennifer Bliss, the Washington Division of Behavioral Health and Recovery; Donna Conley, Ohio Citizen Advocates for Addiction Recovery; Mary Blake, SAMHSA; and Marianne Farkas, Clinical Professor, Center for Psychiatric Rehabilitation, Boston University.

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The DBHR Office of Consumer Partnerships: Jennifer Bliss, Wanda Johns, Haley Lowe, Lorrin Gehring, Patty King, Julian Teodoro, Jennifer McDonald and Pattie Marshall.

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