



Peer2peer

*Vocational Training
Course*



Lifelong
Learning
Programme

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- the Psychodrama and Video Therapy manual, developed as result of the PHD2 Grundtvig Project by its consortium led by Centro Studi e Formazione Villa Montesca.

Edition and coordination:

SRN and Fundación Intras

This manual was written in English

Authors:

SRN (Scotland). Louise Christie, Lesley Smith, Simon Bradstreet and John McCormack.

Fundación INTRAS (Spain). Teresa Orihuela, Henar Conde and Sara Marcos.

EASP (Spain). Águila Bono and Bibiana Navarro.

En Primera Persona (Spain). Martín Tellez.

Pro mente Oberösterreich (Austria). Michaela Keita-Komferhl and Erwin Kargl.

LRPSM (Romania). Raluca Nica and Loredana Tascau.

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We kindly invite you to visit our website <http://p2p.intras.es> and subscribe our Newsletter for further information, didactic materials and resources.



“PEER2PEER

enables individuals who have experienced mental health problems to become Peer Support Workers to those who are currently living with similar difficulties.”

INDEX

Introduction	6
The Peer2Peer course	7
How to use this manual	10
Glossary	12
About Peer2Peer project	15
Innovation	16

SESSIONS

Session 1: Creating the learning environment	19
Session 2: What is recovery?	33
Session 3: Personal recovery	44
Session 4: What is peer support	51
Session 5: The peer relationship	62
Session 6: Review and evaluation	74
Session 7: Use of language and communication	76
Session 8: Using your experiences effectively	98
Session 9: Surviving and thriving	120
Session 10: Positive risk taking and boundaries	141
Session 11: Self-management and self-care	155
Session 12: Review and evaluation	170

ANNEXES 173

Annex 1: Peer2Peer Role Play Scenarios	173
Annex 2: Assessment and portfolio of evidence	175
Portfolio of evidence template	177

Introduction

If you are looking for an innovative method for promoting recovery and creating employment opportunities for people with mental health issues, keep reading! Peer2Peer and its innovative way of combining mutual support and learning may work for you...

... Mutual support is based on real life experiences in the field of mental health and plays an important role in recovery. However, the employment of peer support workers in mental health services is a recent development. The literature demonstrates that peer support workers can support people in their recovery and help reduce the number of readmissions to formal services. The peers who are employed as support workers are generally considered to be further along their road to recovery (Davidson, 2006).

In the UK, mutual support plays an important role in recovery but also offers the opportunity of recognised employment and a career pathway, promoting both independence and a working future for people with mental health issues. In Scotland an accredited qualification, the PDA in Mental Health Peer Support has been developed by Scottish Qualifications Authority and Scottish Recovery Network as a way to develop the skills of peer support workers and enhance recognition of the role.

... Psychodrama and video therapy are used in some European countries as methods to support those with physical disabilities and mental health problems to move into or back into the workplace. These methods were tested through the PHD2 EU Grundtvig Project, leading to successful results.

Recognising the importance of these two innovative approaches led to the design and development of the PEER2PEER project, which firstly aims to share these skills throughout our partner organizations in Austria, Bulgaria, Italy, Romania, Spain, The Netherlands and UK and then grow beyond its borders.

The Peer2Peer course

Peer2Peer is a new and innovative course designed to prepare people with lived experience of mental health problems to be employed in peer support roles and support others in their recovery. It will not only provide them with the knowledge, skills and experience required to be in a peer support role but will also contribute to the creation of a recognised employment and career pathway.

The Peer2Peer course is designed to meet five learning outcomes. Learning outcomes are statements that describe what a student will be able to do as a result of the learning. These outcomes will help tutors to focus on what they want the students to achieve and help students to understand what is expected of them.

People successfully completing the course will be able to:

- Explore the development of the recovery approach in mental health
- Explain peer support and its role in recovery
- Demonstrate the development of relationships based on peer support values
- Apply strengths based approaches in the peer support role
- Demonstrate an awareness of how to practice safely and effectively in the formalised peer support role

These five learning outcomes are delivered through the Peer2Peer course which comprises 12 sessions: an introductory session; nine sessions covering a range of topics; and two assessment sessions (mid-point and final).

Session 1	Creating the learning environment
Session 2	What is recovery?
Session 3	Personal recovery
Session 4	What is peer support?
Session 5	The peer relationship
Session 6	Review and evaluation
Session 7	Use of language and communications
Session 8	Using your experiences effectively
Session 9	Surviving and thriving
Session 10	Positive risk taking and boundaries
Session 11	Self-help, self-management and self-care
Session 12	Review and evaluation

The nine sessions covering knowledge, practice and values in recovery and peer support are in two sections; one of four sessions and one of five sessions with a review and evaluation session at the end of each. The first section focuses on knowledge and understanding of recovery and peer support and the second focuses on knowledge and skills required in the peer support role.

Each of the sessions has been designed to last three to four hours with a total course time of around 48 hours. However, we recognise that the amount of time required to cover the content will depend on the size, composition and nature of the student group. These timings are only a guide for course organisers and tutors.

The course has also been designed to incorporate assessment where the intention is for it to result in a qualification. The two review and evaluation sessions provide an opportunity for students to reflect on their learning and also to receive advice and guidance on any written assessment required. In addition there are a number of evidence requirements for each learning outcome which provide more detail on what is expected. More information on the suggested approach to assessment is contained in Annex 2.

Peer support workers are individuals with personal experience of mental health problems who are trained and employed to support others in their recovery. Individuals taking the course should have personal experience in dealing with mental health problems and be able to provide evidence of good written and oral communication skills through interview or by producing relevant qualifications. Given these requirements the Peer2Peer course is designed to build on individual's personal experience and equip them with the knowledge, skills and values to carry out the role of Peer Support Worker.

Some students might actually be in a peer support role in a paid or unpaid capacity while others might have an interest in mental health issues. Some might not have studied at this level for some time so it is essential that you offer group and/or individual academic support as necessary.

Peer2Peer is designed to be a participatory learning experience where students are encouraged to become self-directed learners, and to develop the skills of analysis and reflection on practice that are necessary for effective learning at this level. Tutors should have some understanding of mental health recovery and peer support and also experience of participatory learning methods. The material in this pack is designed to help you deliver a high quality participatory learning experience.

How to use this manual

This manual has been primarily developed as a resource for those involved in training individuals to become peer support workers, who we consider to be essential in the process of recovery.

This manual presents theoretical material, and provides a range of exercises and role play scenarios for use in training as well as suggesting further reading. At the beginning of this manual you can find information about the Peer2Peer project and how it all began, before going directly into the training sessions.

All sessions follow a similar structure:

- purpose of session
- learning outcomes
- evidence requirements (for assessment)
- suggested lesson plan
- information (theory and concepts)
- suggested exercises and role play scenarios
- student information

To assist you in the use of training activities marked as “Role play and video therapy”, we have provided a guide to the use of this technique in Annex 1: Peer2Peer Role Play Scenarios.

The student information provided at the end of each session includes questions to guide their personal reflection and evaluation and to assist them to complete a portfolio of evidence. This is the suggested form of assessment for the course. This work is individual and each student should complete this portfolio individually and after each session. A template for completion is attached as Annex 2: Portfolio of Evidence.

Both, the mid-point the final review sessions are designed to provide an opportunity for students to reflect on what they have learnt and spend time on any assessment exercises required. During the pilots these sessions were used by some course tutors to meet individually with the students to review their portfolios and reflect on them.

This manual is designed as a flexible resource and takes into account the fact that different countries, organisations and tutors have different modes and preferences of delivery. It is

suitable for both experienced tutors and those who are new to the field of study, although a degree of subject expertise is obviously an important requirement.

Are you the one responsible for the development of the sessions? You can either follow the sequence presented or select particular sessions as required. All sessions are designed to be self-contained and can be used singly or can be combined with others. You may also choose to design your own course using the information and exercises provided.

Any timings suggested are notional and can be adapted to suit different requirements. The experience of the Peer2Peer pilots was that students particularly liked and valued the time for discussion and reflection so it is important to make time for this when delivering the course.

We have suggested a range of exercises and role play scenarios in the sessions but you can develop your own or use others if you feel that is appropriate. This manual offers you everything that you will need to conduct the sessions, but remember, there are many resources, exercises and activities available online or in our support magazines.

The sessions also contain handouts to use in discussions and exercises and to aid student reflection on their learning. All handouts are free to use and can be adapted to suit your and your students' needs. However, we would request that if you are adapting the handouts you retain the Peer2Peer logo on them.

We suggest that you spend some time familiarizing yourself with the layout and contents of the manual prior to use.

We welcome you to the Peer2Peer Project training course.

Enjoy this manual and do not forget to check our website: <http://p2p.intras.es>

Glossary

Evidence requirements

Details of specific evidence that is required for a Unit in this course in order for a candidate to meet the Outcomes.

Learning outcomes

Learning outcomes are statements that describe what a student will be able to do as a result of the learning.

Mental health problems

This term includes experiences and symptoms that can interfere with emotional, cognitive or social function. Examples include more commonly diagnosed mental health problems such as depression and anxiety, and, those which may be longer term such as schizophrenia and bi-polar disorder. We recognise that mental health problems and their description can be contested. We have used the descriptions 'mental health problems', and at times 'mental health issues', as we believe they best reflect the intent of this course.

Peer support

Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and a mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain... where people are able to "be" with each other without the constraints of traditional (expert/ patient) relationships. Mead, Hilton & Curtis, Peer Support: A Theoretical Approach, (2001:6)

Peer support worker

People with experience of mental health problems, who are trained to work in support of other people's recovery. Peer Support Workers can be described as modelling recovery, offering a lived example of the possibility of progression and growth.

Portfolio of evidence

An assignment in which you give an account of work you have undertaken based on real work practice in which you identify and explain the knowledge used through the use of reference to reading and research.

Professional Development Award (PDA)

PDA is a Scottish vocational qualification which contributes to continuous professional development for employed participants.

Psychodrama

Psychodrama is an action method, often used as a psychotherapy in which people use dogmatisation, role play and self-presentation to explore and gain insight into their lives. British Psychodrama Association, What is Psychodrama? [online]. Available at: http://www.psychodrama.org.uk/what_is_psychodrama.php [07/03/14]

In Peer2Peer psychodrama is used as a learning method to enable students to experience and gain insight into peer support practice. This is done through a series of role plays which provide an opportunity for students to practice and reflect in the learning environment.

Recovery

Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life. Each individual's recovery, like his or her experience of the mental health problems or illness, is a unique and deeply personal process. .Scottish Recovery Network, What is Recovery? [online]. Available at: <http://www.scottishrecovery.net/What-is-Recovery/what-is-recovery.html> [07/03/14]

Student

The person undertaking this course.

Video therapy

Video therapy consists of filming and then viewing psychodrama sessions. This provides clear, realistic, present-moment feedback to participants to enable them to insight and understanding feelings and dimensions of themselves otherwise hard to access.

Vocational training

Education and training which aims to equip people with knowledge, know-how, skills and/or competences required in particular occupations or more broadly on the labour market. European Quality Assurance in Vocational Education and Training [online]. Available at: <http://www.eqavet.eu/qa/gns/glossary/v/vocational-education-and-training.aspx> [07/03/14]

About Peer2Peer project

Peer2Peer is...

- A vocational training course. It enables individuals who have experienced mental health problems to become peer workers or personal assistants to those who are currently living with similar difficulties.
- A unique and innovative initiative which presents us with an opportunity to influence, on a social, political and policy-making level, how we approach recovery for people living with mental health issues.
- A European project funded by the EU through the Lifelong Learning Programme (Leonardo da Vinci).

The main focus of Peer2Peer project is to establish an innovative model of vocational training by adapting and integrating peer support training with psychodrama and video therapy sessions. Partners tested this training in their respective countries and more than 115 people completed the course in four European countries. Through the establishment of this vocational training the Peer2Peer project aims to facilitate the employment of individuals as peer support workers.

Innovation

Peer2Peer project combines an innovative approach and related learning and teaching materials (PDA in Mental Health Peer Support) and an innovative methodology (Psychodrama and Video Therapy) to support a combination of tools.

1. The PDA in Mental Health Peer Support

The PDA in Mental Health Peer Support is a new award which has been designed to meet the needs of peer support workers in Scotland and provide them with a robust accredited award which will not only serve to set standards but also to contribute to the creation of a recognised employment and career pathway. Peer support is a system of giving and receiving help, founded on key principles of respect, shared responsibility, and mutual agreement. It is about understanding another person's situation empathically through shared experiences of emotional and psychological pain. Thanks to peer support, people who have experienced mental health issues offer insight and understanding and can draw on their own experiences to help. This first-hand experience combined with professional support is a valuable tool for mental health workers. The results from these shared experiences show that peer support is a meaningful, effective and innovative approach to assist people in their recovery from mental health issues.

2. Psychodrama and Video Therapy

The Manual of Psychodrama and Video Therapy created through the Grundtvig Project PHD2 combines psychodrama, for enhancing social skills, and Video therapy, for enhancing the value of communication in the age of media and communication. The results achieved have been very effective. PHD2 offers a number of workshops involving people with physical or mental disabilities and people at risk of social exclusion in order to foster their concrete integration or reintegration into the labour market. All the clients involved in the project have adapted a new approach to their current situation and the results indicate a more focused approach in seeking employment and to engage fully in every aspect of their social lives. Psychodrama and Video Therapy is used as a way to practice new life skills, giving the trainees the possibility to explore an alternative strategy and to provide equal opportunity for them.



Sessions

Session 1: Creating the learning environment

Introduction

This session will introduce students to the course and through the use of exercises promote general discussion encouraging the students to begin to get to know each other and establish a group working agreement.

The first session is important in establishing a sense of working together. This is probably a good time to remind students of the appropriateness of sharing personal information and disclosure. It is important that students know what is expected of them in terms of participation, timekeeping, commitment, homework, aspects of confidentiality and assessment.

At the end of the session, students will have:

- Understanding of the course and assessment requirements (if appropriate)
- Established a positive learning environment
- Developed a group agreement

Learning outcomes

No specific learning outcomes are covered in this session as its purpose is to introduce the course content and to agree ways of working. The main focus is on creating a positive learning environment, which is in essence central to the peer support relationship.

Evidence requirements

No specific Evidence Requirements are covered in this session as its purpose is to introduce the course content and to agree ways of working. The main focus is on creating a positive learning environment, which is in essence central to the peer support relationship.

Suggested lesson plan

Activity	Method	Materials
Welcome and introductions	Tutor led	
Introductions	Group exercise: Getting to know you	
Overview of course	Tutor led	Handout/student handbook Assessment guide
Connecting up	Group exercise: Daring to dream	
Hopes and Fears	Group exercise	
Creating a learning environment	Group exercise: creating a Learning Together agreement	
Supporting myself	Individual exercise: my positive learning environment	Handout
Reflection	Individual and group exercise	Handout

Information

This is the first session that all the students will be meeting together with the facilitator. This is an important time in establishing the learning environment for the whole of the course. To enable a clear focus on learning time, as a facilitator you will want to develop a clear process of starting each session. You can do this by personally committing to start on time and setting a marker i.e. playing background music before start of session and stopping when you expect students to focus.

This session will provide an opportunity for you and the students to introduce yourselves; for the students to learn more about the course and for them to work together to define and agree what will make for a positive and supportive learning environment.

Things to consider

When providing an overview of the course you may want to emphasise:

- This Peer2Peer course is going to focus on wellness and recovery, and the importance of creating peer relationships which focus on the individual and their whole life. That means taking a whole person approach rather than diagnosis and symptom approach.
- The approach taken will be facilitative and participative. This course provides an active learning experience where the role of the tutor is not only to introduce theories and concepts but is also to encourage and support students to share with each other and learn through discussion and reflection.
- The foundation to the success of this course for students is creating a positive learning environment. A key aspect of the session is the development of a Learning Together agreement. This is a group process, and as tutor, you are responsible for ensuring that the development of the agreement is a mutual process. You can do this by clarifying individual's suggestions and seeking consensus so that the agreement works for the whole group. This gives the opportunity to role model negotiation and resolution skills.
- During the course students will be encouraged to draw on and share of themselves. This is in order to facilitate learning and skills development. Students should be reminded that they should only share what they are comfortable with and it is their responsibility to keep themselves safe. It is important to reiterate that the Peer2Peer course is a learning rather than a therapeutic experience. You should with students how they can ensure that the course remains a learning experience and doesn't slip into being a support group.

That, at times, the course may be challenging either as a result of the subject matter; the participative approach or other requirements such as assessments. Remind students of the support available and to also draw on their personal support systems. Provide some space for students to air questions and anxieties related to the course and its requirements.

Suggested exercises

Introductions

This is an opportunity to reinforce how positive it is as a tutor to have this opportunity to work with the class and the hope that it will be for everyone. You could express that you see this course as a mutual learning experience and that you hope to learn as much from the course participants.

Getting to know you

As the facilitator, introduce yourself to the group sharing your name and a little of your background and what has led you to deliver this course.

Ask the group to introduce themselves in a similar manner;

- Name
- Where you come from
- Why you are here
- Share one thing about yourself that you think will surprise people

Suggested time required: 30 minutes

Connecting Up

To encourage to students to begin to get to know each other and begin to feel comfortable sharing personal information, it is suggested that a 'connecting up' exercise is introduced.

Daring to Dream

Ask the students to share, in pairs, something that they have always dreamed of doing. Allow 5 minutes per person, where you will give undivided attention to your partner with only asking questions to clarify or encourage your partner to share more.

Explain that students will then be asked to briefly share with the whole group;

- their partners dream
- why it's important to them
- how it made you feel

At the end of the sharing, ask the group to reflect on what they have heard, providing focus on the strength and diversity within the group. Suggested prompts;

- What does it feel like to hear people talk about their dreams?
- How does it feel to have other people share your information?

Tutor notes

This exercise provides an opportunity for students to begin sharing information with each other. Some students may find this exercise challenging as they perhaps have limited their options due to being diagnosed with a mental illness. This is an opportunity to encourage students to dream big and if they feel any discomfort to think about how that feels for them and encourage them to participate-explain this process as sitting with discomfort.

The exercise provides the opportunity for students to start to engage in active listening and sharing appropriately.

This exercise provides you, as the facilitator, the opportunity to use the feedback time, when students introduce their partners' dreams to the whole group, to model active listening skills and positive feedback.

This also provides an opportunity to encourage students to keep on task if there is a tendency to talk for longer than the stated.

Suggested time required: 40 minutes



Hopes and Fears



Becoming a student: Hopes and Fears for the course

As a group, ask the students to first share their hopes are for the course. Validate each response and record in a way that is visible to the whole group i.e. flipchart. As facilitator you would also contribute as a means of creating a mutual learning environment.

Ask students for comments on how it feels to see the positivity and hopes that people have for this course.

Follow by asking students to share what some of their anxieties or apprehensions may be and record separately.

Again validate responses as they are shared and, as a group, acknowledge the collective fears and apprehensions that people have. Develop this discussion by referencing back again to the shared hopes and ask how individually and as a group we can work with the fears that people have expressed.

Tutor notes

This exercise should provide the foundation for developing the 'Learning Together Agreement' and creating a learning environment that works for everyone, including the tutor.

Participating in this exercise provides an opportunity for students to begin to share some of their more vulnerable sides within a group setting.



Creating a positive learning environment



Group Learning Together Agreement

The Learning Together agreement can be developed through a whole group discussion led by the tutor.

Tutor notes

When introducing and developing the Learning Together Agreement reinforce that this is a mutual agreement and as a result it is the responsibility of everyone including you. As facilitator be clear about what you will offer and bring to the learning environment.

Discuss with the group how the Learning Together Agreement will support individuals and the group during the course. This will include a discussion of how mutual support can be facilitated and supported during the course.

It is suggested that the agreement be displayed in class in a prominent position and that we will discuss each session how it is working for us as a group.

Suggested time required: 30 minutes



Supporting myself

The Learning Together agreement will have clarified how the group will work together and support the learning process for everyone. It is also important to encourage students to take personal responsibility for how they will support themselves through this course.

Now would be a good time to ask students to take some personal time to reflect on what they will need to ensure their commitment to the class and identifying what support they may need and how they would access. This exercise reinforces personal responsibility and how to ensure you have the support you need.

My Positive Learning Environment

Provide each student with the 'My Positive Learning Environment' sheet.

Ask students to reflect on;

- what their needs might be over the duration of the course
- how they could get their identified needs met.

Reflection

Setting a pattern of ending each session with a period of reflection on the days learning reinforces a positive learning environment. It also provides an opportunity to focus on personal responsibility for our own wellness.

This is also an opportunity to introduce the concept of the 'Reflective Journal'. Encouraging students to keep a reflective journal will be helpful both to the learning on the course and providing material for assessments. It is an opportunity for students to begin to get into the habit of thinking about what they are learning and reflecting on how this relates to their experience.

My reflections on today's learning

Take a few minutes to think about the following questions. You may find it helpful to make some notes

- How did today feel for me?
- One thing I will take away from today?
- One thing I will do today to promote my own wellness

As a group, ask the students to share 1, 2 or 3 of the responses to the above questions.

.....

Student information

- Course outline
- Assessment guide
- My positive learning environment
- My reflections on today's learning

Peer2Peer course outline

What is Peer2Peer?

Peer2Peer is a new and innovative course designed to prepare people with lived experience of mental health problems to be employed in peer support roles and support others in their recovery. It will not only provide them with the knowledge, skills and experience required to be in a peer support role but will also contribute to the creation of a recognised employment and career pathway.

Peer2Peer learning outcomes

The Peer2Peer course is designed to meet five learning outcomes. Learning outcomes are statements that describe what a student will be able to do as a result of the learning. These outcomes will help tutors to focus on what they want the students to achieve and help students to understand what is expected of them.

People successfully completing the course will be able to:

- Explore the development of the recovery approach in mental health
- Explain peer support and its role in recovery
- Demonstrate the development of relationships based on peer support values
- Apply a range of theories and concepts in the peer support role
- Demonstrate an awareness of how to practice safely and effectively in the formalised peer support role

Peer2Peer course outline

The Peer2Peer course contains 12 sessions: an introductory session; nine sessions covering a range of topics; and two assessment sessions (mid-point and final).

Session 1	Creating the learning environment
Session 2	What is recovery?
Session 3	Personal recovery
Session 4	What is peer support?
Session 5	The peer relationship
Session 6	Review and evaluation
Session 7	Use of language and communications
Session 8	Using your experiences effectively
Session 9	Surviving and thriving
Session 10	Positive risk taking and boundaries
Session 11	Self-help, self-management and self-care
Session 12	Review and evaluation



The nine sessions covering knowledge, practice and values in recovery and peer support are in two sections:

- One of four sessions which focus on recovery and peer support
- One of five sessions which focus on the skills and values required to be in a peer support role

There are also two review and evaluation sessions at the end of each which provide students with an opportunity to reflect on learning and, if appropriate, prepare assessment assignments.

Each of the sessions has been designed to last three to four hours with a total course time of around 48 hours. However, we recognise that the amount of time required to cover the content will depend on the size, composition and nature of the student group. These timings are only a guide for course organisers and tutors.

Who is Peer2Peer for?

Peer support workers are individuals with personal experience of mental health problems who are trained and employed to support others in their recovery. Individuals taking the course should have personal experience in dealing with mental health problems and be able to provide evidence of good written and oral communication skills through interview or by producing relevant qualifications. Given these requirements the Peer2Peer course is designed to build on individual's personal experience and equip them with the knowledge, skills and values to carry out the role of Peer Support Worker.

Some students might actually be in a peer support role in a paid or unpaid capacity while others might have an interest in mental health issues. Some might not have studied at this level for some time so it is essential that consider what learning and support needs you may have prior to starting this course.

Peer2Peer is designed to be a participatory learning experience where students are encouraged to become self-directed learners, and to develop the skills of analysis and reflection on practice that are necessary for effective learning at this level. As a result the sessions will combine information with exercises and role plays where you will be able to discuss and practice the skills required to be in a peer support role.

Peer2Peer assessment guide

This course has been designed to be delivered with or without written assessment of students. Where the tutor wishes to incorporate written assessment, we suggest the following assessment approach which is based on the five learning outcomes of the course and the evidence requirements which are covered in the various sessions. These learning outcomes and evidence requirements can also be used as a basis to gain accreditation or certification from the relevant body in your country or region.

Outcome	Evidence Requirements
Explore the development of the recovery approach in mental health	<ul style="list-style-type: none"> Describe and explain personal recovery and the recovery approach Examine two characteristics of recovery Describe and explain three factors which support recovery
Explain peer support and its role in recovery	<ul style="list-style-type: none"> Explore the relationship between peer support and recovery Discuss two aspects of peer support
Discuss and demonstrate the development of relationships based on peer support values	<ul style="list-style-type: none"> Describe the factors contributing to a positive peer relationship Explain the power dynamics in peer relationships Demonstrate the use of effective communication including active listening, recording and recovery language Demonstrate the application of role modelling and hope in the peer relationship, including the use of self and constructive sharing of experience
Apply a range of theories and concepts in the peer support role	<ul style="list-style-type: none"> Describe how a strengths based approach may validate and reframe experience Demonstrate an awareness of the effects of trauma Demonstrate and awareness of the effects of labelling on identity and self-esteem
Demonstrate an awareness of how to practice safely and effectively in the formalised peer support role	<ul style="list-style-type: none"> Identify and explain two aspects of role tension and boundaries Describe two aspects of safe practice and self-care Reflect on approaches to working with risk



Outcomes 1 and 2

This can be assessed by an assignment of approximately 1,000 words in essay format where the student will consider their personal recovery story in relation to the recovery approach and the role of peer support. This will include:

- examining two characteristics of recovery and three factors supporting recovery in relation to their story;
- considering the role of peer support in relation to their story

Outcomes 3 to 5

This can be assessed by the drafting of a portfolio of evidence which demonstrates knowledge and/or skills in relation to peer support activity in a paid or unpaid capacity. It is recommended that this portfolio of evidence is no longer than 2,500 words and is drafted during the course. A template will be provided for this portfolio and this will include questions to prompt student reflection at the end of each session.



My positive learning environment

What am I looking forward to in the Peer2Peer course?

What am I worried or concerned about?

What support may I need during the course?

How can I get these learning and support needs met?



My reflections

How did today feel for me?

Large light blue rectangular area for writing reflections on how the day felt.

One thing I will take away from today

Large light blue rectangular area for writing reflections on one thing taken away from the day.

One thing I will do to promote my own wellbeing

Large light blue rectangular area for writing reflections on one thing to do for wellbeing.

Session 2: What is recovery?

Introduction

The aim of this session is to explore the development of the recovery approach in mental health and to examine key concepts in recovery and a range of factors that support recovery.

Learning outcomes

Explore the development of the recovery approach in mental health

Evidence requirements

At the end of this session students should be able to:

- Describe and explain personal recovery and the recovery approach
- Examine two key concepts in relation to recovery
- Describe and explain two factors which support recovery

Suggested lesson plan

Activity	Method	Materials
Introduction		
History of recovery approaches	Presentation	Presentation slides
What is mental health recovery?	Individual and group exercise	Post-it notes Flipchart
What is mental health recovery?	Presentation	Presentation slides
What helps recovery?	Group exercise	Post-it notes Flipchart
What helps recovery?	Presentation	Presentation slides
What helped my recovery?	Individual exercise	Feedback sheet

Information

A presentation covering the history of recovery approaches; what is recovery; and factors supporting recovery has been produced to assist in the delivery of this session. The information below is presented in a way that relates to the slides available but can also be used without the prepared presentation. You can find it in: <http://p2p.intras.es/index.php/resources>

History of recovery approaches (slides 4-6)

To understand the unique role that peer support can play in promoting and supporting mental health recovery, we first need to understand the wider context that encouraged its growth. The development of what is sometimes described as a 'recovery approach' and the new learning it brought to the experience of personal recovery was instrumental in the creation of new peer worker roles around the world.

Before we look at historical influences we should consider two core elements of the recovery

approach. The first is that it is based on a fundamental belief that everyone has the potential for recovery — no matter how long-term or serious their mental health problem. Secondly the approach is based on learning directly from people who are in recovery, or who have recovered from mental health problems. This learning is then applied in the way that mental health supports are developed. This also means that people should be able to play an active part in managing their mental health and recovery in directing the support they receive.

This may sound like an obvious thing to do, but in reality it can lead to significant changes in our approach to providing support and treatment. This can be a challenge mental health services, service users and their informal supporters alike. The recovery approach and the drive to adopt recovery-focused systems of support have become a driving force in mental health policy and practice internationally.

Firstly it is important to keep in mind that people have always recovered from mental health problems. What has changed is the emphasis on recovery as a way of improving services and experiences. A number of factors have contributed to the development of the recovery approach. These originated in the United States and then spread more widely. They include:

- Long term outcome research
- Activism and the rights based approach
- Sharing experiences and recovery narratives
- Social perspectives in mental health

Long-term outcome studies involve tracking people over time to review their mental health. This involves repeating the same outcomes measures, sometimes over many years. The majority of these studies have focused on people with a diagnosis of schizophrenia. They have been important to the development of the recovery approach because their findings, while variable, have consistently identified significant numbers of people recovering. This provides a more encouraging picture of the course of schizophrenia than the traditional view first described by eminent psychiatrist, Emil Kraepelin (1856–1926). He described a continued deterioration with little hope of recovery.

In the second half of the last century, there was a move to close large psychiatric institutions and to focus more on supporting people with mental health problems in the community. This led policy makers and academics to more closely consider the extent to which people, who may have traditionally spent the majority of their lives in hospital, could in fact enjoy a degree of recovery in community settings.

A series of long-term outcome studies were developed around the world to assess people's progress over time. While measures and outcomes varied between studies, the research identified that many people were going on to enjoy full and complete recoveries in community settings — something almost unimaginable before the closure of large psychiatric institutions.

Perhaps the most widely cited study is the Vermont Longitudinal Study of Persons with Severe Mental Illness conducted between the mid-1950s and early-1980s (Harding et al 1987). The findings of this study revealed that two-thirds of the 262 previously long-stay patients had either improved considerably, or had recovered 25 years after their first assessment, having undergone a rehabilitation and community aftercare programme.

These findings challenged the assumption that people who suffer repeated episodes of illness

can only ever regain marginal levels of functioning. Sixty-eight per cent of the study's sample was rated as functioning above a level of 'mild impairment' and fifty-five per cent received a rating of 'slight or no impairment'.

A Scottish Recovery Network discussion paper is available for further reading on this subject. Evidence of Recovery: The 'Ups' and 'Downs' of Longitudinal Outcome Studies highlights a number of key points including:

- The phenomenon of 'late recovery' in schizophrenia
- World Health Organisation research suggesting better outcomes in some developing countries when compared to developed countries
- A review study suggesting no apparent improvement in recovery rates over the 20th century despite the introduction of new treatments and approaches
- the limitations of outcome studies and the extent to which measures used fit the unique and personal nature of recovery.

What is mental health recovery? (slides 8-12)

Worldview and differing perspectives

It is likely that in any discussion about mental health recovery there will be some differences of opinion about the characteristics of recovery. This should come as no surprise both because recovery is a unique and individual experience and also because we all have a slightly different worldviews. Our worldview relates to how we see and understand the world around us. It is influenced by our past experiences, our personal values and our culture. Being aware that we all have slightly different worldviews, and being open to this, is an important skill for peer support workers.

Our worldview also influences our understanding of mental health and recovery. Some people may have an understanding of mental health which is biologically based. From this perspective it is our biology which determines our behaviour. This means that it is our genes and instincts which drive us. This perspective believes that we are biologically determined by what we are born with and we therefore have little control over how we develop: we are predisposed to behave and respond in particular ways and this is determined by our genes. From this perspective, mental health problems develop from physical/biological causes like defects in the functioning of the brain or genetic factors. The methods of dealing with these defects are usually through drug treatment, such as the prescribing of anti-depressants to alter the chemical activity in the brain.

A psychological perspective suggests the way in which we behave is a result of psychological (emotional) problems acquired through learning experiences in our lives. There are two key approaches to understanding the origins of these experiences. Psychodynamic perspectives seek to understand by focusing on the individual's feelings and emotions and the relationship with these and early childhood experiences. Behaviourist perspectives argue that behaviour is learnt by observing and modelling other individuals who have an influence on our lives — for example, family members — and these behaviours are maintained by a process of rewards and punishments in the environment. They also believe that behaviour can be unlearned. From both

perspectives the preferred treatment for mental health issues is based on talking therapies

The social perspective focuses on our social environment and how this impacts our development. It suggests that mental health issues are determined by the social context in which we live and the things which have happened to us in that environment. The social environment includes the family, wider community such as relationships formed at school, within the workplace as well as wider social factors like socioeconomic status, gender, sexual and ethnic identity. In reality there is a complex interplay between these different perspectives. Because our understanding of the human mind is far from complete the models we apply are far from complete, and debate can rage between supporters of different models.

One strength of taking a recovery approach is that it can rise above these debates, as it is more concerned with the process and outcome of recovery than the underlying causes of mental health problems. Recovery is fundamentally concerned with the belief that people can and do recover from even the most serious and long-term mental health issues.

Recovery characteristics

It's impossible to develop a complete list of recovery characteristics but some of the more commonly identified themes are listed here. Remember recovery is unique and individual so you may not agree with all of these points and that is fine. We all have different worldviews.

Recovery is often described as an active process. This can mean both that people need to feel ready and able to play a part in their recovery. Other people certainly support and encourage that process but people often describe playing an active role in leading their own recovery. Making tools available for people in the process can be very helpful.

Recovery is also commonly described as a journey which can have ups and downs. For some people recovery is less about a destination and more about the process or journey. For this reason some people prefer to describe themselves as being in recovery rather than recovered.

Periods of illness might traditionally have been described as 'relapse' or considered as evidence that recovery was ended. Our new understanding of recovery suggests that periods of illness can lead to growth and the development of strengths that contribute to the longer-term aim of a satisfying and fulfilling life in the presence or absence of symptoms.

For some people recovery can be a process of discovery. This means it might be as much about overcoming the losses experienced as a result of becoming unwell and discovering a new and different life. This is different from getting back to the way things were before illness struck which is not always possible.

Many people describe themselves as being in recovery despite continuing to experience symptoms. For some the important thing is about having a different relationship with those symptoms and a greater degree of control.

It is important to clarify at this stage that recovery is not necessarily easy or straightforward. Recovery can be a long-term process which takes strength and commitment. We do though know that recovery is possible and peer workers are uniquely placed to share that hopeful message.

Any definition of recovery runs the risk of not connecting with people's own unique experience.

It is at best a distillation of many different people's varied experience. This description was developed by the Scottish Recovery Network and was based on the experiences of a wide group of people who contributed to a narrative research project.

"Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life. Each individual's recovery... is a unique and deeply personal process."

What helps recovery?

As interest in recovery has increased around the world so has the evidence about what helps people. Evidence can come in lots of different forms. There has been a strong emphasis on learning from people's stories – sometimes also referred to as narrative research. Alongside sits evidence derived from more empirical approaches, for example, where interventions are tested. One way to look for common themes across these different types of evidence is to undertake a systematic review. This involves looking at a variety of research findings and identifying common themes and findings.

A 2011 systematic review of recovery evidence involved examining 97 research papers on recovery and looking for consistent themes [1]. From this the CHIME framework was developed with each letter standing for a set of helping factors:

- C stands for Connections: having good relationships with other people.
- H is for Hope and optimism that recovery is possible.
- I is for Identity – a positive sense of self.
- M represents finding one's own meaning and purpose in life.
- E represents empowerment, focusing on strengths and having control over life.

Like all models CHIME is a simplification of a complex process but it can help us as we communicate and describe recovery.

Further reading

Leamy, M, Bird, VJ, Le Boutillier, C, Williams, J & Slade, M (2011) A conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. *British Journal of Psychiatry*, 199:445-452 Available along with a number of other relevant publications at: <http://www.researchintorecovery.com/>

Suggested exercises

What is mental health recovery?

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Recovery characteristics

Each student will consider what recovery means to them and write up to five characteristics of recovery on separate post it notes. They will then post these on a board or flip chart. The tutor will then seek clarification where necessary and seek to cluster the notes and identify consensus where possible.

Tutor notes

Using this exercise before providing input on mental health recovery will engage the students as active learners using their own experiences. It will also serve to emphasise their existing knowledge and also diversity of experience and perspectives.

It may help to offer students an example of a recovery characteristic to help them start. For example, recovery is often described as a journey rather than an endpoint. It is important to emphasise that there aren't necessarily any right or wrong answers and everyone's perspective is valued.

Suggested time required: 30 minutes

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What helps recovery?

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Factors supporting recovery

Factors supporting recovery

In small groups of two or three discuss what you think might help people in their recovery. Keep a note of the main points to feedback to the whole group. When all small groups have fed back to the main group ask the students to reflect on:

- What stands out?
- Were there any surprises?
- Is there anything missing?
- To what extent is there a consensus in the group?
- What do you think this might mean for mental health services?

Tutor notes

Again in this exercise it is important to keep in mind and to emphasise that there are no right or wrong answers. It's more important to truly hear each other than to agree.

There are different ways to approach this exercise. You may want people to take some time individually to think about helping factors and record them on post-it notes before working in small groups to review these together. When doing this it is likely that there will be some degree of repetition in the responses. Therefore you may choose to group responses as they are given or to summarise responses on a flip chart when sharing with the wider group.

You can also encourage students to get a bit more creative and share their feedback as an image or in some other way.



What helped my recovery?



My recovery experience

Each student will consider their own recovery experience in relation to the 5 factors which support recovery: connectedness; hope and optimism; identity; meaning and empowerment. Using the feedback sheet they will record their thoughts against all or some of the 5 factors and bring this with them for Session 3. This sheet includes the CHIME graphic which can be printed as a separate sheet or on the rear of the feedback sheet.

Tutor notes

This is an individual exercise designed to help students to start thinking about their own recovery experience in relation to what they have learnt about recovery and factors that support it. The thoughts recorded on the feedback sheet will be further developed in Session 3.



Student information

What helps my recovery feedback sheet

Further reading

Dorrer, N. (2006) Evidence of Recovery: The 'Ups' and 'Downs' of Longitudinal Outcome Studies. SRN Discussion Paper Series. Report No.4. Glasgow, Scottish Recovery Network. Deegan, P (1996) 'Recovery as a journey of the heart' in Psychiatric Rehabilitation Journal, 19(3), 91-97 (Widely available online)

Leamy, M, Bird, VJ, Le Boutillier, C, Williams, J & Slade, M (2011) A conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. British Journal of Psychiatry, 199:445-452 Available along with a number of other relevant publications at: <http://www.researchintorecovery.com/>

Slide images

All slide images are shared under a creative common licence.

What helps my recovery?

Factors supporting recovery	How did they help my recovery?
Connectedness	
Hope and optimism	
Identity	
Meaning	
Empowerment	

Connectedness

- Peer support and support groups
- Relationships
- Support from others
- Community

Hope and optimism

- Belief in recovery
- Motivation to change
- Hope-inspiring relationships
- Positive thinking and valuing success
- Having dreams and aspirations

Identity

- Rebuilding positive sense of identity
- Overcoming stigma

Meaning

- Meaning in mental 'illness experience'
- Spirituality
- Meaningful life and social roles
- Meaningful life and social goals

Empowerment

- Personal responsibility
- Control over life
- Focusing upon strengths

Leamy et al, Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. British Journal of Psychiatry, 2011, 199(6):445-452

session 2 presentation



You can download this presentation in :

<http://p2p.intras.es/index.php/resources>

Session 3: Personal recovery

Introduction

The aim of this session is to explore personal experience of mental health problems and recovery and consider how the key concepts and factors supporting recovery (covered in session 2) have impacted on your own story of recovery. By the end of this session all students will have written all or part of their recovery story. This will be built on in sessions 4 and 5 and there is an option to use session 6 as an opportunity for students to share part of their story.

Peer support is based on the intentional and appropriate sharing of personal experience to inspire hope, develop mutually empowering relationships and offer help and support as an equal. For this to be effective students need to develop their own recovery story and be able to support others to do so. This session will provide a framework for students to consider their own story and introduce tools and approaches which support this process.

Learning outcomes

Explore the development of the recovery approach in mental health.

Evidence requirements

At the end of this session students should be able to:

- Describe and explain personal recovery and the recovery approach.
- Examine two key concepts in relation to recovery.
- Describe and explain two factors which support recovery.

Suggested lesson plan

Activity	Method	Materials
Introduction	Tutor led	
Recovery narratives	Short personal story Group exercise	Video/reading
What helped my recovery?	Small and whole group exercise	Feedback sheet from session 2
My recovery story	Individual exercise	

Information

The sharing of personal experiences; also commonly known as sharing recovery stories or narratives has been closely linked to the development of the recovery approach. Telling their stories allows people to visualise their experiences over time and to reflect on the long-term journey of recovery with its ups and downs. It places the person sharing their experiences at the centre – in effect they become the hero of the story. This provides an authenticity and immediacy not necessarily possible through academic or clinical perspectives.

The approach also allows people to reassess or re-author their experiences. Creating and taking control of your own story can be an empowering experience and is an essential part of the recovery process. By thinking about and defining who they are for themselves, people will be able to look for things that have worked and gone well. This is especially important and powerful for many people with mental health problems as they spend time being assessed and assisted by mental health professionals and social services. Naturally, the conversations are often focused on the negative effects of mental ill health. For some people this might include problems and difficulties like drug or alcohol problems, unemployment, suicidal thoughts, traumatic experiences etc.

As a result of repeating these conversations over time, the problems and difficulties begin to define who the person is. For example, the person's 'story' might become 'I am someone with a drug problem' or 'I am someone who has had a traumatic experience'. While these facts are true, they are not the whole story – or the whole person. The fact is that many people with mental health problems have had to face severe hardships – yet they've survived. So it's clear they have exceptional resilience and strength. But for as long as they stay focused on the negative effects of mental ill health, it's unlikely they'll see these positive qualities. And that can hinder recovery.

There is growing evidence that tells us that sharing recovery stories have much to offer in terms of recovery, wellbeing, resilience, identity and meaning. Finding and sharing recovery stories is an important aspect of recovery. Scottish Recovery Network has a number of publications based on narrative research undertaken and their website contains many recovery stories. You can find more information on the narrative research project at [2005 Narrative Research Project](#) | Research and access to many recovery stories at [Submitted thoughts and stories](#). Scottish Recovery Network have also launched a new website for people to create and publish their stories which you can find at [Write to Recovery](#)

When people first start writing their story, it can be an emotional and challenging experience. They may start to question all or parts of their existing story and some may feel anger or frustration that they or others may have lost sight of their strengths, skills and qualities. But most people find this passes quickly and report feeling better for having got their 'story' out – whether they choose to share it, or keep it to themselves.

Suggested exercises

Recovery narratives

Personal story of recovery

It is suggested that this session begin with a personal story of recovery. There are a number of ways to do this. You could invite someone to the session to share their story or, if this is not possible, identify an online story which could be shown. If neither is possible then you could use written stories such as those from Scottish Recovery Network's narrative research project.

After hearing the story invite the group to consider and share their views on the following questions:

- How did it feel to hear this recovery story?
- What affect does hearing other people's recovery stories have on me?
- Why are personal stories so powerful?

Tutor notes

The aim of this exercise is to demonstrate and reflect on the power of personal stories. The discussion should take a wider view and not just focus on the facts of the story shared. Indeed if someone is invited to share their story in person it is best that they then become part of the discussion and are not put in the position of answering questions.

What helped my recovery?

Thinking about my recovery

This exercise builds on the 'My recovery experience' exercise in Session 2 where students recorded thoughts on their recovery against the five factors supporting recovery: connectedness; hope and optimism; identity; meaning and empowerment (or CHIME). It would be helpful if each student brings their completed feedback sheet from Session 2 with them and uses this as a starting point.

In small groups of two or three ask the students to share their recorded thoughts and to discuss how the five different factors supported/support their recovery. During these discussions

encourage the students to add further thoughts on their experience of recovery to their feedback sheet.

Then either in small groups, or as a whole group, consider the following questions:

- To what extent are our experiences similar or different?
- Does this matter?
- What have I learned about myself from listening to other's stories?
- What is the difference between an 'illness' story and a recovery story?

Tutor notes

Recovery is a unique and personal experience but extensive narrative research has shown that there are some common factors which support recovery. However the extent to which an individual has experienced this and the way these factors have supported their recovery will differ. The aim of these discussions is not only to develop student's understanding of their own recovery but also to appreciate the diversity of experiences and perspectives.

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My recovery story

This session has given students the opportunity to consider the importance and power of recovery stories and to think about the things that have helped them or are helping them in their recovery. The remainder of this session is focused on student starting to write their own recovery story. There is an option to use Session 6 Review and Evaluation as an opportunity for students to share their stories with each other. In addition the assessment guidance suggests that the first assignment is a short essay where the student looks at their recovery story in relation to what they have learnt about recovery; what helps recovery and the role of peer support in recovery.

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Writing my recovery story

Each student will be asked to spend some time thinking about and writing their recovery story. The aim is for each student to draft all or part of their story of experiences of mental health challenges and recovery and to relate this to recovery concepts and factors supporting recovery. Students should be encouraged to further develop this story during the course and, if used, it will form the basis of the suggested first assessment.

Tutor notes

Some students may find this challenging or overwhelming. To assist them to start to write their story you may decide to use small group discussions as well as the individual work. SRN's Write to Recovery website has a number of themes which help people to start to write their

stories. Some of them are very light hearted and can help people to find their inspiration. These include:

My life... the movie or the novel

This theme is light-hearted but can reveal truths about the way people view their life. Ask students to think about the title of a film or a novel of their life. This could be an existing film or novel or one created by them. Then think about all or some of the following:

- What type of film or novel it is – comedy, tragedy, action, romance, short story, 'War and Peace.....
- Who is playing the main role and why them
- What is the ending like?
- What changes will make it better?

Letters from the Wise One

Cast yourself in the role of Yoda or the Wise One. This theme helps people to remember helpful strategies they have used in their life and journey of recovery. Students can:

- Tell someone facing the kind of challenges they have faced how they coped and give them some tips.
- Write a congratulations letter describing the journey and the challenges they have overcome.
- Picture a good day – when they are at their best. What is different and what are they doing?

Fresh perspectives

This theme helps people try to see things from a different point of view. To do this they can try one or more of the following prompts:

- It's easy to be your own worst critic. What would a good friend say about you?
- Meet your 85 year old self. What does this wise person who loves you, tell you?
- Our inner 'persecution' makes us feel bad. What does your personal world class defence lawyer have to say?



Student information

Scottish Recovery Network's Write to Recovery User Guide

The Scottish Recovery Network has built on this tradition of sharing experiences to promote recovery. You can access over 150 narratives on their website at www.scottishrecovery.net

Scottish Recovery Network's Write to Recovery User Guide

Write to Recovery



Write to Recovery



My fabulous future

Forget reality for a moment – here miracles happen. You can do anything you want be anywhere you want. Writing will help you realise your preferred future.

- Describe your miracle in detail, and don't forget to smile as you write and dream.
- When did a small part of your miracle actually happen, even if briefly? What were you doing that caused this?
- Words create magic – write about the first small steps towards your dream and when you will take them.



What makes me angry?

Anger might not feel good, but it isn't always a bad thing either. In fact, righteous anger motivates – Nelson Mandela's rage at apartheid moved a nation.

What makes your blood boil? That energy is force for change. Tell us about it.

Fresh perspectives

Change is simply a new way of seeing things, a fresh point of view on a world of possibilities.

- OK so it's easy to be your own worst critic. What would a good friend write about you?
- Let's do some time travel. Meet your 85 year-old self. What does this wise person who loves you, tell you?
- Our inner 'prosecution' makes us feel bad. What does your personal world class defence lawyer have to say?



[Write to Recovery](#) | info@scottishrecovery.net | 0141 240 7790 | [@SRN_Tweet](#) | [#writetorecovery](#)

Themes to Inspire

Write to Recovery

[Home](#) [Write Your Story](#) [Read Stories](#) [Logout](#)

Write Your Way to Recovery

Everyone has a story. Writing it down can help you in many different ways.

Our website is designed to help people affected by mental health problems on their journey of recovery. It invites you to write your stories and experiences – and gives you tools to inspire you.

[Let's Get Started](#)



You're the hero of your story

Write to Recovery has been designed by the Scottish Recovery Network to support people affected by mental health problems on their recovery journeys. It is a website that provides tools and inspiration to help write and share personal stories of lived experience.

Nobody but you has the right to define you. The words that define you have power and magic. As hero you overcome severe challenges. In this way your story is transformed into one of triumph, inspiring and encouraging others. Are you ready for your heroic adventure?

This booklet gives examples of story themes and is designed to help you get the most out of *Write to Recovery*.

[Write to Recovery](#) | info@scottishrecovery.net | 0141 240 7790 | [@SRN_Tweet](#) | [#writetorecovery](#)

Write to Recovery



Write to Recovery

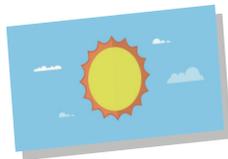


What makes me happy?

Knowing what makes you feel happy is important. Why? Because it suggests you should be doing more of it.

Write about anything or everything you love doing. Music, reading, exercise, cooking, walking the dog, sunny days by the sea... whatever.

When was the last time you were happier and what will you do to re-experience happiness?



Letters from the Wise One

Move over Yoda – you're the Wise One. This theme will help you discover new wisdom and remind yourself of helpful strategies that you have used through your journey of recovery.

- Tell someone facing the kind of challenges you've had to face how you coped and give them some tips.
- You've just completed one of your big goals. Write yourself a congratulations letter. Describe the journey and the challenges you overcame.



- Picture yourself at your best, you know on a 'good' day. What's different about you and how are you doing?

My life...the movie or the novel

This theme is light-hearted yet reveals truths about how you see your life.

- What's the title of the film or novel of your life? Get creative – a catchy title says so much about you.
- Is it comedy, tragedy, action, romance, 'War and Peace' or a short story, or what?
- Who is playing you and why this actor?
- What's the ending like, tears of joy or sobs of sorrow?
- What changes will make it better? Re-write it if you like. You don't want to live someone else's script or story.



Surviving, thriving and recovery

Distress and loss feature in every life. But... you reading this means you're surviving. It's time to credit yourself for courage and resilience. What strengths and skills have you been using to keep the show on the road?

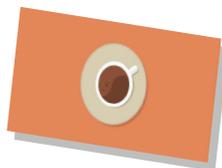
Write about your power and strength, they're going to come in handy.



- How do you give your life meaning and purpose?
- Who are you? Strong, weak, winner, loser? Identities are reinvented through story and imagination.
- Who has been there for you on your journey?
- What gives you hope? Who or what inspires you?
- What does recovery mean to you now and in the future?

Quick burst

Short of time? Take two minutes to quickly write down your thoughts and feelings about something important or that's bothering you. Research shows that even two minutes of writing on consecutive days helps improve wellbeing.



Session 4: What is peer support

Introduction

Now that we have been introduced to recovery characteristics and developed an understanding of the things that can help and hinder that process, we are going to consider the role of peer support in more detail. Firstly, we will examine what we mean by a peer and we will then go on to consider the relationship between peer support and recovery.

Learning outcomes

Explain peer support and its role in recovery.

Evidence requirements

At the end of this session students should be able to:

- Explore the relationship between peer support and recovery.
- Discuss two aspects of peer support

Suggested lesson plan

Activity	Method	Materials
Introduction	Tutor led	
What is peer support	Presentation and discussion	
Mutuality and empowerment in peer support	Role play exercise	
The contribution of peer support to recovery	Individual and/or group exercises	Handout

Information

Defining and explaining peer support

At its most basic level, peers are people who have a degree of equality with each other. This equality may come through having shared experiences, backgrounds or characteristics. You may be able to think of some examples in your own life. Perhaps you play five-a-side football regularly with the same group of people, or you may have just had your first baby and have joined a support group, or you may have campaigned on a local issue with your neighbours.

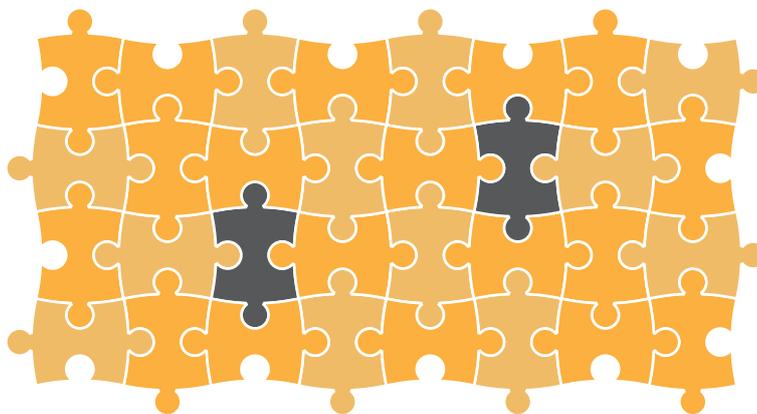
Peer support is generally understood to be a relationship of mutual support where people with similar life experiences offer each other support especially as they move through difficult or challenging experiences.

The following definitions provide a comprehensive understanding of peer support:

'Peer support is an emotional support, frequently coupled with instrumental support, which is mutually offered or provided by persons having a mental health condition to others sharing a similar mental health condition to bring about a desired social or personal change.' (Gartner and Reisman, 1982)

'...a system of giving and receiving help founded on the key principles of respect, shared responsibility, and a mutual agreement of what is helpful.' (Mead et al, 2001)

'Through the process of offering support, companionship, empathy, sharing and assistance...feelings of loneliness, rejection, discrimination and frustration...are countered.' (Stroul, 1993)



-  PEER WORKERS - MOST FORMAL AND LEAST COMMON
-  MUTUAL SUPPORT AND SELF HELP
-  NATURALLY OCCURRING PEER SUPPORT - LEAST FORMAL AND MOST COMMON

Peer support exists in many different forms in mental health. The informal sharing of experiences and knowledge between people using services is not new. Similarly peer support between people with shared experiences in self-help and mutual support groups is well established. What is new, though, is the relation of specific peer roles (paid and unpaid) in mental health services and organisations to support people in their recovery.

While these different forms of peer support have common foundations they differ in the extent to which the roles are formalised. The process of formalising the naturally occurring peer relationships brings opportunities and challenges. These challenges can be addressed and opportunities enhanced by care planning and by remaining true to the underlying principles and values of peer support.

'The essence of peer support begins with informal and naturally occurring support, which is also normally the bedrock of service user groups. In essence service users use their own knowledge and expertise to help both themselves and others. This help has the authenticity of being rooted in personal experience, which is acknowledged as the most powerful and effective way of learning. As peer support becomes more structured and organised, it can become more focused and helpful but care must be taken that its essence is not lost within these more formal and professional structures.' (Faulkner and Basset, 2010)

Peer support in mental health

There are lots of examples of peer support where a degree of shared knowledge and experience is seen.

'The most help I got was from the other people in the ward who had gone through similar experiences... The nurses, they're great but you find, or I find... the best people that helped me were other people that had been through psychosis, had some little pointers, were grounded, that's the thing.' (Scottish Recovery Network, 2007)

The quote describes one person's experience of being on a hospital ward and the support they got from other people staying on the ward. It's important to note that they weren't suggesting the help they got from staff on the ward wasn't helpful - it was just a bit different.

The idea that people who have had similar mental health experiences can offer each other support is not new. The nature of mental health issues means it can be harder for people who have not been there to really have the same degree of understanding and empathy as someone who has experienced similar issues. This was described well in a 2008 report from Highland Users Group:

'The knowledge that we have been through similar experiences can create an immediate bond and sense of trust that we cannot find elsewhere. We find that we can be more open to each other in ways that we may not with professionals or other people who haven't experienced mental illness.'

We often feel that when we are in the company of fellow users we will be free of stigma, and that the judgemental attitudes we sometimes experience from others will be absent.

We find that we don't have to explain ourselves as an understanding of what we have been through already exists.

We often mentioned the cliché, 'We've been there, done that, got the T-shirt' which, to most

of us, explains it all.' (Highland Users Group, 2008)

This gives us an early indication of the additional benefit which can be gained through shared experience. Other examples of mental health peer support include self-help groups where group members have had shared mental health experiences. Think, for example, of an online forum where group members share and support each other with voice hearing experiences or with Wellness Recovery Action Planning (WRAP), where group learning is shared by a facilitator who has their own WRAP plan and recovery experience. The following quote comes from a member of a self-help group in the Highlands and gives some ideas of what the shared, lived experiences of group members bring:

'We look at life before we became ill, at life now and how we see the future. We show what we can do and have empathy with each other because in different ways we have all been through it. We know what it's like to shut the door and never go out or what it's like to take panic attacks.

Now we have the discussion group; it is so good, everyone contributes and gets it out their system. We look out for each other and take people to see the doctor if they need a companion.

We all have fun, we have a great time, we laugh together and we face challenges together.'
(Highland Users Group, 2008)

Other examples of peer support can be found in advocacy and befriending settings where 'lived experience' of mental health issues is seen as an asset.

What marks out the peer support worker role from these other examples is the extent to which the role is formalised. This means that the role has been specifically developed to make use of shared experiences of mental health problems and recovery.

The peer support worker role also introduces what Shery Mead (a leading writer and trainer) describes as 'intentionality'. In other words, the intention in peer support worker roles is that the sharing of experiences helps develop strong relationships that are based on mutuality, empathy and shared understanding. This should benefit both peers in the relationship.

The contribution of peer support to recovery

The development of the peer support worker roles is one part of wider efforts to develop recovery-focused mental health services. The drive to create these roles comes from a recognition of the unique role that peers can play in promoting and supporting recovery. Let's now take some time to examine the relationship between peer support and recovery in more detail.

Peer support values lived experience

Valuing lived experience is an important principle of recovery approaches. It is unique in that it asks us to apply our lived experience of mental health and recovery in support of others. This means people with experience of mental health problems are seen as part of the solution with a role to play in promoting and supporting recovery. This can promote hope as well as strengthen a sense of purpose and a positive identity for people affected by mental health issues.

Peer support is based on a belief in recovery

A belief in recovery is vital and peer support workers demonstrate that recovery is possible to the people around them. They can also generate relationships that show other peers they also have the power to recover.

Not being the expert

Peer support is a way of offering help and support on a more equal footing. It's about people finding a way forward together, where people are recognised as experts in their own experience. Good peer support also works in a way that acknowledges that both parties can learn things from each other and support each other's recovery journey. They are not based on trying to fix people or one person being the 'expert.' This is a long way from the expert-patient dynamic that has been developed over a long time. It's especially important for recovery given as we have seen it is such a unique and individual experience.

Peer practices are informed by recovery

Peer supporters are trained to share recovery based principles and approaches in their work with other people. These include adopting strengths-based and empowering approaches which focus on what people can do as much as on their needs and deficits.

Mutuality and empowerment in peer support

We will now examine two important aspects of peer support, mutuality and empowerment.

Mutuality

Mutuality means that both parties in a relationship can benefit. This can also be described as a reciprocal relationship. Where mutuality exists there can be:

- shared learning and growth
- greater respect and trust
- a valuing of each other's experience and contribution

- increased equality within relationships
- a shared investment in making the relationship work
- shared working out of the rules of the relationship.

Another way to examine mutuality is to consider dependence, independence and interdependence. Traditionally, we have been encouraged to strive for independence - to stand on our own two feet and to be self-reliant. This was considered to be the best way to avoid becoming dependent upon others. We now understand that it is healthier and more realistic to recognise that we are all interdependent. This means recognising we can all provide and receive support mutually.

Empathy contributes towards mutuality. Empathy relates to the capacity to develop an understanding of another person's thoughts and feelings. To achieve empathy with another individual it is necessary to try and view the world from their perspective. Empathy can help people build trust and respect in relationships. While having shared experiences can lead to greater empathy this is not always the case.

Empathy differs from sympathy in that it involves a degree of connection with an experience rather than simply feeling sorry for someone. The maxim 'you should not judge another person until you have walked a mile in their shoes' gives a general notion of the meaning of empathy.

Empowerment

Empowerment is the process whereby people take control of their lives. It is central to personal recovery (as we identified in session 2). It can be understood as having a sense of personal strength and efficacy and by having control over one's life. The process of empowerment may also produce hope, another key aspect of recovery. It is also closely linked to strengths-based approaches which we will go on to examine in more detail in Session 9.

Power as a commodity is something which is rarely given away and generally has to be taken in some form. This means you cannot necessarily empower another person. However, an important aspect of peer support is that it can create an environment that encourages people to take a greater degree of power and control in their own recovery.

'It is the role of the peer worker to ensure that service users are empowered to take control of their own recovery, and encouraging an environment where both parties can share their experiences of what works.' (Campbell & Lever, 2003)

It is also possible for empowerment to happen in negative circumstances. For example, where the anger felt by people who have been marginalised or oppressed is used as a motivator for social change.

The opposite of empowerment is disempowerment. Having an understanding of how power may be taken away and how that feels may help develop our learning on how to take it back. You may wish to discuss experiences of empowerment and disempowerment with the group.

Suggested exercises

Mutuality and empowerment in peer support

The suggested exercise is a role play scenario. Further information on role play in the learning environment and guidance on using it in this course is contained in Annex 1. As this is the first role play it may be appropriate to share this with the students in advance and discuss their feelings about using role play as part of the learning experience. Feedback from the pilots was that students were apprehensive about the use of role play at first but found it to be one of the most useful and beneficial aspects of the course. Indeed many felt that they would like to have used more role play.

Mutuality and empowerment role play

Work with the group to create role play scenarios that demonstrate mutuality and empowerment. You might choose to create one negative and one positive scenario. The scenarios can be based on the student experiences or fictional.

The negative scenario would demonstrate an approach that is:

- Non-mutual: the exchange is a one way process and both sides don't gain. There is a lack of equality in the exchange.
- Not empathic: there is a lack of genuine understanding founded on shared experiences. One person may show pity or sympathy for the other.
- Disempowering: someone feels less powerful as a result of the exchange. They may feel less able to find their own way forward and may feel dependent on the other person.
- Falling into the 'expert trap': In other words one peer may be trying to advise and guide the other based on their own experience rather than helping them find their own way forward. While advising people might feel like the easiest and quickest thing to do it has the potential to be disempowering.

The positive scenario should demonstrate an approach that is:

- Mutual: the exchange is two way and it is clear that both parties benefit in the exchange. There is a sense of interdependence.
- Empathic: there is real and genuine understanding of the other person's situation based on a shared experience which does not involve pity or sympathy.
- Empowering: there is a greater sense of self direction and control as a result of the exchange.

Things to look for in the scenarios:

- Consider the role of dependence, independence and interdependence.
- The behaviours, skills, attitudes and emotions used by the people involved to support or reduce empathy, mutuality and empowerment.
- Were people in the role plays able to identify and build on each other's strengths?
- How did the different role play scenarios make people feel? What emotional reactions did they create?

Some peer skills to try out in the scenarios:

Validation is the recognition and acceptance of another person's thoughts or behaviours even when you may not agree with them. It is a way of communicating that a relationship matters to you. A validating response might be: "I understand what you are saying... I can see why you might feel like that... It must be very hard to have those kind of feelings."

Try checking in on your understanding with people. This shows that you value what the other person is saying and want to properly understand them. You might say something like: "What I think I hear you saying is... Have I understood you correctly?..."

Seeking clarification where things are unclear can also show you value what is being said and that you are keen to learn more: "When you said... Can I just check my understanding... Can you tell me more about that..."

You may choose to repeat the scenarios as you seek to build mutuality and empowerment.



The contribution of peer support to recovery



Peer support, recovery characteristics and what supports recovery

This exercise seeks to build on what has been covered in Sessions 2 and 3 and look at how peer support contributes to recovery. It asks students to think about this in two ways.

It does this by firstly by looking at how the unique contribution that having shared experiences can bring to people's understanding of the process of recovery and their own experience of recovery. We then move onto looking at the ways in which peer support can contribute to or enhance the things that we know help people in their recovery. You may want to use one or both of the exercises or combine them in some way.

It is suggested that this exercise is for small groups of two to three people. It may be appropriate to give students some time at the beginning to work on the exercises on their own and then move into group discussions.

Towards the end bring the whole group together and get feedback from the small groups to generate some discussion. During this:

- Prompt students to think about examples where they have found peer support helpful and to share them if they wish to.
- Ask the students for examples of times where they feel that they have used their shared experiences with another person to support them in their recovery.

Notes for tutors

This exercise is focused on the contribution of peer support to recovery. It is important to identify the ways in which peer support goes beyond a sharing of experiences to being a relationship or experience which supports recovery. When seeking examples from students encourage them to reflect on the ways in which peer support has helped them to better understand themselves; feel more hopeful and take more control of their life and their recovery.



References

Highland Users Group (2008) Peer Support: The Help Users of Mental Health Services Offer Each Other

Scottish Recovery Network (2007) Recovering Mental Health in Scotland: Report on Narrative investigation of mental health recovery, Glasgow

Student information

You can download here:

<http://p2p.intras.es/index.php/resources>

How peer support contributes to recovery

Recovery characteristic	How can peer support contribute to this?
A unique and individual experience	
A non-linear experience – often described as a journey	
Living well with or without symptoms	



Factors supporting recovery	How can peer support contribute to this?
Connectedness	
Hope and optimism	
Identity	
Meaning	
Empowerment	

Session 5: The peer relationship

Introduction

In this session we will examine in more detail the processes and practices of establishing peer relationships. We will build on our earlier learning about the role of mutuality and empowerment in peer relationships. There will be a focus on issues of power, choice and control in peer relationships.

Learning outcomes

Discuss and demonstrate the development of peer relationships based on peer support values

Evidence requirements

- Describe the factors contributing to a positive peer relationship
- Explain the power dynamics in peer relationships

Suggested lesson plan

Activity	Method	Materials
Introduction	Tutor led	
Making a connection	Small group role play exercise	Observer checklist
Power and roles in the peer relationship	Role play scenario	Handout

Information

Revisiting worldview

You will remember from session two that having an awareness of worldview is important in peer support. Worldview refers to our personal philosophy and view on life. It is about the beliefs, values and attitudes we live by and is the frame of reference by which we see the world. It can be summarised as:

- How we interpret events.
- How we perceive others.
- How we view ourselves.

As a peer supporter being aware we all have different worldviews, and being open to that, helps in establishing good relationships.

Establishing positive peer relationships

We all know what it is like to be in different types of relationships. Some relationships are positive and some are less helpful. As a peer supporter, who is trying to support recovery, the ability to develop positive relationships is crucial. As we learned in session four positive peer relationships are based on mutuality and empowerment. The first step in this process is establishing a connection.

One of the great things about peer support is that people generally connect easily to others with whom they have a shared experience. It's a wonderful moment when you've been feeling like the only one, and you finally meet someone else who has been there. This bond or affiliation is quite powerful, and people relate well to someone whom they think understands or gets it. Sometimes, though, things don't necessarily go as smoothly and it might be harder to connect.

As a peer supporter you need to know yourself before you can develop an awareness of who the other person is and how you might best connect with them. There are three important starting points when you are trying to make a connection:

- be open, interested and curious
- be authentic
- be self-aware.

When you are developing a peer relationship, you need to treat the person and their experiences with seriousness and curiosity. You demonstrate being open and interested through what you say and how you behave.

Being authentic means being genuine and true to yourself and living your life according to your sense of who you are rather than being swayed by external pressures or expectations. The opposite occurs in relationships where you mould yourself into being what the other person wants you to be or what you perceive you should be for that particular situation. This sort of authenticity is underpinned by self-awareness.

Being self-aware means being conscious of our biases, impressions and judgements, as well as what we're feeling. This relates to what we learned earlier about worldview. For example, as a peer supporter you might meet someone who looks a bit ragged and unkempt and you might

say to yourself, 'This poor person must be homeless. I'll see what I can do for him.'

Already you have an agenda for the person. You have formed assumptions about his or her situation, and instead of being open and interested, you're making assumptions. Entering into a peer relationship in this way can make it very hard to go on and establish genuine mutuality. This is because you have placed yourself in the position of helper rather than peer. You have not set out with the intention of shared learning, mutual respect and curiosity.

The most important thing about self-awareness is that it gives you a chance to look at your assumptions without acting on them. You could say to yourself, 'I know I've done this before and been totally wrong.' This simple realisation can offer a fresh start. You come in with the choice to be open and interested and to learn. When you start to really practise self-awareness, you allow your authentic self to emerge. You are no longer hiding behind a role or a particular agenda.

Thinking about the difference between a helper type relationship and an empowering peer relationship can be helpful. The following table describes some of the characteristics of each.

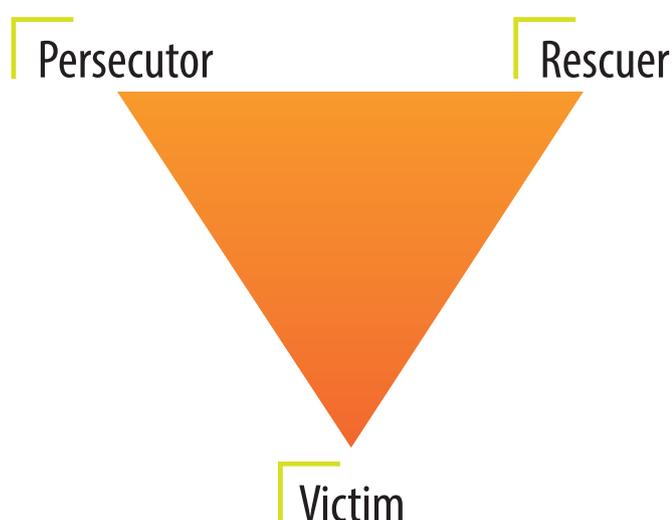
Helper type relationship	Mutually empowering peer relationship
Sets one person up as the expert	Two experts by experience
Advice is offered	Finding solutions together
Problem focused	Solution focused
Unequal	More equal
Encourages dependence	Encourages interdependence
Charitable and paternalistic	Mutually empowering
Doing to	Doing with
Disempowering	Empowering

Sounds something like: "I know exactly what you are talking about. This is what I did to deal with it. You should do the same thing"

Sounds something like: "I can imagine that must be hard for you. I'm curious to find out more about it then we might be able to find some solutions together."

Power, choice and control in the peer relationship

Sometimes, help and support are taken away when we have made some progress, potentially leaving us feeling abandoned. Thinking through and talking about these types of dynamics in helping relationships can help us to establish new and more empowering relationships.



66

It's not surprising that we can fall into some of the helping behaviours that we have experienced ourselves. But by remembering the role of mutuality and by redefining help as shared learning, we can put the focus back on being with a person, rather than doing for them.

As we build mutuality in a peer relationship we can explore what our respective experiences have been in relation to accessing help and support. This conversation can help in identifying patterns and ways of being in helping relationships. These patterns often involve what we call power dynamics.

We all need power to make decisions, obtain necessary resources and in some cases to convince others. It's how we use this power in relationships that can potentially cause problems.

The way we use our power is dependent on how we've learned to influence or control things in our own lives, so it's not surprising that people can get caught up in power struggles. Employed peer supporters should be particularly aware of these power dynamics as they will be more pronounced where one person in a peer relationship is paid.

Power positions

The way we interact with others is often motivated by psychological needs outside of our direct awareness or consciousness. To meet these needs we tend to play certain roles in relationships, although the role we take on can change in different situations and with different people. Being aware of this can help us as we try and develop mutually empowering peer relationships.

There are some commonalities in the roles that appear in people's relationship dynamics and two different models have been developed by psychologists to help us understand and be aware of those roles.

Stephen Karpman, a Transactional Analyst, recognised a pattern of interaction that he called the 'Drama Triangle'. The Drama Triangle model, includes three roles:

- **Victim:** The victim either takes on or accepts the role of a mistreated, persecuted person. A victim is someone who usually feels overwhelmed by their own sense of vulnerability, inadequacy or powerlessness, and does not take responsibility for themselves or their own power. In this role, a victim would look to a rescuer to take care of them.
- **Persecutor:** The persecutor pressures or bullies the victim. This is an unconscious stand where the person is not aware of their own power, which they use in a negative and destructive manner.
- **Rescuer:** The rescuer rushes to defend the victim, protecting them from the persecutor. A rescuer is someone who doesn't own their own vulnerability and instead seeks to 'rescue' others whom they see as vulnerable.

The Drama Triangle is usually represented as a triangle with its point facing downward, with the persecutor and rescuer at the top and the victim at the bottom. This shows that the persecutor and rescuer both assume a position of power over the victim.

Each of these three roles needs the others to function and together they play a game. The roles do not necessarily represent the reality of each person's place in the situation, or their true level of power. Each of these positions is a way of taking power when we feel uncomfortable. In fact, we often go through all three at various times and in various circumstances.

A second model of the roles people unwittingly assume in relationships was described by another transactional analyst. In his book 'The Games People Play' Eric Berne describes parent, adult and child roles in relationships. Being aware of our tendency to slip into these roles can help in forming mutually empowering relationships. Berne suggests that negative experiences in relationships can be linked with people assuming certain roles or switching between roles. We are all familiar with these roles from our own life experience and we commonly assume different roles.

For example, one person may assume the role of adult in a relationship. In this role we might act as the voice of authority and behave in a directive manner. This role can be connected to that of helper. A peer supporter might unwittingly adopt a controlling parent type role in a relationship. Alternatively they might assume the role of a nurturing parent and try and smother the other person with concern. In both cases a possible response from the other person is to respond in a childlike way.

We can all at times assume the role of child in a relationship, perhaps most often when we are feeling vulnerable. In this role anger or emotion can dominate reason. Another childlike response is to allow the other person in the relationship to take over. Both create an imbalance

of power in the relationship with the person assuming the childlike position will be less likely to take responsibility.

When we assume an adult role in relationships we are basing our actions on the information we have before us – in other words we stick to the data we have in a relationship. In mutually empowering peer relationships we are seeking to establish adult to adult type relationships.

	Parent	Child	Adult
Might look like	Angry or impatient body language Pointing	Emotional expressions Laughter and giggling Tantrums	Curious and interested Non-threatening
Might sound like	Critical Words like must or should	Indecisive or unclear Seeking to impress Emotional	Reasoned Questioning - why, where, how Non definitive – perhaps, maybe

Suggested exercises

68

Making a connection

As we have discussed the initial connection between peers sets the tone for how the relationship will develop. Where a peer sees their role as that of helper, their opening line might be 'What can I do to help?' This can establish a relationship where they assume power and seek to provide answers and advice. This also encourages the other person (consciously or unconsciously) to assume the role of the person in need of help.

Making a peer to peer connection

Split into groups of three and try out the following role play.

It is the first time you are meeting and you (peer supporter) are seeking to establish a connection with the person; tell them about your role and find out a little about them. The role play discussion should last no more than 5 to 10 minutes.

- One person plays the role of someone using a peer service for the first time.
- The second person plays the role of peer supporter.
- The third person observes the interaction between the two.

When observing, look for the methods and approaches the peer support worker uses to do this. You might want to use the checklist handout provided to record your observations.

When the discussion is finished, the observer should feedback using their notes. Then take a little time to reflect as a group on what worked well and what might have affected their ability to create a connection.

This role play exercise can be repeated more than once to allow each person to take each role.

Notes for tutors

In the role play the peer supporter is seeking to establish a connection by introducing themselves and their role. You may find it helpful to refer back to the suggestions in the exercise in session 4 'Mutuality and empowerment in peer support.'

Encourage the students to think about how they are feeling before, during and after the discussion. They should consider the feelings that both will have before a first meeting and how this can impact on the conversation



Power and roles in peer relationships



Power in the peer relationship role play scenario

Either use the following scenario or work with the group to develop a scenario to use.

Scenario:

You have been in a peer support relationship with Sue for a couple of months and things seem to be progressing well. She has told you how much she enjoys working with you and you're feeling pretty confident. Today she tells you that she is afraid of talking to her doctor about decreasing her medication. Sue knows that you successfully reduced your medication in the past and asks you to talk to her doctor on her behalf.

There are a variety of ways to respond to Sue as a peer. Encourage the group to try out different responses and see where they lead. This could include:

- Persuading Sue that she can do it herself... "If I managed it so can you."
- Offering to speak to the doctor for Sue as requested.
- Refusing point blank to get involved in the discussion... "I'm not supposed to talk

about people's treatments – I'm here to work on recovery with you"

Then ask the students to respond to the scenario in a way that maintains mutuality and empowerment.

Notes for tutors

In discussing the different responses you might want to encourage the students to reflect on:

- The roles being assumed in each scenario. Think about the drama triangle and the parent-adult-child dynamics.
- The role and impact of power.
- The possible impact on the relationship in each response to this scenario.

When working through a response which maintains mutuality and empowerment there is likely to be a process of negotiation and discussion between Sue and the peer supporter. To support this the students will have to do some or all of the following:

- Question their feelings about themselves and Sue. What are they assuming about Sue after she had seemed so competent before?
- Be present and aware of what Sue is feeling, and also curious about where this is coming from.
- Be aware that Sue sees the peer supporter as having more power and more capability.
- Make a connection by validating Sue's experience: "I can see that must be a difficult situation for you..."
- Ask questions that respectfully open up her 'story': Why is she looking for someone to 'fix it'? What happened in the past that is frightening her? How can we agree a way forward that ensures Sue is in control?

Student information

- Making a connection observer checklist
- Power positions

How peer support contributes to recovery

Mutually empowering relationship	Helper type relationship	What I observed
Two experts by experience	Sets one person up as the expert	
Finding solutions together	Advice is offered	
Solution focused	Problem focused	
Encourages interdependence	Encourages dependence	

Power positions

The way we interact with others is often motivated by psychological needs outside of our direct awareness or consciousness. To meet these needs we tend to play certain roles in relationships, although the role we take on can change in different situations and with different people. Being aware of this can help us as we try and develop mutually empowering peer relationships.

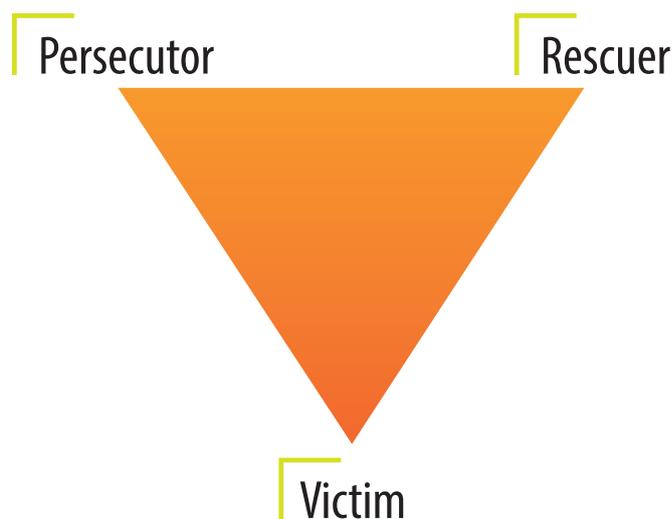
There are some commonalities in the roles that appear in people's relationship dynamics and two different models have been developed by psychologists to help us understand and be aware of those roles.

Model 1: The 'Drama Triangle'

Developed by Stephen Karpman, a Transactional Analyst, this model recognised a pattern of interaction that includes three roles:

- **Victim:** The victim either takes on or accepts the role of a mistreated, persecuted person. A victim is someone who usually feels overwhelmed by their own sense of vulnerability, inadequacy or powerlessness, and does not take responsibility for themselves or their own power. In this role, a victim would look to a rescuer to take care of them.
- **Persecutor:** The persecutor pressures or bullies the victim. This is an unconscious stand where the person is not aware of their own power, which they use in a negative and destructive manner.
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The Drama Triangle is usually represented as a triangle with its point facing downward, with the persecutor and rescuer at the top and the victim at the bottom. This shows that the persecutor and rescuer both assume a position of power over the victim.



Each of these three roles needs the others to function and together they play a game. The roles do not necessarily represent the reality of each person's place in the situation, or their true level of power. Each of these positions is a way of taking power when we feel uncomfortable. In fact, we often go through all three at various times and in various circumstances.

Model 2: The Games People Play

Developed by Eric Berne, another transactional analyst, this model shows that people unwittingly assume described as parent, adult and child in relationships.

	Parent	Child	Adult
Might look like	Angry or impatient body language Pointing	Emotional expressions Laughter and giggling Tantrums	Curious and interested Non-threatening
Might sound like	Critical Words like must or should	Indecisive or unclear Seeking to impress Emotional	Reasoned Questioning - why, where, how Non definitive – perhaps, maybe

Being aware of our tendency to slip into these roles can help in forming mutually empowering relationships. Berne suggests that negative experiences in relationships can be linked with people assuming certain roles or switching between roles. We are all familiar with these roles from our own life experience and we commonly assume different roles.

For example, one person may assume the role of adult in a relationship. In this role we might act as the voice of authority and behave in a directive manner. This role can be connected to that of helper. A peer supporter might unwittingly adopt a controlling parent type role in a relationship. Alternatively they might assume the role of a nurturing parent and try and smother the other person with concern. In both cases a possible response from the other person is to respond in a childlike way.

We can all at times assume the role of child in a relationship, perhaps most often when we are feeling vulnerable. In this role anger or emotion can dominate reason. Another childlike response is to allow the other person in the relationship to take over. Both create an imbalance of power in the relationship with the person assuming the childlike position will be less likely to take responsibility.

When we assume an adult role in relationships we are basing our actions on the information we have before us – in other words we stick to the data we have in a relationship. In mutually empowering peer relationships we are seeking to establish adult to adult type relationships.

Session 6: Review and evaluation

Introduction

The aim of this session is to give candidates the opportunity to reflect on learning to date; provide support and feedback on the assessment task and to review the content to date.

The assessment guidelines contained in Annex 2 suggest that the first assessment task is a written assignment in essay format where students consider their personal recovery story in relation to the recovery approach and the role of peer support. This assignment is related to outcomes 1 and 2 and the associated evidence requirements.

Learning outcomes

- Explore the development of the recovery approach in mental health
- Explain peer support and its role in recovery

74

Evidence requirements

Explore the development of the recovery approach in mental health

- Describe and explain personal recovery and the recovery approach
- Examine two characteristics of recovery
- Describe and explain three factors which support recovery

Explain peer support and its role in recovery

- Explore the relationship between peer support and recovery
- Discuss two aspects of peer support

Suggested lesson plan

There are a number of options for delivering this session. The session could be delivered as a group session or you could arrange to meet individually with each of the students. You may decide to do both.

Where the evaluation and review session is delivered as a group session it could include:

- An opportunity for the students to review and comment on the content and delivery of the course to date.
- Discussion of the assessment task and what is required.
- An opportunity for students to draft and deliver a short presentation based on their recovery story that they have been developing since Session 3. This would encourage them to prepare for the written assessment task and to consider their recovery story in relation to what they have learnt about recovery and peer support.

Where the session is used as an opportunity to have individual meetings with the student they should also cover a review of the content and delivery of the course to date and either support for and/or feedback on the assessment.

Session 7: Use of language and communication

Introduction

As peer supporters, the language we use and how we communicate are key to building good connections with the people we are supporting. This session will focus on how we use the language of recovery and our wider communication skills in the peer relationship.

The language of recovery is designed to bring out the strengths and abilities of those in recovery.

The aim of this session is to introduce candidates to elements of effective communication, including verbal and non-verbal communication, active listening and the use of recovery language, and to enable them to use these to foster an effective peer support relationship.

Learning outcomes

Discuss and demonstrate the development of relationships based on peer support values.

Evidence requirements

- Demonstrate the use of effective communication including active listening and recovery language.

Suggested lesson plan

Activity	Method	Materials
Welcome and overview of the session	Whole group	
Connecting up	Whole Group	Flipchart
Recovery language Part one Part two	Individual Whole group discussion	Flipchart with list of words
Using recovery focused language	Group work	Worksheet
What makes good communication?	Group work	Handout: 10 key communication skills
Empowering interactions	Role play	Worksheet

Information

Use of language

Language is one of the ways to foster and enhance recovery-supporting environments. Language is constantly adapting and changing, with new words and descriptions coming to prominence over time. The way we talk and the words we use can have a powerful impact on how we interact with, and are perceived by, the world. There is also a skill in using language in a way that fosters rather than inhibits recovery.

‘Language shapes how we see and construct the world, it is important to consider how language can encourage recovery i.e. to use shorthands which foster rather than inhibit the recovery journey.’ (Slade M, 2010)

Recovery language is closely associated with our ability to share hope and identify strengths. The language we can use is also important in the development of empathic and mutual relationships. However, it is not fixed and the words we use change over time and between cultures. For example, you may have come across papers about peer support and recovery from other countries that use language that you feel less familiar or comfortable with. In some settings, it is common to describe people who use mental health services as 'consumers'. In the UK we talk about people as having mental health problems, in the United States it is common to talk about people with psychiatric disabilities.

Hodge and Townsend (authors of *The Impact of Language and Environment on Recovery*, 2008) are careful not to provide a list of things to say or not to say because it would quickly become dated and unhelpful, given the dynamic nature of language. The paper describes scenarios where language is unwittingly or otherwise used to retain control – for example, by using technical language when it's not appropriate or by failing to clarify terms.

Power of language

The things we say and how we say them can impact powerfully on other people. Encourage students to be intentional and considered in their use of language. Encourage students to take time to choose their words carefully by thinking about recovery and peer values. Students also need to be aware of avoiding the use of language which leads us away from hope and a strengths base. In other words, encourage students to use a recovery filter in their language.

Peer supporters should aim to use 'person first' language. This is a concept that grew out of the disability movement and affirms that first and foremost people are people and not a diagnosis, or client, or patient, or service user. Talking or writing about a person as a thing or as an illness rather than as a person is disrespectful and discriminatory.

Describing people by their diagnosis or use of services can risk labelling people and reinforcing identities based on illness and use of services rather than identities based on wellness, individuality and hope. This can negatively impact on an individual's identity and recovery. Similarly, we should also be conscious of the tendency to describe people by their use of services e.g. service user, patient. Labelling or categorising people can also lead to the 'them and us' environments that recovery focussed environments seek to avoid.

The language peer supporters use can empower or stigmatise. When you find yourself categorising people in this way, step back and think of alternatives. Peer supporters will also find opportunities to constructively highlight and challenge this type of labelling with friends and colleagues.

Lori Ashcroft and William Anthony- two leading writers in recovery in the United States- developed the following list to demonstrate the use of language 'that promotes acceptance, respect and uniqueness.' (Ashcroft and Anthony, 2006)

Worn-out language	Language that promotes acceptance, respect and uniqueness
you're just	you are more than
Decompensating	not him/herself today; he/she is experiencing
Manipulative	resourceful; really trying to get help
Crazy	unique
Compliant	might not be confident about personal choices or decisions; afraid
non-compliant	beginning to think for him/herself; taking personal responsibility
Entitled	aware of rights
Resistant	not open to; chooses not to; has own ideas
frequent flyer	gives us many opportunities to intervene and support
baseline	what a person looks like when doing well
unmotivated	has other interests; bored; doesn't know how to begin
helpless	unaware of capabilities
hopeless	unaware of opportunities
grandiose	has high hope and expectations of self
user of the system	resourceful; good self-advocate
druggie; crackhead; junkie	person with an addiction or diagnosis of substance abuse
high-functioning, low-functioning, dangerous, danger to others/danger to self	person is showing these issues and characteristics

Effective communication

We have learned that people are experts in their own experience. It is therefore imperative that peer supporters are able to listen to and share stories and experiences that validate those experiences and develop relationships.

Communication is a two-way process where information is given and received between two or more individuals. It is essential to ensure that what is being said and what is being received has similar meaning to each individual within the conversation. How we communicate within the peer support relationship can be a powerful tool, and there is a range of techniques we can use to make our communication more intentional. For example, the use of recovery language can show empathy and understanding while promoting hope and empowerment. The process of active listening will aid this. Communication is therefore the vehicle for building strong relationships. How we convey information, get across our intent, build trust, and develop mutuality is contingent upon it.

Communication isn't just limited by what we say — it's about what we write, how we listen, how we speak (the language and tone we use), which questions we ask, and how our attention is conveyed. It also includes our body language, which we will go on to consider in more detail later in this session. To communicate effectively, we need to understand how and why we're saying the things we're saying (or not saying) and that what we're hearing is only one story among many possibilities. In other words, when we listen to someone we hear a version of their story — that is, what they've chosen to share with us based on their assumptions about who we are, and how they currently see themselves at this moment in time.

When we listen with genuine curiosity and interest we listen to what is being said, how it's being said and what's not being said. We listen for how this person has learned to think/see/understand things in this way.

Effective communications skills

There are a variety of skills we can use to help us communicate in a way that supports empathic and mutually empowering peer relationships. This type of communication might be described as intentional communication as it involves using the way we hear and communicate as a tool. It recognises the power in communication and requires us to really work at our communication and to be more contemplative in how we do so. The following list describes ten key skills and techniques of effective and intentional communication.

Active listening - listening differently

Active listening is hard work and takes practice because it's not something we necessarily normally do. It's an important tool in effective peer communication and might also be described as listening differently. Listening differently means coming in with curiosity and should help you develop a deeper understanding of the other person and what is important to them.

Helper listening	Listening differently
"What is wrong with them?"	"What can I learn?"
Helps build assumptions	Based on curiosity
Easy to do and comes naturally	Difficult to do – acquired skill
Take things at face value – surface level	Encourages exploration and deeper understanding
"I think I know what's going on here."	"What is this person really telling me?"
Closed	Open

Listening from a position of not knowing

This position allows us to get to know each other without assumptions. It offers the opportunity to be curious and to stay away from assessment, evaluation and judgment and hopefully it begins a conversation in which both people become more self-aware while learning and growing together.

Listening for the 'untold story'

Most of the time, we listen to the story being told as if it is the "truth." We forget about perspective and we react to what is being spoken. However, if we look at the bigger picture, we can listen for how this person has learned to tell the story in this way. We can listen for assumptions they may have about us and themselves; and we can ask questions that explore what different things mean. This takes us away from just jumping into problem solving based on the "told" story.

Providing validation

We miss a lot of potentially different conversations if we find ourselves jumping into the conversation as 'the fixer'. Sometimes when we jump right into problem solving, not only do we get stuck in sort of an "expert' role," we also lose out on a much richer conversation. In these cases the person may walk away feeling somewhat unheard and disconnected. Validation supports us in feeling really listened to.

Reflecting on feelings and emotions

Many times we listen to other people's words without noticing emotion. Other times we assume that they're feeling a certain way because we know how we'd feel in the same situation. When either of these things occurs, we only hear a small part of the story, and we don't learn much

about them as whole people. If we listen with emotion then we are more likely to hear the story of the whole person and therefore allow people to feel cared about and validated. Saying, for example, “that must be very hard for you” rather than trying to move the conversation on when someone becomes upset can help open up the conversation and lead to richer connections.

Asking clarifying questions

When we listen for the big picture, asking questions that get beyond assumptions help us to see more clearly. For example, when someone is talking about depression, we might ask, “What does depression mean to you?” or “Help me understand how depression is different for you than feeling sad.” Here are some words and phrases that may help open up the story:

- Help me understand...
- How did you learn...?

Asking powerful questions

Asking powerful questions will move the conversation away from problem solving and toward creating possibilities. By asking certain questions, we can begin to help people move more in the direction of what they want in their lives rather than always moving away from what they don't want in their lives. Consider these examples:

- What do you want to achieve?
- What would make it different?
- If things were better for you what would have changed?

Using recovery language

The use of recovery language is closely associated with our ability to share hope and identify strengths. The language we use can also be important in the development of empathic and mutual relationships. We understand that the language we use is a potentially powerful and the things we say and how we say them can have a considerable impact on others.

Direct, honest and respectful communication

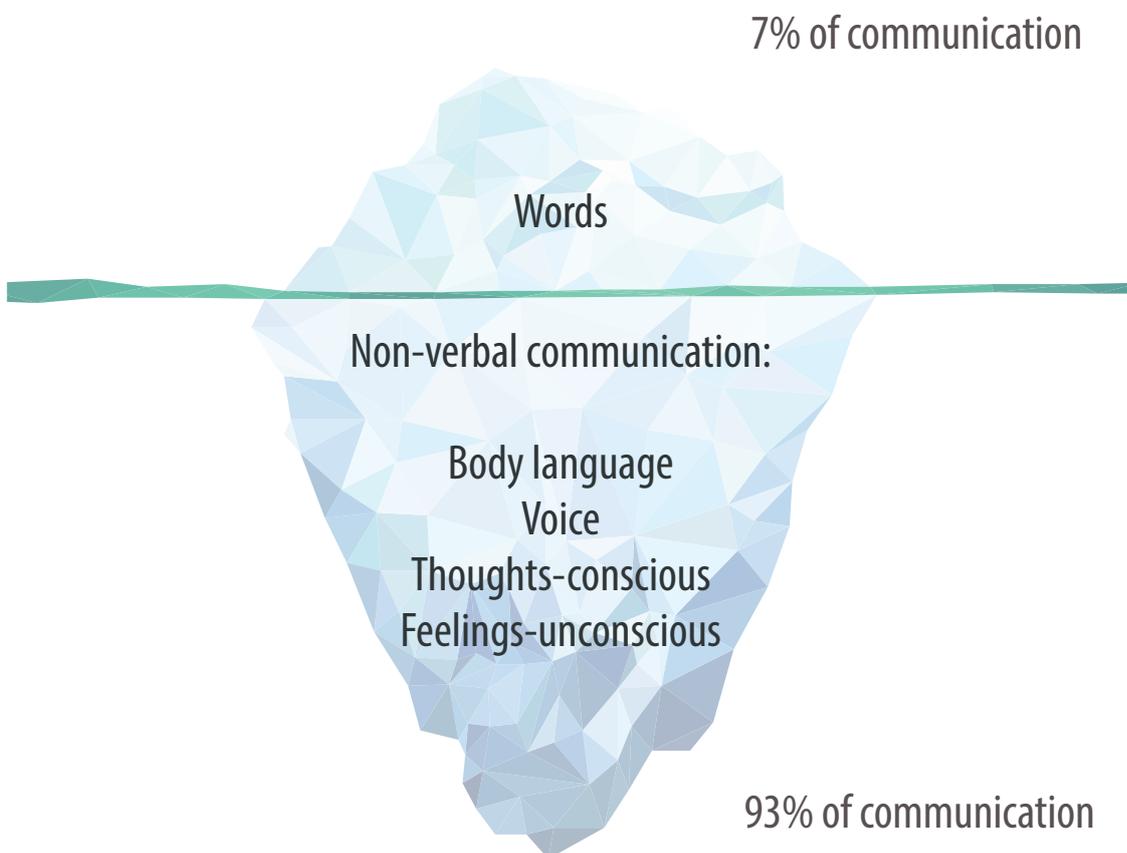
This gets particularly challenging when there's something emotional involved. We walk on eggshells, avoid the person, talk about them behind their back or even lie. All of these attempts at communication or avoidance of communication are pretty common in casual relationships. As we know peer relationships are different in this respect as they are far from casual – there is a greater intention that requires conversations that go beneath the surface.

You'll find that the more you practice honest direct respectful communication, the deeper and more trusting your relationships will become. You'll also notice that as you are open to owning your part, others are more willing to do the same.

Sitting comfortably with silence

Silence is an essential part of communication which people may find difficult. As a peer supporter if we understand these issues then we can come to understand that silence is a key part of the communication process and as such not be in such a hurry to close it down. Silence can give individuals time to think and to formulate an answer with meaning rather than just say the first thing that comes to mind. Learning to be comfortable with silence can be very empowering because it's clear that you're working that much harder on connecting with the non-verbal. The important thing about silence is that you don't assume what's going on based on your discomfort and then, that you are patient while the process unfolds.

Non-verbal communication



You might think that the majority of our communication is verbal. However, you will probably be surprised to learn that the majority of what we communicate to others is understood without a single word being spoken. You pick up the majority of your understanding of what is being communicated to you, or what the other person is trying not to communicate to you,

through body language or non-verbal communication. We communicate and express our feelings, attitudes, beliefs and values non-verbally. These messages are made clear by such things as our facial expressions or our eye contact or lack of it.

Our active listening skills are also evident in non-verbal communication. For example, you show interest if you lean forward when speaking to someone, or if you make linking phrases such as, 'You were just saying'. You can support this by making good and appropriate eye contact. (If you look at someone for too long they might think that you are angry with them or trying to intimidate them. If you make fleeting eye contact, they might think that you are shy, lacking or confidence or uneasy about speaking to them.) Appropriate non-verbal communication can therefore effectively support verbal communication.

Some other forms of non-verbal communication include:

- **Body movement:** the way in which we walk, move our head, sit, cross our legs and fold our arms can indicate how we are feeling.
- **Posture:** sitting with crossed arms can indicate, 'I'm not taking any notice' or 'I don't trust you', whereas leaning forward during a conversation can indicate, 'I'm interested in what you are saying' or 'I am enjoying this conversation'.
- **Muscle tension:** the tension in our face, feet and hands can tell someone how relaxed (or not) we feel in any situation. We can use this to assess the distress that a situation might be causing an individual.
- **Gestures:** these are arm and hand movements that can help us to understand what a person is saying. Gestures can mean different things to different people, so it is good practice to understand from the perspective of the other individual what they are trying to say. A 'thumbs up' sign is universally understood as a positive gesture.
- **Touch:** touching is a key method of communication. A gentle hand on your shoulder or someone holding your hand can convey messages of care, affection and concern. However, it is also a very emotive thing and many people don't feel comfortable with touch. You should try to understand the individual and to assess whether touch is acceptable to them. It is also a good idea to assess whether it is an acceptable environment to use touch — for example, the privacy of someone's bedroom might not be an appropriate environment to use touch as a means of communication.

Written communication

When we work in mental health settings, one of the ways we communicate is through paperwork. This might involve writing support notes, amending care plans or writing memos or minutes of meetings.

The purpose of a written report is to reflect an accurate account of the interaction and/or an up-to-date picture of an individual's situation. Where possible, this should be done with the person involved. The report is also used to provide an historic record that can be referred to at some point in the future to remind the person.

It is very important to write about people in a respectful way. The information that is written in files or notes must be factual and free from opinion or prejudice. Remember that information

in personal files should reflect a period in a person's life. Often, the behaviour and reactions of the individual will not necessarily be wholly to do with who they are, but could be a response to the situation they have found themselves in, the environment they are in or how others interact with them. For example, a person might show aggressive outbursts, and these will have been recorded as part of their mental health issues at the time. However, the aggressive outbursts might be a reaction to the environment they are in and how they have been treated or (or have perceived themselves to have been treated) at that time.

Always consider how the content of your writing might be interpreted. As stated previously, a peer supporter's written account should be factual and free from bias and opinion. It's preferable to co-write notes with the person concerned. For example, you might ask the individual you're working with how they would describe a situation or an interaction, or you could write your notes jointly as a summary of the time you've spent together.

Written records containing elements of bias or opinion can be dangerous, as they can provide a mind-set for the individuals reading them. This can foster unreasonably negative thoughts, beliefs and opinions about the person being described. For example, by writing, 'Stacey is refusing to go to the appointment that we arranged at the Housing Office again' the words 'refusing' and 'again' are loaded with innuendo that is consciously or unconsciously saying to other team members that Stacey is not engaging with the service and that this is a bit of a pattern. The danger here is that others work harder at 'making' Stacey engage and/or abuse their power to 'force her into line'. If Stacey doesn't want to go to the Housing Office, simply record that 'Stacey decided not to attend her appointment at the Housing Office'.

Poorly written accounts can have a negative impact on our ability to assess situations independently and holistically, which can give rise to poorer support or inappropriate interventions for individuals.

Suggested exercises

Connecting Up

This 'Connecting Up' exercise provides an opportunity for students to start thinking about language and how they use it.

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Use of language

Working with the whole group, ask the students to think of one word that they would use to describe themselves and share with the whole group.

Record on flipchart and initiate a group discussion about what the students notice from the list of words generated.

Notes for tutors

The purpose is to get the students thinking about language, how often we use similar language and how words can have different meaning for people

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Recovery language

Recovery language is about how we use language in a way that promotes recovery and is based on ordinary language that is descriptive and makes sense to everyone.

This exercise is divided into two parts.

The first part focusses on deficit and negative language. The second part moves into exploring how using language differently can promote hope and see the strengths and potential in people.

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Part One: Deficit and negative language

This is an individual exercise. Tell students that the following list of words has been used to describe someone. Ask students to read over the list of words and think about the immediate impression they get of the person being described.

Advise students not to spend too much time thinking about the words. They may be words you've heard in connection with other people or words you or others have used when describing yourself. Emphasise that there are no right or wrong answers.

Have the following words listed on a flipchart

- Decompensate
- Chronic
- Patient
- Impaired
- Unmotivated
- Cutter (self-harm)
- Low functioning
- Challenging
- Damaged
- Schizophrenic
- Borderline
- Grandiose
- Weird
- Self-obsessed
- Revolving door
- Manipulative

Invite whole group feedback and discussion.

Notes for tutors

This exercise provides an opportunity to reflect on how negative and deficit language can leave people feeling hopeless and how professional terminology doesn't really tell us anything about the person. They are more labels than descriptions.

Words and how we use language are critically important in the mental health field where discrimination, disempowerment and loss of self-esteem can cause people to battle with self-stigma.



Part two: Recovery Language

Continue with the whole group discussion and introduce a different way of using language, commonly known as Recovery Language (otherwise known as ordinary language).

Ask students:

- What does recovery language means for you?
- Why is it important to use recovery language?

Record responses on a flipchart.

Notes for tutors

From the discussion and list generated, you will be supporting students to identify key elements of recovery language with a focus on hope, strengths and empowerment.

The discussion should include the following and would provide a useful summary handout.

Recovery language:

- Assists a person's recovery
- Promotes hope
- Treats people as individuals
- Treats people as equals/ addresses power imbalance
- Provides a positive sense of self/identity
- It can be empowering
- Promotes positive feelings about oneself and future
- Reduces labelling and stigma and categorising
- Understandable
- Allows individuals to use their own words to share their own experiences
- It can reduce feelings of worthlessness and assist building self confidence
- Promotes choice and self-advocacy
- Promotes a person's strengths and skill

Using Recovery Focussed Language

To summarise learning and provide an opportunity to start thinking about how peer supporters could use language differently, the following exercise is suggested.

Using recovery language

With the students working in small groups of three or four ask them to think about how the original statements might impact upon hope, mutuality and empowerment.

Then ask them to work in their groups to develop alternative sentences that convey a similar meaning but use recovery focused language. Suggest that they try to make use of the things you have learned about developing peer relationships.

The following statements and suggested alternatives are provided for tutor information.

Statement	Suggested alternative
Here's Jimmy again, he is one of our revolving door patients	I wonder what is going on for Jimmy that he finds a need to seek safety in hospital?
You've got a personality disorder-you couldn't cope with a full time degree course.	You have shown incredible strength in coming through your trauma and I'm really pleased to hear that you are interested in catching up on your missed education. What are you interested in studying? I would feel privileged to help you explore options.
I don't think it would be wise for you to work in the mental health field, given your history.	I believe you would have so much to offer having come through your own mental health problems.
Think of yourself as diabetic. You'll need to take medication for the rest of your life.	Medication can be a helpful tool for recovery. I also use other tools that I call personal wellness tools, would you like to explore options for yourself?
Katy is a chronic schizophrenic who won't engage with services and is treatment resistant.	Katy has a strong sense of what she finds helpful and doesn't find services or medications helpful. Katy hears voices telling her how bad she is and has been given a diagnosis of schizophrenia.
You can't really be thinking about having children after the hellish times you have had?	I am so encouraged to hear that you want to start a family. You have shown great strength in coming through some very difficult life experiences and I'm sure you will be a great parent. How can I be of support to you?

I'm worried about Susan. She's bi-polar and has started going to nightclubs and drinking until the early hours.	Susan's beginning to connect with her friends again and enjoying going out to meet others and dancing.
Nothing good ever came out of mental illness	It may have been a very distressing experience for me at the time but I have found ways of working through my experiences that I would love to share with others, to help them.
You need to stop self-harming. I can't understand why you do this to yourself.	I'm really interested to learn more about why you cut yourself and what it means for you.
If you don't stop taking risks you'll be sectioned.	I am encouraged to see how motivated you are to move on in your life. How can we work together to make sure you achieve them and keep yourself safe?

Bring the group together to talk through responses. Prompt them to consider:

- how they felt reading the original statements
- how easy or challenging it was to consider and agree alternatives

Notes for tutors

Encourage students to use recovery language that is person first, strengths based, hopeful and empowering.



What makes good communication?

This exercise provided students with the opportunity to develop a list of what makes a positive communication experience that is based on their experiential knowledge.

Communication skills

Ask students to reflect on a positive interaction they have had recently and note down why it was positive

- What happened?
- How did they feel?

Then ask students to think about a negative interaction and ask them to make notes of why it was negative;

- What happened?
- How did they feel?

Facilitate a large group discussion and record what factors make an interaction either a positive or a negative experience.

Notes for tutors

Reinforce with handout of the 10 key Communication Skills

Empowering Interactions

Empowering interactions is a communications skill. This exercise will provide students with the opportunity to develop their communication skills in the peer support relationship. This exercise asks students to work in groups of three and will use role play. There is more information and guidance about the use of role play in Annex 1.

Empowering interactions

In groups of three, students will have the opportunity to practice your communication skills through role playing peer relationship scenarios.

Assign roles with one person taking on each role;

- Peer
- Peer Supporter
- Observer

The peer thinks of a situation or issue that they would like to discuss with their peer supporter. The peer supporter meets with the peer and takes the discussion from there.

The observer uses the table provided to record what they see in relation to the 10 key skills of effective communication. The observer should use the same skills to describe the positives and any areas for improvement.

Each conversation should last between 5 and 8 minutes with a few minutes feedback from the observer.

Swap roles so that each person has the opportunity to practice their communication skills and provide feedback.

Notes for tutors

Encourage students to develop scenarios that are based on their own experiences of being in helping relationships.

Remind students that each role is important and you expect the person offering feedback to be equally mindful of how they communicate their feedback.

This type of communication takes considerable practice. In the beginning it might not feel very natural or authentic. Some might even feel pretty uncomfortable. Doing this type of intentional communication is new and challenging, but with practise it enables people to build stronger connections; grow more as a person and build better relationships. This applies to all aspects of life – not just when in a peer support role. Suggest that students continue to practise with their fellow students, family and friends and watch for the impact that using this type of intentional language can have. They can also be encouraged to revisit the ten techniques whenever possible.



Student information

- Using Recovery Focused Language: worksheet
- 10 Key Communications Skills: handout
- Empowering Interactions: worksheet

Using recovery focused language

Statement	Recovery focussed statement
Here's Jimmy again, he is one of our revolving door patients	
You've got a personality disorder-you couldn't cope with a full time degree course.	
I don't think it would be wise for you to work in the mental health field, given your history.	
Think of yourself as diabetic. You'll need to take medication for the rest of your life.	
Katy is a chronic schizophrenic who won't engage with services and is treatment resistant.	
I'm worried about Susan. She's bi-polar and has started going to nightclubs and drinking until the early hours.	
Nothing good ever came out of mental illness	
You need to stop self-harming. I can't understand why you do this to yourself.	
If you don't stop taking risks you'll be sectioned.	
You can't really be thinking about having children after the hellish times you have had?	

10 key communication skills

Active listening - listening differently

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Helps build assumptions	Based on curiosity
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This position allows us to get to know each other without assumptions. It offers the opportunity to be curious and to stay away from assessment, evaluation and judgment and hopefully it begins a conversation in which both people become more self aware while learning and growing together.

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Providing validation

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Asking clarifying questions

When we listen for the big picture, asking questions that get beyond assumptions help us to see more clearly. For example, when someone is talking about depression, we might ask, "What does depression mean to you?" or "Help me understand how depression is different for you than feeling sad." Here are some words and phrases that may help open up the story:

- Help me understand...
- How did you learn...?

Asking powerful questions

Asking powerful questions will move the conversation away from problem solving and toward creating possibilities. By asking certain questions, we can begin to help people move more in the direction of what they want in their lives rather than always moving away from what they don't want in their lives. Consider these examples:

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- What would make it different?
- If things were better for you what would have changed?

Using recovery language

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Direct, honest and respectful communication

This gets particularly challenging when there's something emotional involved. We walk on eggshells, avoid the person, talk about them behind their back or even lie. All of these attempts at communication or avoidance of communication are pretty common in casual relationships. As we know peer relationships are different in this respect as they are far from casual – there is a greater intention that requires conversations that go beneath the surface.

You'll find that the more you practice honest direct respectful communication, the deeper and more trusting your relationships will become. You'll also notice that as you are open to owning your part, others are more willing to do the same.

Sitting comfortably with silence

Silence is an essential part of communication which people may find difficult. As a peer supporter if we understand these issues then we can come to understand that silence is a key part of the communication process and as such not be in such a hurry to close it down. Silence can give individuals time to think and to formulate an answer with meaning rather than just say the first thing that comes to mind. Learning to be comfortable with silence can be very empowering because it's clear that you're working that much harder on connecting with the non-verbal. The important thing about silence is that you don't assume what's going on based on your discomfort and then, that you are patient while the process unfolds.

Empowering interactions

The Communication Skills checklist covers the 10 key skills of effective communication. In groups of three, you will use this checklist as part of a role playing exercise.

Observer: during the role play exercise, record examples of how the peer supporter uses each skill. At the end of the role play feedback your observations. Focus on how the peer supporter used the communication skills on the list and also suggest areas for improvement. When feeding back think about how you are using the communication skills on the list when doing so.

Helper listening	
Communication Skills checklist	Observation and examples
Active listening – listening differently	
Listening from a position of not knowing	
Listening for the untold story	
Providing validation	
Reflecting feelings and emotion	
Asking clarifying questions	
Asking powerful questions	
Using recovery language	
Communicating directly honestly and respectfully	
Sitting comfortably with silence	

Session 8: Using your experiences effectively

Introduction

One of the most effective ways to explain recovery to others is by people sharing their experiences. It brings to life the reality of recovery.

This session builds on previous learning to enable peer supporters to develop their skills and experience in sharing their experiences in ways that are helpful. This sharing is often described as intentional.

Learning outcomes

Discuss and demonstrate the development of relationships based on peer support values.

Demonstrate an awareness of how to practice safely and effectively in the formalised peer support role.

Evidence requirements

- Demonstrate the application of role modelling and hope in the peer relationship, including the use of self and the constructive sharing of experience.
- Describe two aspects of safe practice and self-care.

Suggested lesson plan

Activity	Method	Materials
Connecting up	Large group discussion	
Peer Supporters as Role Models	Small group	Peer values handout SRN Peer Values Framework
The power of sharing experiences	Group work	
Using personal experiences in recovery conversations	Group work	
Self-care	Whole class discussion	Sharing our experiences handout

Information

What is lived experience?

We have learned about valuing our own lived experience and reflecting on what recovery means for us and how it shapes the way we view our experiences.

Role modelling and hope

A key role for peer supporters is to role model recovery and hope within the peer support relationship. We show that it is possible to reclaim your life and live a life of hope and potential through our attitudes, interactions, behaviours and use of language.

The term 'role model' was first coined by the American sociologist Robert K Merton to describe observations he made about medical students. These ideas were later developed by psychologists, most notably Albert Bandura, who developed his 'Social Learning Theory'. Bandura argued that people learn through observation of other people's behaviour and attitudes, and that this is a key part of what is known as 'socialisation' — the process by which we become aware of society and relationships within it. Behaviour is reinforced through a

process of rewards and punishments. This is to ensure what is deemed as acceptable behaviour is reinforced while negative behaviours are reduced.

There are many people that we might consider to be role models as we progress through life — from parents and friends to colleagues and educators. The extent to which people are aware that they are acting as role models is perhaps less clear, but the idea of developing skills and abilities to support people in a process of modelling has been widely developed in a range of settings. Examples of this include mentoring programmes in schools where older students support younger students, or in work settings where more experienced employees support new staff. The use of role modelling to support recovery has also gained credence, with recommendations to service providers to 'make role models more visible.' (Slade M, 2009)

Inspiring peers like Pat Deegan (www.patdeegan.com) consider the role of sharing experiences and stories as one means of sharing hope and promoting recovery.

'People in recovery also speak of the importance of having a person in recovery as a mentor or role model as they go through their journey. Role models help people know what recovery looks like and give them ideas about what to hope for.' (Davidson, L. et al, 2009)

How and when to use your own experiences

In the peer support relationship, using and drawing on our personal recovery experiences is a powerful tool in communicating hope and creating connections with others. Sharing our recovery experiences provides us with the opportunity to practice what we have learned about how role modelling can communicate possibility and potential. As peer supporters we will have many opportunities to talk and share with people. How we share our experiences will be dependent on who we are speaking with and the purpose of the discussion. At all times our discussion and the sharing of experiences should be in keeping with key aspects of the peer support relationship; that it is

- Mutual
- Authentic
- Intentional

As a peer supporter, consider the initial connection you make when you met someone for the first time. For example you have just introduced yourself to Sylvia. She's heard about peer support but doesn't know much about it. She asks you if you've also been a client in the mental health system.

What do you share?

If you launch in to an account of your story from how bad it was to where you are now, you will probably overwhelm Sylvia.

We need to consider what part of our story Sylvia is actually interested in knowing about? It is likely that she wants to know if you have been a client too. This is the time to simply establish

a mutual relationship by identifying your common experience. You might say, 'I used to access services in the mental health system and I'd be happy to share some of my experience if you're interested.'

The key thing about sharing your experience is to maintain hope within the peer support relationship and to do this we need to:

- Seek to discover common ground
- Recognise that each person is unique
- Understand that each person's experience reflects what they have come to know because of where they have been.

As we have learned from discussing our own recovery experiences and the value of role models there is a difference between sharing an experience that focuses on recovery and one that focuses on illness. A focus on illness communicates just how bad it was and tends to elicit sympathy rather than inspire hope. It can also distance you from the person you are trying to share your experience with by overwhelming them with the futility of even trying to cope.

Sharing a recovery experience, on the other hand, creates an opportunity for others to learn what you know because of where you've been; what helped you move beyond your challenges and what you do now to continue your journey and maintain your wellness. It illuminates aspects of the challenge and the hope in reclaiming your life. It is rarely told in one sitting.

But what do you do if you and the person you are supporting don't have a common understanding of your shared experiences? For example, you might be from completely different cultures or backgrounds and what they might describe as trauma, you might not. How do you communicate that there is hope in recovery from mental health issues when this is the case? The answer to this lies in the fact that shared experience in peer support can in some cases have less to do with similar experiences and a lot more to do with understanding some of the consequences of living with a diagnosis.

While the sharing of experience is a highly powerful tool, it must be done in a way that continually provides space for each person to explore for him or herself and find their own solutions. A person might say, "Have you been through what I am going through? Can you tell me how to deal with this?" In such circumstances an response which is mutual, authentic and intention could be "Yes, I have experienced some similar things. I'd be glad to share how I worked through them, but first I'd like to hear some of your ideas. What have you tried so far?"

It is also important to consider what you may need to avoid when sharing your own experiences to ensure that your interactions remain intentional;

- Shifting the focus too much onto yourself and your story.
- Taking up too much time with my story.
- Using the peer support meeting for the primary purpose of releasing my own pain/ working through my own challenges.
- Comparing my own story to my peers "What I have been through is worse!"
- Sharing parts of my story to 'steer' my peer into doing what I did
- Including specific details about trauma and other experiences.

Suggested exercises

Connecting Up

My role models

A good starting point for this session is to encourage students to reflect on their own experiences of how powerful role models have been in their own lives.

You may want to ask the students to consider this question as homework from the previous session and come prepared to share in this session.

Ask students to think of someone who is/has been a great role model in their life and why.

As a large group, ask each student to share who their chosen role model is and their reasons why. May be worth recording two lists, one of roles models and another of their qualities. As facilitator you would also look to add your example.

Facilitate a whole group discussion on why we describe some people as role models and the qualities that we identify as marks them out as role models.

Notes for tutors

Themes that you would be looking to draw out will include;

- Inspiration
- Positivity
- Overcoming challenges
- Aspirational
- Learning
- How to do things
- What they do and how they do it
- What they say and how they say it

Peer supporters as role models

How to be a peer role model

Following the connecting exercise on personal role models, ask students to work in small groups to consider ways, that as peer supporters, they can act as role models.

It is suggested that one way to do this is to use the Peer Values Framework developed by Scottish Recovery Network which sets out six values underpinning the peer relationship.

Ask each small group to focus on one value i.e. As a peer supporter how would you model in the peer relationship?

- Hope
- Experience
- Authenticity
- Responsibility
- Mutuality
- Empowerment

Notes for tutors

A handout containing the values and a short explanation of each is available. This exercise will also provide an opportunity to create a resource that students can use as reference material.

The power of sharing experiences

How to share experiences

Peer support is when people with similar experiences are able to offer and accept help and support from each other. Often this involves people sharing their own experiences.

Ask students to think of a conversation with a peer that they have found helpful.

In pairs or small groups discuss what made the conversation helpful

- How did the person share their experience?
- Why did you find it helpful?
- What could have got in the way?

Have each of the three questions on individual large sheets of paper and divide class into 3 groups. Each group starts with one of the questions and adds comments. After an agreed period of time, the groups move round to the next questions and contribute their comments to the list started. Repeat a third time so that each group has the opportunity to reflect on and contribute to each question.

The tutor would facilitate a whole group discussion based on the collated comments for each question.

Tutor Notes

Key themes you are looking to identify from the discussions are;

- Mutuality
- Authenticity
- Intentionality

This exercise encourages students to start thinking about what it is about sharing experiences that is helpful and not so helpful and provides a foundation to start thinking about how they can share experiences in a positive way.



Using personal experiences in recovery conversations



Sharing experiences role play exercise

Key to the peer worker role is the sharing of experiences. This exercise provides students with the opportunity to develop their skills in sharing their experiences in a ways that are

- Mutual
- Authentic
- Intentional

In groups of three, ask students to take on the role of

- Individual: think of a situation that you would like to discuss with your peer supporter and seek to get them to share their experiences with you. If you feel comfortable you can push the peer supporter to share in more detail.
- Peer supporter: your role is to explore with the person what they want to discuss in a way that includes you being mutual, authentic and intentional in how you draw on your personal experiences when talking together. You should also consider how to respond in a way that keeps the level of sharing to one that you are comfortable with and keeps the focus on the person.
- Observer: your role is to make note of where you observe the peer supporter being authentic, mutual and intentional.

At the end of the scenario, spend some time discussing how it felt from the point of view of the interactions being mutual, authentic and intentional. In particular as the

- person seeking support
- peer supporter

The observer shares what they saw that worked well and potential to develop.

This exercise can be repeated so that each student has the opportunity to play each role.

Notes for tutor

Consider modelling this role play first within the class. Ask for a volunteer to take on the role of person being supported and you will be the peer supporter.

This exercise encourages students to consider how they manage discussions in a way that is respectful to both themselves and the person they are partnering whilst also being open, honest, mutual and purposeful.

Examples

- I can see how upset you are, how about we spend some time thinking about how you could find someone to talk about this in more detail?
- I feel that it would be a bit too triggering for me at the moment, would that be ok with you?

This says to the person that you have recognised their distress but also need to look after yourself. As a peer supporter you are also role modelling how to keep boundaries and that there are two people in the relationship who both have needs and the focus has to be on what works for both people.



Self-care

It is important that peer supporters also consider some of the implications of sharing their experiences and what they can do to look after themselves and keep safe. This exercise provides the opportunity for students to explore what these considerations could be and reminds students that there are two people in the relationship and whilst the focus is on how we support someone else in their recovery, we must also be mindful of what works for us and to look after ourselves.



Self-care when sharing experiences

Ask students to discuss how they can share experiences in ways that work also for themselves and keep themselves well and safe.

As a whole group, ask for feedback from each group identifying key themes.

Tutor Notes

Key themes will include;

- Sharing only what you are comfortable sharing and this may be different with different people and at different times
- Confidentiality and being able to discuss openly especially if you feel that has been abused by an individual (role modelling)
- Supervision
- Training
- Discuss with colleagues
- Self care practices both in and outside of work
- Wellness plans for work

If it hasn't come up, you can also encourage students to think about how they also share with colleagues, reminding students that their experience is theirs and they are in control of what they share and how much they share.



Further reading

Davidson, L, Tondora, J, Staeheli Lawless, M, O'Connel, M J and Rowe, M (2009) Recovery Orientated Practice, Oxford University Press

Slade, M (2009) Personal Recovery and Mental Illness, Cambridge University Press

Scottish Recovery Network worked with a group of peer workers to develop a short Peer Values Framework which sets out the values underpinning the peer support relationship.

Student information

Peer values handout

Scottish Recovery Network Peer Values Framework

Sharing our experiences handout

Peer Values Framework (Scotland)

Scottish Recovery Network worked with a group of peer workers to develop a Values Framework for peer support. The published copy can be found at http://www.scottishrecovery.net/images/stories/downloads/srn_peer_values_framework_publication.pdf

Hope

We believe in the reality of recovery for all and that:

- Peer workers are powerful role models and evidence of the reality of recovery.
- We are all unique individuals, with hopes, dreams and aspirations with the potential to be all that we can be.
- The peer relationship offers a unique healing environment and powerful way of promoting hope and optimism.
- It is possible to learn and grow from challenges and setbacks.

Experience

We believe recovery is a unique and individual experience and that:

- We are all experts in our own experience.
- There are many roads to recovery and different ways of understanding and interpreting experiences.
- The sharing of experiences can be a powerful catalyst for personal change and growth.
- Peer workers use their lived experience intentionally to encourage and support recovery.

Authenticity

We believe being authentic is about being true to ourselves and that:

- Empathy and compassion are at the heart of the peer relationship.
- Authentic relationships are open, honest and mutual.
- Peer support is about building connections that enable people to trust and to share their wisdom.
- Having compassion for others is grounded in being compassionate towards yourself.

Responsibility

We believe wellness and recovery involves taking responsibility and that:

- Supporting people to make changes is achieved through 'being with' rather than 'doing for'.
- Peer workers have a responsibility to ensure that the values of peer support are nurtured and developed.
- Peer workers should take responsibility for their learning and development.
- Peer workers have a responsibility to challenge stigma and discrimination encountered in their role.



Mutuality

We believe that mutuality is core to peer working and that:

- We are interdependent and all have something to contribute.
- Mutuality is developed through respectfully sharing ideas, learning and experiences.
- Mutuality develops through discussion and negotiation of what is helpful in the relationship.
- Everyone involved in the relationship has a responsibility for making it work.

Empowerment

We believe empowerment means being in the driving seat and that:

- Recovery is the job of each individual and the peer relationship is based on learning together.
- Empowerment happens as we draw on our strengths and abilities both individually and collectively.
- Taking risks, trying new things and moving beyond our comfort zone are essential to personal growth and change.
- Having power and control comes from identifying our own needs, making choices and taking responsibility for finding solutions.

Scottish Recovery Network Peer Values Framework



Values Framework for Peer Working

Experts by Experience

Values Framework for Peer Working

Developed by
The Scottish Recovery Network
In partnership with the
Peer Learning Network

Special thanks to
Working Group members
Sylvia Collumb, Moira Gillespie, Gillian Grant, Dorothy Hansen,
Andrew Kernohan, Sharon Lear, Rona McBrierty, Jacquie Nicholson, Susan Pollock.

www.scottishrecovery.net

1

Experts by Experience

Introduction

The Scottish Recovery Network (SRN) was formally launched in 2004 as an initiative designed to promote and support recovery from mental health problems. Our goals are to raise awareness of recovery; encourage empowerment; develop the evidence base and influence policy and practice. Since 2004 interest in the concept of recovery has increased greatly. We understand more about what recovery means to people and are working to raise awareness of the implications of this for the way people with mental health problems are supported.



2



Values Framework for Peer Working

What is Peer Working?

Peer working is an emerging role within the mental health sector. Peer workers are individuals with personal experience of mental health problems who are trained and employed to support others. This involves:

- ✿ **Developing mutually empowering relationships.**
- ✿ **Sharing personal experiences of recovery in a way that inspires hope.**
- ✿ **Offering help and support as an equal.**

Peer working is a complement to both informal peer support and services provided by a range of different organisations and agencies.

Peer working is a potentially powerful way to support and develop recovery focused practice. Peer support and recovery focused practice are underpinned by common sets of values that guide and inform their approaches.



3

Experts by Experience

Why develop a Values Framework?

SRN offer support to develop and implement peer worker roles through our 'Experts by Experience' guidelines publication. More recently we have also commissioned and worked with the Scottish Qualification Authority (SQA) to develop a national qualification (Professional Development Award) in Mental Health Peer Support.

The Values Framework is part of this work to support and promote peer working in Scotland. We worked with those actively involved in peer working to develop this Values Framework with the aim of:

- ✿ Ensuring the role remains true to the peer support ethos.
- ✿ Clarifying the role and identity of peer workers.
- ✿ Creating a basis for the further development of peer worker roles and services.
- ✿ Improving understanding of peer working.
- ✿ Complementing the Experts by Experience guidelines and the national SQA award.

4

Values Framework for Peer Working

How to use the Values Framework

The Values Framework has been developed to increase awareness and understanding of the role. It will inform and guide peer workers, employers and those interested in developing peer working roles.

For more information about peer working go to our website www.scottishrecovery.net.

www.scottishrecovery.net

5

Experts by Experience

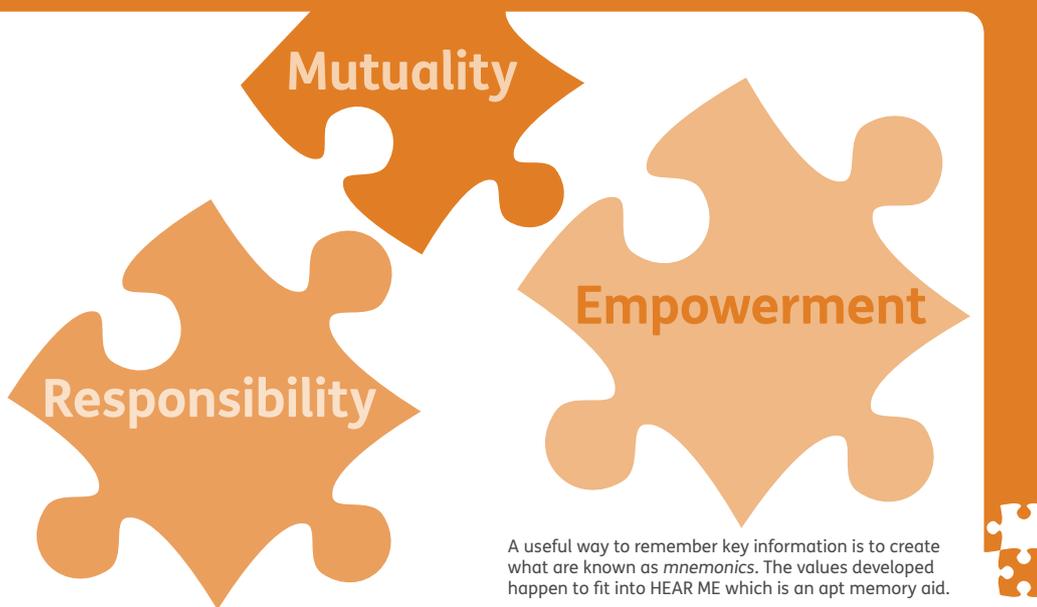
Introduction to VALUES

The Values Framework is grounded in six core values:



6

Values Framework for Peer Working



A useful way to remember key information is to create what are known as *mnemonics*. The values developed happen to fit into HEAR ME which is an apt memory aid.

Experts by Experience

Values and Beliefs



Hope

We believe in the reality of recovery for all and that:

- ✿ Peer workers are powerful role models and evidence of the reality of recovery.
- ✿ We are all unique individuals, with hopes, dreams and aspirations with the potential to be all that we can be.
- ✿ The peer relationship offers a unique healing environment and powerful way of promoting hope and optimism.
- ✿ It is possible to learn and grow from challenges and setbacks.

8

Values Framework for Peer Working



Experience

We believe recovery is a unique and individual experience and that:

- ✿ We are all experts in our own experience.
- ✿ There are many roads to recovery and different ways of understanding and interpreting experiences.
- ✿ The sharing of experiences can be a powerful catalyst for personal change and growth.
- ✿ Peer workers use their lived experience intentionally to encourage and support recovery.

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9



Authenticity

We believe being authentic is about being true to ourselves and that:

- ✿ Empathy and compassion are at the heart of the peer relationship.
- ✿ Authentic relationships are open, honest and mutual.
- ✿ Peer support is about building connections that enable people to trust and to share their wisdom.
- ✿ Having compassion for others is grounded in being compassionate towards yourself.



Responsibility

We believe wellness and recovery involves taking responsibility and that:

- ✿ Supporting people to make changes is achieved through 'being with' rather than 'doing for'.
- ✿ Peer workers have a responsibility to ensure that the values of peer support are nurtured and developed.
- ✿ Peer workers should take responsibility for their learning and development.
- ✿ Peer workers have a responsibility to challenge stigma and discrimination encountered in their role.



Mutuality

We believe that mutuality is core to peer working and that:

- ✿ We are interdependent and all have something to contribute.
- ✿ Mutuality is developed through respectfully sharing ideas, learning and experiences.
- ✿ Mutuality develops through discussion and negotiation of what is helpful in the relationship.
- ✿ Everyone involved in the relationship has a responsibility for making it work.



Empowerment

We believe empowerment means being in the driving seat and that:

- ✿ Recovery is the job of each individual and the peer relationship is based on learning together.
- ✿ Empowerment happens as we draw on our strengths and abilities both individually and collectively.
- ✿ Taking risks, trying new things and moving beyond our comfort zone are essential to personal growth and change.
- ✿ Having power and control comes from identifying our own needs, making choices and taking responsibility for finding solutions.

Experts by Experience

Values into Practice

The values in the framework are demonstrated in practice through the following behaviours

Intentionally sharing experiences and stories of hope and recovery.

Help peers explore and broaden personal identity and worldview.

Accepting peers where they are at, avoiding judgement and interpretation.

Encourage responsibility for self care, wellness and recovery.

Demonstrating and modelling relationship skills through our attitudes, interactions, behaviours and use of language.

Take a strengths based approach focusing on hopes, aspirations and self defined goals.

Being alongside and partnering peers – not doing to or for.

Encourage peers to challenge themselves and to mitigate for potential risks.

Values Framework for Peer Working

Encourage the reframing of setbacks and help identify ways to learn from them.

Acknowledge and discuss issues relating to power.

Encourage peers to make informed choices and seek out relevant information to enable this.

Respect rights, dignity, privacy and confidentiality.

Support peers to explore meaning and purpose in their lives.

Respect diversity and have cultural awareness.

Help people build social supports and make community connections.

Maintaining and building on skills and learning whilst keeping current with emerging knowledge on peer support and recovery.

Work with boundaries that are responsive and flexible being mindful of organisational policies.

Be a reflective practitioner and learn from experience.

Experts by Experience

Use supervision to support and enable you to develop your understanding and practice.

Ensure the values of peer working are at the centre of all our interactions.

Seek out opportunities to meet with other peer workers to share learning.

Advocate for peers to make their own decisions in matters affecting their lives.

Take personal responsibility for your own self development, self care, wellness and recovery.

Be an active member of the team and contribute in a positive and solution focused manner.

See and use the community as a resource.

Constructively challenge non-recovery focused, stigmatising and discriminatory practices.

To be a role model and champion recovery.

Sharing our experiences

Peer workers are expected to role model hope and recovery within the peer relationship.

- Peer workers are evidence of the reality of recovery
- They are evidence that people can learn and grow from challenges and setbacks
- They are evidence that we all have hopes, dreams, and aspirations and can work towards and live out our potential.
- This offers something for people to aspire to.

However there is a need to be careful about sharing of lived experience:

- Your recovery story and what helped you may not be for everyone.
- You need to use lived experience and your story constructively and thoughtfully.
- The purpose is to inspire hope, show empathy and mutuality; not to share your story.

How to share lived experience (your story) intentionally:

- Seek to discover common ground – ask questions and listen as well as sharing
- Only share what is needed for the relationship at that time – stories should not be told in one sitting
- Recognise that each person is unique – each person's experience reflects what they have come to know because of where they have been
- Understand the difference between an illness story and a recovery story.
- Illness stories communicate how bad it is and elicit sympathy rather than create hope.

What do we need to think about when sharing lived experience?

- It's about learning and re-naming of experiences – encouraging each other to re-evaluate what we know and we make sense of our experiences.
- Accept people for who they are. They are looking for validation not fixing. This is where peer support should be focused.
- Find out about them – preferences, needs etc – before sharing to ensure your sharing is relevant, appropriate.
- Remember that you as a peer worker are in a mutual relationship – walking alongside, learning from each other – your story will not have all the answers.



- Be focused on the relationship and nurture that as a strong basis for sharing experiences and mutual learning and growth.
- Understand that you and those people you are in a peer relationship with will have limits and boundaries and these can change over time. Be mindful of this.
- Peer workers do not have all the answers. They have lived experience which they can use intentionally to support people to make sense of their experiences and take control of their recovery.

Session 9: Surviving and thriving

Introduction

The aim of this session is to look at approaches to working with people which focus on their strengths and capabilities and on building resilience. This will include examining the ways in which strengths based approach might validate and reframe experience and how it uses role modelling and hope to help individuals build resilience. Strengths based approaches are at the heart of peer support practice.

Part of this session will look at the possible effects of trauma on mental health and the implications of this for peer support practice. This is likely to be a challenging topic for some, so it may be beneficial to discuss some ground rules before starting. We have suggested the following as starting points for discussion:

- There is no need to share anything personal if you do not want to;
- It's ok to take a break;
- Don't share anything you're not comfortable sharing;
- Be respectful of other people's confidentiality;
- This is a discussion about the impact of trauma and the implications for recovery and peer support practice, not group psychotherapy!;
- The aim is not to 'open people up' to raw experiences as we won't have time or capacity to properly attend to distress during and after the session. It is to introduce the need to develop an understanding of the impact of trauma as a peer supporter.

Learning outcomes

Apply a strengths based approach in the peer support role

Evidence requirements

- Describe how a strengths based approach may validate and reframe experience.
- Demonstrate an awareness of the effects of trauma.
- Discuss ways to promote resilience.

Suggested lesson plan

Activity	Method	Materials
Introduction	Tutor led	
Strengths based practice	'Who am I?' exercise	Handout
Resilience	Group exercise	
Understanding trauma	Group exercise	
Trauma-informed peer practice	Group exercise	Handout
Trauma-informed peer practice	Role play	

Information

Resilience

Resilience is variously described as the ability or capacity to:

- overcome difficult life experiences;
- thrive in spite of adversity;
- 'bounce back' from challenges;
- find meaning and direction in difficult circumstances;
- adapt to changing situations.

The concept of resilience encourages us to learn from those who have come through challenging experiences, and it relates strongly to the development of the recovery approach. The recovery approach is based primarily on learning directly from people who describe themselves as having recovered from, or who are in recovery from, mental health problems. The recovery approach asks the question 'What is it that we can learn from people who do well?'

Strengths-based approaches

Developing an understanding of strengths and strengths-based approaches is central to recovery and peer support practice.

Organisations that offer services to individuals with mental health problems sometimes use a medical model of intervention. In this model, the individual is usually perceived as someone with problems that need to be intervened with and resolved. This is often achieved by the use of medication, which tends to reinforce the view that the individual is, to a large extent, dependent on these medical interventions for their recovery.

Discovering strengths can be a difficult process as individuals may have been disempowered by experiences such as that described above and they may not initially recognise their strengths. How we engage with people to uncover their strengths and abilities is therefore important. A strengths based approach would:

- Ask open questions of the individual and encourage them to think about situations and the strengths they brought to the situation and how they managed it.
- Be focused on the individual uncovering their own strengths as this adds to their sense of mastery and empowerment.
- Acknowledge difficulties but do not let them be the defining factor.
- Prompt the person to start to feel more hopeful about their situation and more worthy of positive relationships and experiences as they identify strengths rather than deficits.
- Highlight the uniqueness of the individual and show interest in them.
- Enable the person to start building resilience and identify positive coping and management strategies they can use.

Strengths and deficits in mental health

Each person has their own unique strengths and abilities, but we tend to be more able to articulate and identify the things that might be considered deficits, weaknesses or problems. In fact, it is quite unusual to ever be asked about strengths and abilities out with a job interview.

An awareness of this focus on deficits over strengths is of particular relevance to mental health and recovery. When people first experience issues with their mental health they may seek help. Initially they are likely to be asked a series of questions about the nature and severity of the problems they are experiencing. Based on the problems identified a diagnosis may be assigned and treatments and services may be suggested. However what is offered will very much depend on the severity of the problems identified. Put simply, the worse things are, then the higher the priority for support and treatment.

Once through this initial process of assessment the person may be introduced to new professional helpers and services and at each juncture they are likely to be asked to recount and describe their problems. It is inevitable that after a while they get well versed in describing an illness story, and things start to feel pretty hopeless.

When further help outside the mental health service system is sought — like benefits or housing — again the support offered depends on the severity and nature of your problems. Those who are considered to have more problems or who are better able to articulate their problems will again be seen as being more in need and hence get more help.

Where resources are limited it is understandable that services and supports are offered on the basis of greatest need. However, we need to be aware of the potentially negative consequences that this can have — including the possibility of reinforcing an identity dominated by problems and illness. If people are frequently asked to describe their problems, then there is a risk that they can become a deeply engrained part of our sense of self, and this can hamper growth and progression.

An unintended consequence of the rationing of services and support based on greatest need is that we potentially create a disincentive to recovery.

Strengths and recovery

In Session 3 when we looked at recovery narratives, we learned that the process of re-authoring personal experiences to look for elements of wellness, hope and recovery over illness and disability can have a potentially transformative effect. Strengths-based approaches build on this concept and offer a mechanism to support this process.

A strengths-based approach starts with what's strong and not with what's wrong.

In doing so it is possible to:

- Promote hope - knowing what you can do to and recognising your potential is a hopeful endeavour. Working with people to identify their strengths and abilities generates hope; a key ingredient of recovery.
- Encourage empowerment - being overly focused on problems and deficits is in itself disempowering. Strengths-based practice is one of the tools by which we encourage

and foster empowerment so that people can become more aware of what is possible, identify goals and develop plans and strategies for achieving them. This creates a greater degree of control and participation in recovery and wellbeing.

- Promote resilience — people who are more aware of their strengths are more able to anticipate and bounce back from challenges.
- Recognise each person as a unique individual with strengths, goals and dreams rather than as a collection of problems. This helps us recognise and celebrate the unique contribution we all make.
- Recognise and validate the experience brought by people with experience of mental health problems. They can bring unique insight, knowledge and experiences that can be applied in the support of others.

Focusing on strengths does not mean that people will not experience problems, but it does help to foster environments and learning opportunities that support recovery.

As Pat Deegan states in the foreword of *The strengths model: Case management with people with psychiatric disabilities*:

[Strengths based practice is] ‘a powerful antidote to the high cost of the deficits approach. In this model, strength is not constructed as some superheroic state of invulnerability. Rather, we learn that even when people present with obvious vulnerabilities, they also have strengths. Their strengths are in their passions, in their skills, in their interest in their relationships and in their environments. If mental health practitioners look for strengths, they will find them.’ (Rapp, C A and Goscha, R).

The following table summarises some of the characteristics and potential consequences of focusing on deficits and problems or on strengths.

‘Language shapes how we see and construct the world, it is important to consider how language can encourage recovery i.e. to use shorthands which foster rather than inhibit the recovery journey.’ (Slade M, 2010)

Problem/deficit focus	Strengths focus
Easy to identify and describe	Harder to identify and describe
Creates a mindset of ‘can’t do’ and accommodation of needs	Creates a mindset of ‘can do’ and possibility
Encourages high awareness of limitations and barriers and a culture of pessimism	Encourages consideration of dreams and goals and a culture of hope and optimism

People who experience difficulties are seen as problems to be fixed	People who experience difficulties are seen as a potential asset due to the unique knowledge and understanding they bring
Encourages dependence and need	Encourages resilience and self-direction
Encourages a 'helping' type response from support	Encourages a response based on shared learning and mutuality from support
Encourages identity to become dominated by problems and illness hindering recovery	Encourages identity characterised by wellness and opportunity helping recovery
Disempowering	Empowering

Peer support worker role

Peer supporters you can reinforce the discovery of strengths and abilities by supporting the individual to recognise and embrace their uniqueness. Strengths come in different forms and can be related to personal characteristics; skills and abilities; communities and cultures; interests; values and aspirations. People can be encouraged to speak more positively about strengths and abilities and less about deficits. The peer supporter can achieve this by asking appropriate questions such as:

- How did you get this far? What helped you survive this? What did you learn?
- Who helped you? What did they do that was helpful? Why did they help you?
- What good things do people say about you?
- What things about yourself or your life give you the most happiness?
- What are your best memories?

Through this process the peer supporter is trying to assist the individual to re-author their personal experience, where they are encouraged to look for elements of wellness, achievements and strengths instead of seeing themselves in terms of illness and disability.

Trauma informed practice

What is trauma?

Trauma occurs when an external threat overwhelms a person's coping resources. It can result in immediate psychological distress, sometimes diagnosed as post-traumatic stress disorder (PTSD), or it can affect other aspects of the person's life over a period of time. Sometimes people aren't even aware that their problems are related to a trauma that occurred earlier in life. Many people who experience mental distress have experienced significant trauma in their lives. This trauma may not be recognised.

Trauma is unique to each individual — the most violent events are not always the events that have the deepest impact. Trauma can and does happen to anyone, but some groups — including women and children, people with disabilities and people who are homeless or living in institutions — are particularly vulnerable due to their circumstances. 'Traumatic reactions occur when action is of no avail. When neither resistance nor escape is possible, the human system of self-defence becomes overwhelmed and disorganised' (Herman, 1992).

Trauma can affect people in many different ways. These are often grouped under three headings:

Re-experiencing

- Flashbacks — reliving the trauma suddenly and unexpectedly — this can be like re-experiencing the event 'live' in the moment, and can induce racing heart, and fight or flight effects.
- Nightmares.
- Frightening thoughts.

Avoidance

- Staying away from places, events, or objects that are reminders of the experience.
- Feeling emotionally numb.
- Feeling strong guilt, depression, or anxiety.
- Losing interest in activities that were enjoyable in the past.
- Having trouble remembering the traumatic event.

Hyper-alertness that cannot be easily controlled

- Being easily startled.
- Feeling tense or 'on edge'.
- Having difficulty sleeping, and/or having angry outbursts.
- Being constantly alert and vigilant (known as hypervigilance).

All or any of the above manifestations of trauma are very distressing in themselves, and are very damaging to mental wellbeing. They are barriers to recovery, and they limit the possibilities for healthy social interactions and living an enjoyable life.

Trauma can result from a wide variety of events: experiencing or witnessing violence; abuse; accidents; abandonment or neglect; cultural dislocation; natural disasters. Chronic stress factors like poverty and racism can also have traumatic effects over time. Trauma can be intensified by happening early in life; by recurrence and also be secrecy whether imposed by perpetrators or self-imposed due to self-blame and shame.

What impact does trauma have?

Scientific findings now confirm that trauma affects the nervous system (and in children, brain development) and can have a lasting impact. One study looked at the 'adverse childhood experiences' (ACEs) of 17,000 people, correlating their 'ACE score' with a range of medical and social problems. According to this, people with high ACE scores are much more likely to develop mental health symptoms, abuse substances, have chronic illnesses and die early. Women are significantly more likely than men to have high ACE scores.

There are two ways through which adverse events have an impact:

- Trauma affects the developing brain and body and alters the body's natural stress response mechanisms.
- Trauma increases the need to 'self-soothe' through inherently risky behaviours such as smoking, drinking, over-eating and engaging in risky sex — things that trauma survivors sometimes do to manage difficult feelings.

It is essential that these behaviours are recognised as coping responses rather than 'bad choices' if peer relationships are to be effective.

The table below offers a list of behaviours, viewed from two perspectives: one is the professional or societal perspective and the other is from the perspective of the person who is exhibiting the behaviour.

Behaviour	Societal perspective	Individual's perspective
Self-harm	Self-destructive, attention seeking, madness, failed suicide attempts.	Soothing, releases endorphins, slows racing mind, has personal symbolic meaning, control.
Drug or alcohol addiction	Self-indulgence, fecklessness, anti-social, 'waster', person has the disease of addiction.	Escape from distressing thoughts, changes body and mind, changes feelings, allows coping.
Eating disorders	Lack of self-control, mentally ill, obstinate, stupid.	Comforting, establishes control, Used to cope with distress. Avoids unwanted sexual attention.

Excessive cleanliness	Obsessive compulsive disorder.	Purging past dirtiness, symbolic purification.
Poor personal hygiene	Person is chaotic or anti-social or lacking personal pride.	Unpleasant appearance and odour helps ward off unwanted sexual attention.
Vigilance and scanning	'Paranoia' a symptom of mental illness.	Evidence-based alertness for next surprise attack or assault.
Running away	Deviant, anti-social behaviour. Out of control, hyperactive.	It feels safer on the streets! Gets person out of the immediate danger.

Perhaps there lies purpose, strategy, and meaning behind what appears to be people's dysfunctional behaviours? Consider the argument that trauma responses are the normal human responses to abnormal experiences involving horror and terror. This way of looking at trauma tends to normalise behaviours like 'exaggerated startle response' rather than seeing them as symptoms of an illness.

Trauma and the peer support relationship

The peer support relationship is based on mutuality, empathy and empowerment. Relating to people who have experienced trauma can be exhilarating and worthwhile, but it can also be devastating and disturbing. As peer supporters we are encouraged to try to feel what it feels like to be the other person. The ability to skillfully sense our way into someone's life experience and emotions is useful, because empathy helps. However it can be a challenging experience. In session 11 we focus on self-care in the peer relationship and encourage students to consider how they can develop strategies and approaches to ensure that they stay well when working in situations such as those where trauma is being discussed.

People who have had their boundaries violated will tend to test the boundaries of those they interact with. Those who have experienced trauma can also experience 'victimstance' thinking where they perceive themselves as being attacked where no such intent existed. This can result in a sense of feeling persecuted, which invites the other into the role of rescuer. Students should be reminded of what we learned about power in the peer relationship in Session 4. We will also go onto to look at boundaries and working with risk in Session 10.

Mental health service users as a group have a high prevalence of trauma. In addition to this past experience of trauma, some people face trauma within mental health services. This can be caused by forced treatment, loss of liberty, physical restraints and debilitating medications. When labelled with a psychiatric diagnosis, the person's experience can be further embedded in the 'self as problem,' and their pain viewed as a symptom to be treated.

In the role of 'patients' we can learn to view ourselves and our experiences through others' eyes rather than through our own. Our most personal experiences are interpreted and named by others. Through this we learn to believe that we are 'mentally ill'. If we challenge the treatment we could be considered non-compliant, if we disagree with the label we are in denial, and if we ask too often for the help we've been told that we need, we are considered 'revolving door patients'. Yet all of these things seem to validate and justify others' opinions that we are the 'problem' and in need of 'treatment'.

As peers we have the opportunity to break the cycle by developing relationships that share power, generate new ways of seeing and thinking, and by listening to each other in ways that don't judge or assess. These relationships can then become the basis for challenging the ongoing proliferation of trauma as well as building more empowered communities.

Trauma informed peer support

When we are thinking about trauma we need to understand its characteristics. It is not just about the event itself, but also about the personal, unique and cultural meaning that the event has for the person and also the impact it has on the person's life. The destructive force that trauma has on a person's life has to do with all of these characteristics and also the recognition that it depletes the coping resources that people have. When those resources are depleted our relationships with others become a crucial way of being able to cope.

However one of the issues around trauma is that it significantly impacts on our sense of identity and the way we form relationships. Since peer support is all about building relationships, peer supporters need to pay attention to how trauma can make that even harder. One way to do this is to ask a person 'what happened to you?' rather than 'what is wrong with you?'

Suggested exercises

Strengths in mental health



Who am I?

Work in groups of two where one is the peer supporter and the other is the person being supported to identify the unique attributes, skills and abilities of the person being supported. Develop a 'Who am I?' poster by discussing the four aspects identified in the poster – identity; hobbies, interests and passions; skills, talents and resources and gifts.

Be creative as you want to be! Try to use images and different colours as well as words to bring your poster to life.

Then swap roles so that each person has the opportunity to develop their own 'Who am I?' poster and also to practice a strengths based approach.

Once the posters have been completed reflect on how it felt to be in both roles in this exercise.

Notes for tutors

This exercise provides an opportunity for students to apply strengths based approaches whilst also learning how difficult it can be to talk about our strengths and skills. The 'Who am I?' poster tool is a person-centred planning technique that can be used to help people better identify their unique attributes, skills and abilities.

The aim is to encourage students to ask open questions and encourage their partner to open up, elaborate and develop interesting points. The point is to create a good conversation rather than an interview. However, as with other exercises students should only share what they feel comfortable discussing.

Encourage students to think about the use of recovery language and help their partner to reframe negative comments and draw out strengths. For example, if they describe themselves as 'always complaining' you could help them reframe this to 'I'm good at standing up for myself'.

During the discussions students should be thinking about:

- Identity – age, gender, work, other important life roles
- Hobbies, interests and passions – how do they relax, what engages them in their spare time, what do they really care about?
- Skills, talents and resources – what can they do, what do they enjoy, education, friends, family, supporters?
- Gifts – what do others like about them, what is special about them, qualities and attributes?

By using this strengths-based approach we can work with the individual to recognise and highlight the positives about who they are. You are empowering them to understand what they need and want from services and to have the power, choice and control to achieve this. Empowerment is about taking control of your life and managing experiences in a way that is beneficial and desirable to the individual.

By listening to the individual and showing empathy and understanding, we can validate that person and their personal experiences. This should have a positive impact of their view of themselves and, as a result, promote hope that things can be better. It will help them to understand that they are not their illness, and that they can change and manage more positive outcomes for themselves. You are encouraging them to change from a 'can't do' to a 'can do' perspective.



Resilience



The role of resilience

Ask each student to take time to think about a difficult experience which they have come through. The aim is to identify something which, though challenging, was a valuable experience from which they learned.

Then pair up with another student and ask each other the following questions:

- What did you learn from the experience that was useful?
- Why might you be thankful that you had that experience?
- What new strengths did you gain?



Understanding trauma



Thoughts, feelings and behaviours around trauma

In small groups discuss how trauma affects people's thoughts, feelings and behaviours. Do this by entering the worldview of an adult who has experienced some kind of childhood abuse over a number of years.

- What thoughts, feelings and behaviours might this process engender?
- How does thinking of normal responses to abnormal circumstances help our understanding?

Note for tutors

Encourage students to discuss possible thought processes that can result from these experiences:

- People who claim to love me are dangerous and unpredictable.
- I should expect sudden horror and terror to be inflicted on me, and it will happen again.
- Trust no-one, assume the worst, attack first... ask questions later.
- Be ever vigilant, look like you don't care, don't let them see vulnerability.
- Be invisible.

Certain types of thoughts are rooted in trauma. These thoughts lead to behaviours. Trauma-based thinking leads to trauma-based feelings and behaviours. The good news is that some people find resilience within trauma. Some people's thinking process is more geared to overcoming problems and turning pain into determination or compassion for others, with a mindset of 'that which does not kill me makes me stronger'.

Over time trauma can alter everything about a person's life and behaviour. Because it shatters trust and safety and leaves people feeling powerless, trauma can lead to profound disconnection from others, always being on guard, or overwhelming despair. Coping mechanisms can become habits that are hard to quit. Trauma can lead to problems at home, at school or at work.

Trauma can cause an inner rage, which can manifest itself in different ways:

- Rage acted out against others in the form of violence.
- Rage turned inward on the self, perhaps manifesting in self-harm or despair.

While the first is often seen as a male response and the second a female response, both responses can be associated with either gender.



Trauma informed practice

Trauma informed peer support

Using the Trauma Informed Peer Support handout discuss diagram 3 in small groups and consider:

- At what stage do things start to go wrong from a peer perspective?
- Why might this have happened?

Note for tutors

If as a peer supporter you have not had many role models or teachers to show you how to take a trauma-informed approach, you might only be able to replicate the kinds of things that have been done to you. When engaging with people who have experienced trauma it can be easy to respond by 'doing what's been done to you' – in other words blaming or controlling or feeling responsible for others or for labelling each other.

In peer support even if you are the person seeking help, first conversations are geared around shared experiences and getting to know each other. Helping, sharing stories and support go both ways and create a feeling of equality. This is a real shift in how we begin to think about what support can look like.

But how would you know how to provide peer support if all you have known is a treatment-type relationship? If your treatment relationship has been life-saving or positive and helpful in your recovery journey, you may want to provide the same experience to others. For some of us, responding to someone in crisis by hospitalizing them or calling emergency services might be what care and concern look like.

As peer supporters we might feel scared if someone we support has a bad day. We could start worrying that if we say the wrong thing to someone who looks like they are in distress, they'll go over the top and something bad will happen. This is where it is very easy to fall into doing what has been done to us, or to try to help in the only way we understand – by seeking clinical support, or seeing distress through a risk management lens.

Peer supporters may be afraid that something will happen and they will be held responsible. This may lead to asking the person if they feel safe, if they've taken their medication or seen their CPN. This quickly creates a dynamic in the relationship in which one person takes responsibility for the other person's life.

So how can this story be changed? How do we change our relationships so that people don't continue these cycles that are based on management and maintenance and not on recovery?

Trauma-informed peer support role play

In groups of 3 with one person playing the role of Margo, one playing the role of Sean and the third person observing explore how Sean can demonstrate an understanding of trauma and that his relationship with Margo

is based on mutuality and empowerment.

This scenario can be repeated to enable each student to play the three roles.

Scenario

Margo has been receiving support from her local Mental Health Service team for five years and has been supported by Sean, a peer supporter for about the past six months. At times she is very positive and motivated and full of dreams and plans for the future but at other times she feels very low and despondent. She can also appear very angry at times and paranoid, particularly about her contact with services and official agencies. When low or angry Margo sometimes talks about getting back at the people who she feels have let her down but this is not something that she has gone into any depth about.

She has recently received notification that she is to be re-assessed for the support she is receiving and is feeling very anxious about this. At a meeting with Sean she has been discussing this re-assessment and suddenly states that she feels like hurting herself.

Notes for tutors

This scenario provides an opportunity to explore what a peer support rather than a traditional support relationship may look like. In a traditional support relationship the person providing support would immediately seek to minimise or manage risk and consider their requirements to report such statements or behaviour to a manager or other individual. However this not only focuses on the immediate situation or symptom rather than the reasons behind the behaviour but also removes power and responsibility from the individual being supported.

In a peer relationship based on mutuality and empowerment the peer supporter will seek to listen to what the person is really saying. To do this they will have to ask open questions focused on how the person is feeling and why that may be, to facilitate a real conversation. Through this they will be able to show empathy and also seek to share the pain of the other person. Through sharing their experiences they may also be able to validate the feelings and experiences of the other person and encourage them to discuss them in an open way.

One way to think about this is to ask 'what happened to you?' instead of 'what's wrong with you?' The aim is for the discussion to proceed in a way that supports Margo to talk about how she feels and the reasons for this and for her a Sean to work on this together. Through this Margo learns that a peer support relationship is different from those she has previously experienced and shows her that she now has some choices about how she wants to move forward.

Student information

'Who am I?' handout

Trauma-informed peer support handout

Discovering your character strengths: 'Authentic Happiness' is the webpage for Doctor Martin Seligman, one of the founders of the Positive Psychology movement. This branch of psychology is interested in rebalancing our deficits focus. Seligman has developed a number of publications and tests in support of this to assess and describe strengths — in particular character related strengths.

These offer a further means of assessing our own strengths.

You will find a range of tests and resources that relate to positive psychology on the Authentic Happiness website: <http://www.authentichappiness.sas.upenn.edu>

In order to use any of the tests you will be required to create a user account and to provide some information. Some of this information is retained by the website and used to provide comparative information about your test scores.

Once registered, find the questionnaires section and access the Survey of Character Strengths. This test is made up of 240 quick rated questions that are fairly easy to answer. Answering the questions should take about 20 to 30 minutes and should provide a very full assessment of your character strengths.

If you are short of time, you might prefer to try the Brief Strengths Test which includes 24 questions although they are possibly harder to answer.

Further reading

Further information online on resilience:

<http://www.centreforconfidence.co.uk/>

<http://www.resiliencycenter.com/>

<http://psychology.about.com/>

Davidson, L., Tondora, J., Staeheli Lawless, M., O'Connel, M. J. and Rowe, M. (2009) *Recovery Oriented Practice*, Oxford: Oxford University Press

Rapp, C A, and Goscha, R (2006) *The strengths model: Case management with people with psychiatric disabilities* (2nd edition) New York: Oxford

Slade, M. (2009) *Personal Recovery and Mental Illness*, Cambridge: Cambridge University Press

Siebert, A. (2005) *The Resiliency Advantage*, San Francisco: Berrett-Koehler Publishers Inc

Sharing our experiences

Identity

Hobbies,
interests and
passions



Skills, talents
and resources

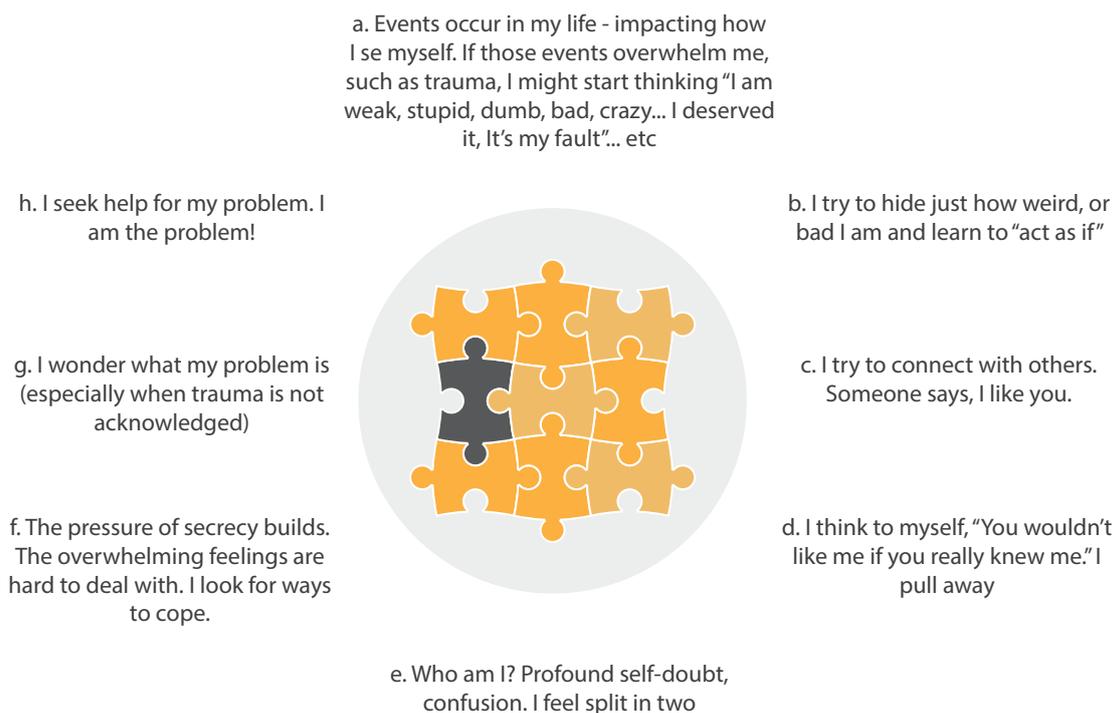
Gifts

Trauma informed peer support

Our past experiences create personal stories about who we are. Our stories help us define ourselves and include our beliefs about the world and others, what we think of as true, our interpretations of events, and the meaning we make out of what has taken place in our lives. Our stories are true for us and guide what we do.

The following series of diagrams are designed to help us understand how we construct our stories, particularly around the experience of trauma. They show how our stories impact on how we interact with the world and how cycles can develop. They also help us think about what we can do to help each other evolve new stories. When you look at them, do keep in mind that the points made in the diagrams are deliberately exaggerated to help illustrate key points.

Diagram 1 demonstrates how a story can be constructed around the experience of trauma.



Firstly, trauma can impact on our connection to ourselves. We might begin to experience ourselves as damaged, unworthy, dirty, bad or crazy. Perhaps we feel that we deserve the events that have taken place, or perhaps we come to believe that if we had been stronger we could have handled the events.

Trauma can also impact on our connection to others and peer support workers should be particularly aware of this. Trauma can call into question what relationships mean. We can conclude that we don't deserve much, or that we don't have the right to expect love, or respect, or to be treated with dignity.

The dynamics of trauma can be subtle or extreme. Forming healthy, meaningful relationships with others when your story is about being undeserving can be hard. This leads to people backing away or maybe doing something to get others to go away, or to prove just how bad you really are.

The overwhelming feelings that are associated with trauma, and the conflict around making a connection with people can result in coping strategies that are less than healthy. In some cases it is people's coping strategies (for example, self-injury, substance abuse or risky sexual behaviour) or their adaptations to trauma (for example, profound distress, suspicion, fear, dread or feeling like dying) that bring people to mental health services.

Diagram 2 demonstrates what might happen when someone in this situation seeks help from a traditional mental health professional. Remember the points made are exaggerated to demonstrate the dynamics that can be at play.



In our culture, when we have any emotional conflicts we are most likely to be offered mental health support. When this happens, usually the first interaction is about assessing needs to reach a diagnosis. This evaluation and assessment is designed primarily to answer the question, 'What's wrong with this person?' From a trauma-informed perspective this is, in many respects, an odd sort of first conversation to be having, since so much of 'what's wrong' has to do with what has happened to the person. The result of this initial assessment might be to reinforce the idea that there is something wrong with the person that can be diagnosed (given a label or a name) and treated. The trouble is that once a diagnosis has been made then experiences become defined in the language of symptoms. The treatment and support that is offered is based on the symptom cluster within the context of the agreed diagnosis.

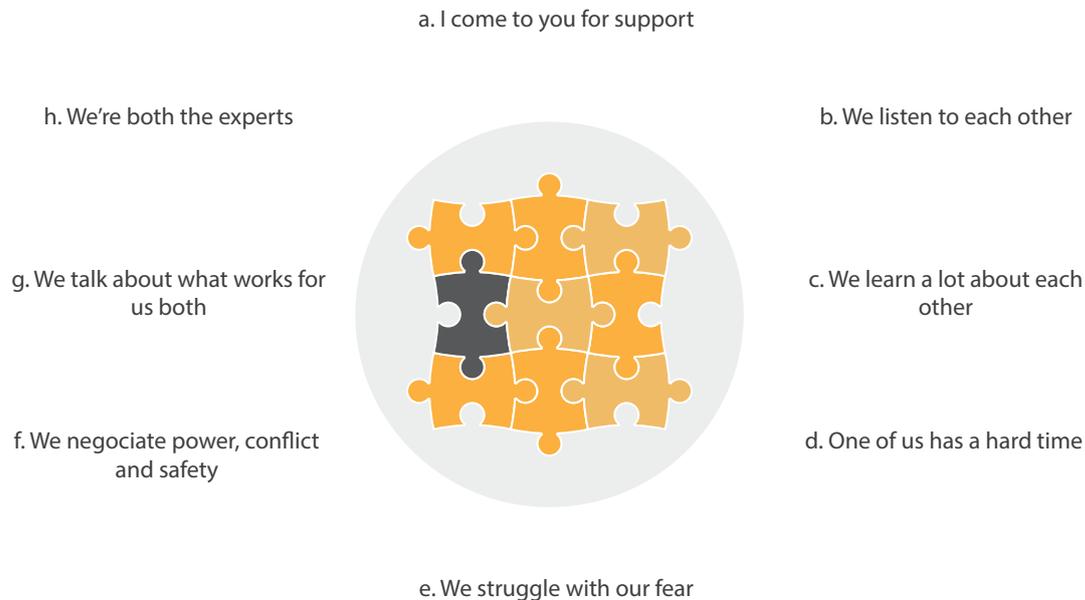
This can result in people confusing all kinds of feelings with symptoms, and even getting to the point where they do not know the difference between a feeling and a symptom. This is reinforced in treatment relationships, when you are regularly asked how you are managing your symptoms. In many ways, relationships in the mental health system have encouraged people to focus on what's wrong with them. Treatment relationships can prevent people from exploring what is happening and could actually be causing distress as they are encouraged to rename experiences as symptoms rather than to understand them as potentially normal reactions to abnormal events.

In this situation it can people can feel vulnerable and fragile and are less likely to question authority. They have established other people as the expert (you are sick, and you cannot trust your judgement), and cannot do anything but listen to their interpretation of what's going on, and take their advice?

Diagram 3 demonstrates some of the challenges and potential pitfalls when working in this way as a peer supporter.



Diagram 4 is intended to demonstrate what support would look like in a trauma-informed and mutually responsible peer relationship.



As peer supporters our aim is to create different conversations and different responses. But peer support has some unique challenges when operating within formal mental health services, and we will examine some of these in more detail in session 10 and 11.

Employing organisations require peer supporters to follow policies and protocols. It is therefore important for you not only to understand your responsibilities but also to bring this understanding into your conversations with the peers you are supporting, and to discuss your role and organisational responsibilities at an early stage.

In diagram 4 both parties have listened to each other and clarified roles and responsibilities and you can really feel mutuality in the relationship. But what happens when things start to wrong? Perhaps one is having a really hard time. Perhaps the person being supported is not feeling great and is acting in a way that scares the peer supporter. In this scenario instead of talking immediately about safety (as in diagram 3), the peer supporter actually struggles with their fear, and names it if they need to. The conversation is about what both people in the peer relationship need and what works for both in a way that keeps both in the conversation. The result is that both come away feeling like experts.

When this kind of conversation is ongoing and practised, the focus is no longer on symptom management but rather on what's going to make the relationship strong, reciprocal and healthy. To support this scenario we might also have conversations in advance about what might happen should one or the other of you get scared or uncomfortable.

So in trauma-informed peer support, the goal is to build relationships where you try to understand, try out new ways of relating, take risks by being honest or pushing your discomfort and by negotiating what will be of benefit to you both.

Session 10: Positive risk taking and boundaries



Introduction

The aim of this session is to examine the implications of formalised peer support, encouraging students to examine the related concepts of boundaries, role tension and working with risk.

The session will introduce the concept of positive risk taking and the approaches that can be used to help in this process. This will include examining the balance between risk and responsibility in the peer relationship. As part of this, students will deal with the topics of trauma, suicidality and risk. Suicide is a very difficult and personal topic. It's important to acknowledge this at the beginning of the session and check in with students at the end, just to debrief if necessary.

Learning outcomes

Demonstrate an awareness of how to practice safely and effectively in the formalised peer support role.

Evidence requirements

- Identify and explain two aspects of role tension and boundaries.
- Reflect on approaches to working with risk.

Suggested lesson plan

Activity	Method	Materials
Introduction	Tutor led	
Boundaries in formalised peer support	Group exercise	
Negotiating boundaries	Group scenarios	
Role tension	Individual exercise	Handout
Positive risk taking	Working with risk role play	
Risk and ethics	Group exercise	

Information

Formalised peer supporter or peer worker roles exist within wider contexts that help define and shape practices. This includes having an awareness of perceptions and approaches to risk and boundaries within the peer relationship.

In session 5 we looked at the processes and practices of establishing peer relationships; particularly focusing on the role power in the peer relationship. This session builds on this by looking at two further aspects of the peer relationship both of which have implications for the power balance.

Boundaries

Boundaries refer to the borders or limits of a relationship. They relate to what is and what is not acceptable, and the types of boundaries that exist vary depending on the type of relationship. As relationships become more formal – such as where one party is in a peer supporter role

whether paid or unpaid – clear and negotiated boundaries become more important. There are reasons why more boundaries exist in more formal relationships; particularly where one party has a responsibility and duty towards the other as a service provider.

Boundaries in formalised peer support

The peer relationship can be complex as it requires peer supporters to support, encourage and share experiences with a person while still maintaining the distance that is required to be an effective worker. An awareness of boundaries in practice is therefore a key element of the role.

In the formalised peer support relationship there is a need for a clear negotiation of relationships. It is important that peer supporters have a clear idea of their role and boundaries. Policies will describe the organisation's position and supervision can help support understanding and practice.

Where boundaries are negotiated and on the table from the outset there should be no tension between formalised peer support and boundaries. However when considering boundaries the following should be kept in mind:

- The need to be aware of and open and up front about the existence of boundaries increases as peer relationships become more formalised.
- While peer support is based on sharing experiences and what people have in common it does not mean that they become friends.
- Where one person is in a formal role of offering support (paid or unpaid) there is a professional responsibility to maintain boundaries.
- Clear and negotiated boundaries are essential in good peer support practice.

Professional boundaries are often dictated by professional codes of conduct and are put in place to make sure that the person in power does not abuse his or her position. Peer support boundaries are complex in that personal mutual relationships are formed but within the confines of a role that has certain responsibilities. The peer supporter's role is therefore focused on negotiating boundaries in a way that is transparent and authentic. Peer supporters should feel comfortable in the art of negotiated boundaries. Where it is done well it leads to clarity and honesty and, as a result, more mutually empowering relationships.

Understanding and maintaining the boundaries

In formalised peer support many different issues impact upon and affect the relationship:

- The more time peer supporters spend with people and the more intense the relationship becomes, the more difficult it can be for both parties to understand and maintain the boundaries that allow for a mutually empowering relationship.
- There is a power imbalance inherent within the relationship which peer supporters need to be aware and mindful of. Their professional responsibilities may include reporting back to other team members or participating in reviews or planning meetings and this may require them to write notes about the person using the service.

- Peer supporters may find themselves in confusing situations as they assume their role. For example they may be working in a service where they received support and the people they previously knew as service providers are now their peers and colleagues. This needs to be addressed openly with supervisors and colleagues to clarify any expectations.

Dual roles and relationships

The potential for dual roles and relationships need to be considered in formalised peer support. This term refers to scenarios where multiple roles exist between a practitioner and someone receiving support. The potential for this is increased because peer supporters have past or current experience of using mental health services. For example, when a peer supporter starts in a post, they may know their new colleagues as past supporters or might have existing relationships with some people who access the service that they now work in. Having a clear job description and ensuring that peer supporters are seen as integral and valued members of the team should help challenge any confusion.

These types of dual roles can also create what has been described as 'role confusion' where people can act inappropriately or become confused by the peer supporter's new role and identity. Examples of this are when a colleague has a tendency to slip into a support role with a peer support worker, or when a person using peer services sees the relationship more as a friendship and finds it hard to understand why there are new boundaries or controls. This role confusion can also lead to what has been described as role tension for the peer support worker, as they feel the pressure to 'fit' into both their identity as a paid or volunteer worker and as someone who uses services.

Role tension can also be created where a peer support worker becomes unwell and requires additional support. This is further exacerbated if that support is provided in the same location or service as the one in which they usually work.

Confidentiality in peer relationships

People providing a service should not share information about individuals they work with unless specifically authorised to do so. Information within confidentiality is passed on a need to know basis.

Peer supporters need to be able to maintain professional boundaries, and an awareness of confidentiality is an important part of this. However the nature of the peer relationship means that some common interpretations of confidentiality in support relationships may not be appropriate at all times:

- While peer supporters are encouraged to form mutually empowering relationships, they are nevertheless obliged to break confidentiality in certain circumstances, due to their shared experiences.
- Organisations that employ peer supporters have a responsibility to clarify how to manage confidentiality, and there should be opportunities to discuss it in supervision.

- A peer supporter could be a member of a team working with the same person. In these circumstances information is likely to be shared and this could impact on their ability to develop connections and relationships.
- Peer supporters can be vulnerable because they share their experiences within the context of their role in helping others. They need to be in control of this and should not be forced to share anything they are uncomfortable with.

An organisation that employs a peer supporter who was previously supported by service needs to pay particular attention to confidentiality.

It is clear that issues that relate to confidentiality are not necessarily clear cut, but it's generally a good idea to use the same approach as that outlined for considering boundaries. If you want to find out if someone wants something to be kept confidential, then simply ask.

Supervision

There can be tension and difficulties associated with the role of peer supporter. They need to be aware of the boundaries between professional and personal roles, which is not easy when providing such an intense and supportive relationship. Peer supporters need support in their role too and line managers or supervisors have the key responsibility for providing this. However, formalised peer support is not always an easy path and setbacks will inevitably occur. Supervision will help you to manage these setbacks by encouraging you to keep an objective focus.

Supervision is a process where you receive guidance and support to manage your workload and the support you are providing in an efficient and effective way. It ensures that you are supported and directed in relation to your own professional development. It should also provide a forum to ensure that your mental wellbeing is protected by helping you to avoid or manage stress. Many people believe supervision is about a formal meeting with their manager at various timescales over the year. This is certainly one style of supervision and one which is often required but there are also other approaches to supervision that can be equally supportive and effective. This could include reflective practice with your line manager or in a group and informal mentoring or coaching.

Risk and perceptions of risk

The relationship between risk, mental health and recovery is complex. When we think of risk we tend to concentrate on the negative aspects of risk – we think of the things that could go wrong. The reality is that risk is a two way process and when it comes to supporting recovery we also need to be aware of the risks of not trying out things and not taking chances. This aspect of risk is sometimes described as positive risk taking and it can be an important part of growth and recovery.

Service providing organisations are interested in the more negative aspects of risk. While this has the potential to lead to risk averse cultures and services, they do need to manage risk responsibly, particularly when people using their services are at their most unwell and could be a risk to themselves and other people.

When considering risk we should be aware of the following:

- Risk has positive and negative aspects.
- Sharing decisions and being clear on decisions means risks are shared both within teams and with the person using the service.
- Different practitioners and professions can have different levels of tolerance to risk. This could be related to their responsibilities or their practice or values.

Working with risk in peer support relationships

Risk is about much more than managing or preventing things from going wrong. Positive risk taking is an important element of recovery because it provides an opportunity to move forward. This could mean stepping out of our comfort zone and trying new things. After all, we must recognise that risk-taking is an inherent part of all our lives. People with lived experience of mental health problems have to take positive risks to move on in their recovery and the students will have had to take some risks to get onto and through this course.

While it might seem obvious that taking certain risks helps us to grow, it can feel more uncomfortable when the people we are supporting start to try new things. We may be aware that their previous attempts didn't work out, or you could have tried what it is they are suggesting and it didn't work out for you.

Sometimes this gets confusing. We want people to be supported in making new choices. But when we see their choices as potential hazards we can find ourselves trying to convince them to either not do what they want, or to do it differently. This is motivated by our own discomfort. Because of our position of power, we can find ourselves being rather coercive, and this is not where we should be going as part of a productive peer support relationship.

Risks and ethics

All types of service provision and professional groups tend to be underpinned by ethical codes or statements. Ethical statements basically tell us how we should act in any given situation. They usually have moral assumptions embedded in them. Statements of professional ethics are inseparable from personal beliefs in the sense that individuals either agree with them or not.

The debates around mental health provision and practice can be controversial. One example is the medicalisation of the majority of mental health issues versus the notion of a peer support relationship that works with individuals to support them to find their own voyage of recovery. In ethical dilemmas there is usually no clear or easy answer to many of the complex questions in relation to mental health. This is due, in part, to the fact that mental health care takes place in a problematic environment where issues and questions constantly arise, and cannot necessarily be 'solved'.

Trauma, suicidality and risk

In Session 9 we learned that trauma can affect people's sense of safety and trust. While people can have very different responses to traumatic events there are some fairly common responses that can affect relationships including the peer relationship.

When people have had experiences that leave them feeling constantly overwhelmed, powerless and/or disconnected, they might have developed coping strategies that, to them, feel quite soothing. Some of these strategies could feel frightening to others. For example, sometimes people who have been in combat have learned to bury their emotions. When they come home, they can have a very difficult time sharing their pain with their partners, and simply explode when things feel overwhelming. People who have experienced abuse can have difficulties with their bodies. This can sometimes result in them developing eating disorders, self-harming or even feeling chronically suicidal. Others might engage in high-risk activities to re-enact the trauma.

Traditionally, these coping strategies have been understood as symptoms of illness to be treated, rather than adaptive reactions. This has left some people either keeping their strategies a secret or leading them in and out of services and treatments. Without a forum to talk about these strategies and feelings they can continue to be automatic responses to current stressors.

Peer supporters can offer a very different kind of conversation. While there may still be the responsibility to report something risky, peer supporters can talk to people, empathise, seek to understand, and share your own stories as well as your fear. The most important thing is to maintain trust (or re-establish it if it's been broken), stay open, and work towards something that will help both in the peer relationship learn from the experience.

Approaches to this different type of conversation will include:

- Being aware of our own discomfort with the situation and instinctual reactions such as trying to 'fix it';
- Reflecting on what the person is feeling when they engage in behaviour deemed to be risky such as self-harming or suicidality;
- Seeking to empathise with or validate the person's feelings to build mutuality;
- Using open questions to open up a constructive dialogue;
- If expressing their own fears, the peer supporter needs to do this in a way that does not alienate the other person.

Learning to think about behaviour deemed risky including self-harm and suicide as a language of pain can help us talk about feelings in a way that doesn't involve power being taken away. It helps peers learn to understand and express a range of emotions in the safety of mutual relationships, and it builds depth, trust and learning for both people.

Suggested exercises

Boundaries in formalised peer support

Clarity in boundaries

In small groups or as a whole group, discuss some of the potential consequences of not having clear boundaries in formal peer support settings.

Notes for tutor

The peer relationship can be a difficult path to tread because it involves supporting and encouraging a person while maintaining the distance required to be an effective worker. However it does offer the possibility of developing and maintaining a good relationship founded in hope, trust and respect. The aim is to help to create an environment where recovery can begin to happen. However there is a risk that some may misunderstand the relationship and mistake it for friendship.

Boundaries show that we are taking responsibility for our own lives and that we knowingly accept the consequences of our choices, in this way peer supporters model recovery: they show that they are accountable for their actions and choices. Therefore, boundaries are not just beneficial to the peer worker but for others too.

During the discussion encourage students to consider:

- Why might boundaries become blurred in peer support environments?
- What can be done in recognition of this?
- What skills will peer supporters need to use when clarifying and agreeing boundaries?

Negotiating boundaries

In small groups consider the following scenarios and discuss:

- the boundaries issues they raise;
- what the peer supporter needs to consider;
- what approaches could be taken and what would the implications be of each.

Scenario 1

John is a peer supporter. He knows that one of the people he supports is an experienced roofer. John asks this person to help him fix a leak.

Scenario 2

Rachel has been supporting Amy for four weeks. One evening when Rachel is out with her friends at a local bar she bumps into Amy. Amy asks Rachel if she wants a drink and although Rachel says she is fine Amy buys her another glass of wine. Rachel feels embarrassed and hurriedly thanks Amy before turning back to her friends.

Scenario 3

Bob has had his benefit payments stopped and has no money. He asks his peer supporter for help and they agree to lend him some money until next week.

Scenario 4

Kate (peer supporter) and Susanne have connected well since they started working together. At the end of a session Susanne comes over to hug Kate and to tell her how much she means to her and how she feels that she could not live without her.

Notes for tutor

The scenarios are designed to encourage discussion on complex issues of boundaries. There are not necessarily any right or wrong answers, but a common theme is the need to ensure clarity and negotiation at the outset.

In scenario 1 there are issues around dual relationships and along with ethical considerations there could also be legal implications for John and his employer. There is a need to consider the location of power in the relationship. What happens if the person agrees and something goes wrong? What happens if the person does not agree?

In scenario 2 there are issues around honesty and a lack of openness about boundaries. This demonstrates the need to negotiate clear boundaries at the outset.

In scenario 3 the peer supporter would need to consider how lending money would affect the power balance in the peer relationship and the implications of the money not being paid back. They should also consider whether it would be setting an unhelpful precedent and also be mindful of any organisational policies.

In scenario 4 the peer supporter has to be honest about their levels of comfort with physical contact. Some people are fine with hugging and others aren't. Kate may also want to sensitively explore what Susanne means when she says she cannot live without her. It is important not to overly interpret this and remember that phrases like that can have a variety of meanings to different people.



Role tension

Managing role tension

Individually, students should consider the situations contained in the handout. In the space provided they are asked to describe the tensions and challenges that they think the situation would create and note any actions that could be taken to prevent, minimize or manage them.

Note for tutors

The situations can be altered to suit the group. Peer supporters need to be aware of the potential role tensions and challenges and have plans in place to help them respond to them. They will also need to pay attention to the types of support they may need to stay well in their job or if they become unwell. There are no one-size-fits-all solutions and responses will vary depending on the type and location of service and on the peer supporter's circumstances, needs and desires.

Positive risk taking

Working with risk role play

In small groups, role play the following scenario and the two responses to it. Then consider the questions either in small or the whole group.

Scenario

Neil and Marie have been working together for several months. Neil has seen Marie make great progress. Now Marie is talking about getting her own flat and living independently (she has lived in supported accommodation all of her adult life). Neil thinks this is too big a step as Marie doesn't know how to cook, is careless with cigarettes and is terrible with her finances. Also, several years ago Neil moved straight from supported accommodations to living independently and it was a disaster. He lost his housing, found himself on the street, and even started using drugs again.

Marie tells Neil that she is really excited about getting her own flat and has even got as far as deciding how she wants to decorate it.

Response 1

Neil tells Marie that he is happy for her but expresses concern about what seems to be a big step for her. He tells her that in the past he had moved from supported accommodation straight to his own flat and that it had not worked out for him and that he is worried that this will happen to her.

Response 2

Neil tells Marie he is really happy for her and remembers the feeling of really wanting your own place. He asks her what she thinks the difference between living in group supported accommodation and her own flat will be.

Questions

- What are the different perspectives on risk in this scenario?
- How was Neil controlling the situation in both responses?
- How do you think Marie will respond to Neil's different responses?
- How do you think things will develop from each response?

Notes to tutors

When discussing this scenario, encourage students to consider the extent to which our instinct to protect or to 'fix' things is a result of our fears.

While this is a fairly straightforward scenario there can be times when fear becomes overwhelming. This is the time to think back through the basic skills of peer support. Acting out of fear can lead to poor decision-making and disempowerment.

In discussing how peer supporters can overcome this desire to protect encourage the students to consider the following:

Be aware and attentive

Being self-aware is simply noticing what you are currently feeling, focusing your attention, and knowing the assumptions and attitudes that you bring to a conversation. Being attentive to others means being open and interested in what they're communicating, both verbally and non-verbally. When we're self-aware and paying attention to someone else, we can begin to share in their experience without our assumptions getting in the way.

Sit with your emotions

It can be scary to be with someone who is working through strong feelings. We tend to want to fix things, calm people down or fill in all the blank spaces when they are silent. Sometimes just sitting with people without doing anything is the greatest gift we can give. Learning to tolerate a range of feelings (both our own and others') strengthens our emotional muscles. It shows us that we can live through feelings which can be frightening, and learn what they are trying to teach us.

Ask questions in a kind and compassionate way

Listening carefully and asking questions in a compassionate way will help you to learn how the

other person has made sense of their particular experience. This can help bring out important similarities and differences in the relationship.

Be honest and respectful

Being honest is sometimes the hardest thing. We are afraid of hurting people's feelings or getting into trouble. But while remaining silent can avoid hurt feelings in the short term, it probably won't work in the long term, and it can lead to misunderstandings. So, even when we have something difficult to say, it's better to say it because others usually sense when something isn't right and we are holding back.

Be patient

Your habitual responses can become ingrained and hard to change, and can also help you feel safe because you feel comfortable with them. You need to take time to build relationships and a connection within the peer support relationship. If you are impatient and challenge someone, you can then disconnect from each other and it will take time to rebuild that trust and connection. Your role is to encourage people to come to their own conclusions at their own pace.

Risks and ethics

Working with risk

In small groups read the following scenario and then discuss the questions.

Scenario

Ian and Kyle have built a really good relationship and have a lot in common. Kyle has been talking to Ian about feeling tired all the time and thinks it's his medication. Ian is sympathetic because he takes the same medication. Today Kyle comes in and is very animated and asks if he can talk to Ian in private

Kyle: 'I'm finally feeling a little more energetic and it's a wonderful feeling. I've been slowly cutting back on my medication and it's working really well, but I don't want you to tell anyone because I'm afraid if the doctor or case manager finds out, they'll make me go to the hospital.'

Questions

- What is your immediate reaction to this scenario?
- What are the ethical issues raised by the scenario?
- How can you respond in a way that is honest and respectful and still maintain a mutually empowering peer relationship?
- Think about the drama triangle we learned about in Session 5. What might happen to

the relationship if you take a persecuting position ('you have to take your medications') or a rescuing position ('OK, sure, I'll be there whenever you need me') or a victim position ('I can't believe you are asking me to do this. I could lose my job/position')

Notes for tutors

The ethical issues here are complex. On the one hand it's never a good idea to keep secrets, but on the other hand, you don't want to abuse your power by overreacting. What is clear it that at this point we do not have all the information needed.

Prompt the students to think about the type of questions they could ask Kyle. This could include:

- Why does Kyle believe he will be hospitalised if his doctor or case manager knows?
- Is there a way he could talk to his doctor and get his help to decrease his medication?
- What kind of support will he need to do this?

There is a need to remind Kyle of the mutuality of the peer relationship and the respect for each other that underpins this. Being asked to keep a secret isn't very respectful. Ian should be honest about his feelings about his and tell Kyle that he is uncomfortable with what he is being asked to do. This can include discussing that he does not want to feel responsible if something goes wrong. One approach would be to suggest that they both share this with someone else to get more information.

However, it is important to have empathy for Kyle's situation and try to see things from his perspective. This will include acknowledging his view that he feels as if he has much more energy and is enjoying it. If this is done then it is less likely that the peer supporter will fall into the negative traps of taking power positions (persecuting, rescuing and victim) as all of these positions are more to do with our own fears and outcomes than they are about Kyle's position.

In this scenario there is no one right way to respond. However to negotiate something that will work for both of you, you need to have made a connection and be maintaining a peer relationship that is empathetic, mutual and empowering.



Student information

Role tension handout

Further reading

Adams, R. (2009) Foundations of Health and Social Care, London: Palgrave MacMillan

Thompson, N. (2006) People Problems, Hampshire: Palgrave MacMillan

Winstanley, D. (2005) Personal Effectiveness, London: CIPD

Managing role tension

Situations		
A peer worker is...	Potential tensions and challenges?	Actions?
Working in a service that they have previously used		
Working in a service that they currently use		
Working in a service that they might potentially use in the future		
Friends with people who use the service		
A member of the same support group as people using the service		
Working with colleagues who have previously supported them		

Session 11: Self-management and self-care



Introduction

The aim of this session is to examine the use of a range of self-management tools and approaches and to consider aspects of safe practice and self-care for peer supporters.

Learning outcomes

Demonstrate an awareness of how to practice safely and effectively in the formalised peer support role.

Evidence requirements

- Describe two aspects of safe practice and self-care.

Suggested lesson plan

Activity	Method	Materials
Introduction	Tutor led	

Self-help and self-management	<p>Group exercises:</p> <ul style="list-style-type: none"> • What helps me stay in the 'drivers seat'? • Barriers to self-management 	
Self-care in the peer relationship	<p>Group exercise</p> <ul style="list-style-type: none"> • Past experiences and self-care • Role play scenario 	

Information

A crucial part of recovery is moving towards an identity/or sense of self that is rich and includes mental health problems, wellness and all other aspects of identity. It's also important to be able to make choices, take responsibility and therefore take ownership and be in control of the process. This can be supported through self-help and self-management approaches.

'Agency (taking control) is a key element in personal narratives of illness in recovery, because it is integral to the most dramatic of narratives, the turning point-when participants truly become heroes of their own lives and cease to be victims of circumstance or controlled by others, including health professionals... it is at the heart of recovery. Although support and intervention from others was crucial too, it was important that support stimulated personal initiative, rather than creating dependency.' (Lapsey et al 2002).

Taking control is about self-determination, and one way of realising this is through self-management and self-care. Pat Deegan (1993) describes what this means for her:

'Recovery means I stay in the driver's seat of my life. I don't let my illness run me. Over the years I have worked hard to become an expert in my own self-care.'

There are many different ways that people can manage their own mental health and get in the 'driver's seat.' For example, they can use a light box in darker, winter months, use peer support, eat or avoid certain foods or exercise. This is often called self-help or self-management. The terms can be interchangeable, but refer to a wide range of opportunities such as self-help groups, self-management tools and other approaches developed by individuals to manage their wellbeing and take control of their recovery.

Self-help and self-management strategies

Self-help groups

No two self-help groups are exactly alike — the make-up and attitudes are influenced by the group itself and its environment. The two main frameworks for self-help support groups are to:

- accommodate illness — the focus is on acceptance of an illness and finding ways to manage/live with the illness
- change thinking and behaviour — the focus is on positive thinking and increasing personal agency/control. Another form is where the group looks outward at taking control and activism in the mental health system.

There are a wide range of self-help groups in all areas and some of the better-known self-help groups in Scotland are those supported by:

- Bipolar Scotland www.bipolarscotland.org.uk
- Action on Depression www.actionondepression.org/
- Hearing Voices Networks www.hearingvoicesnetwork.com/new/

Researchers have identified a number of factors that make self-help groups effective. You will already be familiar with some of these from your introduction to peer support:

- Members of groups can share and obtain specialised knowledge and information.
- Groups can offer social support and a community of people who have a mutual trust and understanding.
- Group members can be positive and credible role models.
- Groups can create a sense of security and normality in a sometimes unwelcoming and poorly informed world. They are a stigma-free zone.
- There is a mutual benefit in helping and supporting group members that can provide a sense of purpose and validation.

Collective advocacy groups are similar to self-help groups, in that they bring people with experience of mental health problems together and provide many of the benefits noted above.

In these groups, people come together to work for change within and out with mental health services. This form of group activism can be both empowering and influential. Examples of collective advocacy and representative groups in Scotland include:

- The Consultation and Advocacy Promotion Service (CAPS) www.capsadvocacy.org/
- Highland Users Group (HUG) www.hug.uk.net/
- Voices of Experience (VoX) www.voxscotland.org.uk/

Self-management tools

It has become an increasingly important policy goal for governments to support people who experience long-term conditions to better manage their health and wellbeing. This has come

with the recognition that better self-management can not only reduce the strain on hard pressed health and care providers, but can also promote a greater degree of self-direction and control amongst people experiencing health and other difficulties.

It is through self-management that many people gain the confidence, skills and knowledge to better manage their mental health and gain more control of their lives at a time when they may feel they have lost control.

Sometimes people use self-management skills without realising it, but formal self-management skills can be learnt on courses. These are sometimes run by people with direct experience of mental ill health. Some examples of structured self-management tools and training are:

WRAP (Wellness Recovery Action Planning)

WRAP was first developed by a group of people in the USA, and is a structured framework that brought together the tools the group had been using to stay well and support them through difficult times.

The possibility of recovery is at the heart of WRAP, which is built around five key recovery concepts; hope, personal responsibility, education, self-advocacy and support.

WRAP is a planning process that involves assessing self-help tools and resources, and then using those tools and resources to develop plans for staying well. It includes:

- a personal wellness toolbox
- a daily maintenance list
- identifying triggers, early warning signs and when things are breaking down
- crisis and post-crisis planning

WRAP is best experienced in a group environment where a trained peer facilitator encourages and supports mutual learning; promoting that group members are experts in themselves.

Living Life to the Full

The 'Living Life to the Full' courses use the self-help format of helping you to help yourself. They also use the Cognitive Behavioural Therapy (CBT) model that helps people to develop the life skills they need to tackle feelings of low mood, stress and distress.

The courses have been developed by Dr Chris Williams, a Professor of Psychiatry and Honorary Consultant Psychiatrist at the University of Glasgow. He has developed written and computer-based self-help treatments for anxiety, depression and bulimia, and is a well-known trainer and teacher.

'Living Life to the Full' is delivered in group settings and online.

Bipolar Scotland Self-Management Training Programme

Bipolar Scotland developed this training programme as one way of enabling people affected by bipolar disorder to take control of their lives. It helps people to understand how their own mental health problems affect them and how they can recognise the early signs and prevent

or minimise the impact of an episode of ill health. The courses are delivered by accredited peer trainers who have experience of living with bipolar disorder.

The programme is built around three themes:

1. Recognition — what triggers a crisis in their own mental health and what are the warning signs of a possible crisis.
2. Action — creating an action plan and identifying coping strategies, self- medication and support networks.
3. Maintenance —preparing an advance agreement and looking at lifestyle choices.

Common characteristics of self-help and self- management

Self-help and self-management are related terms. The basic premise is that they help people play an active role in managing their own mental health and recovery. As we have seen there are a variety of different resources, tools and approaches but it is possible to identify a number of common features.

Control and empowerment

Self-help and self-management tools and approaches are generally designed to help people develop more awareness of their mental health and recovery. They also put control back in the hands of people experiencing difficulties, which helps to empower them.

Structured approach

Self-help and self-management approaches often involve a structured approach, which can be shared in a training or education setting or through self- study. Self-management approaches commonly involve a process of planning and reflection, and encourage people to think through scenarios. This could relate to staying well or to planning for crises and things going wrong.

Shared experiences

We have become increasingly aware that self-management approaches are most powerful when people with similar experiences come together to share them. Where this happens through a training type approach, trainers or facilitators sometimes have their own lived experience to share. This obviously creates a good degree of empathy, mutuality and shared learning, and has a lot in common with peer support. This is why sharing and promoting self-help and self-management techniques are common features of many Peer Supporter roles.

Approaches developed out with the mental health service system

Self-help and self-management approaches are often developed and shared out with the formal mental health service system. In some cases they are developed in response to a perceived shortcoming in traditional services, although there are exceptions to this:

- Psychosocial Education — an approach largely intended to increase understanding of mental health problems with the aim of developing 'insight.' This is a common

approach and often takes the form of professionally led group learning. Models based on encouraging insight have been criticised for their potential to hinder recovery by encouraging people to accept and adhere to psychiatric labels.

- The use of Advanced Statements — these are legal documents linked to the Mental Health Care and Treatment (Scotland) Act 2003 that are designed to provide people with a say in their care and treatment even at times of crisis and greatest difficulty (see below).

How self-help and self-management relate to recovery

Historically, the focus in mental health has been on managing symptoms and coping with illness, yet people themselves say that having a home, a sense of identity, family and friends, and meaning and purpose in life are helpful to their recovery. In fact, the Scottish Recovery Network's statement on recovery is that recovery is about living well:

'Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life. Each individual's recovery, like his or her experience of the mental health problems or illness, is a unique and deeply personal process.' (Scottish Recovery Network, 2006)

Many people still experience challenges with their mental health or life, but their focus becomes wider as they seek to live a full life or a life focused on wellness. Self-help and self-management approaches are used by people to help them live the life they want and as such have a much wider focus than symptom reduction or management. According to Peggy Swarbrick — a researcher — the concept of wellness is not new but is perhaps not really understood. She describes wellness as follows:

'Wellness is a conscious, deliberate process that requires a person to become aware of and make choices for a more satisfying lifestyle. A wellness lifestyle includes a self-defined balance of health habits such as adequate sleep and rest, productivity, exercise, participation in meaningful activity, nutrition, productivity, social contact, and supportive relationships. It is important to note self-defined because everyone has individual needs and preferences, and the balance of activity, social contact, and sleep varies from person to person.' (Swarbrick, 2011)

In her work, Swarbrick identifies eight dimensions to wellness:

Dimension	Description
Emotional	Coping effectively with life and creating satisfying relationships.
Financial	Satisfaction with current and future financial situations.
Social	Developing a sense of connection, belonging and a well-developed support system.

Spiritual	Expanding our sense of purpose and meaning in life.
Occupational	Personal satisfaction and enrichment derived from one's work.
Physical	Recognising the need for physical activity, diet, sleep and nutrition.
Intellectual	Recognising creative abilities and finding ways to expand knowledge and skills.
Environmental	Good health by occupying pleasant, stimulating environments that support well-being.

Self-care and self-awareness

Self-care and self-reflection go hand-in-hand. Before you can really address self-care needs, or even create a practice of wellness, you need to know you — including what nurtures you, what your vulnerabilities are, how to re-energise yourself when you feel overwhelmed or depleted, what supports your sense of wellbeing and what gets in the way of it. This information comes from time spent getting to know you. Self-care is what you do with what you know about yourself.

The idea that people living with a mental health issue can know what they need and what best supports them is an important philosophical shift and is at the foundation of building a recovery culture. It certainly contradicts old beliefs about the capacity of individuals to know themselves. Tuning in to your own self-knowledge rather than looking to others to tell you what you need could be a skill that is underused.

Activities that provide time for quiet reflection are also self-care strategies. These activities include writing a journal, yoga and meditation as well as knitting, sewing, chopping wood, walking through the woods or even window shopping. It's really about any activity that allows you to tune out the hubbub of your external world and tune in to the landscape of your own thoughts, feelings, wants, needs, challenges, and the wonder of your own internal experience.

Being able to reflect and increase self-awareness is also vital in your relationships with peers and co-workers. It allows you to step back from what is happening in the relationship to make different decisions about how you want to respond. It is a way to thoughtfully, or mindfully engage with others. Self-reflection — being aware of yourself and your own vulnerabilities — will help you respond rather than react to situations or people that cause strong emotions in you. Without self-awareness, we are much more likely to react in knee-jerk ways that can damage relationships.

Self-care and relationships

In peer support self-care is critical, since so often you will be relating to the distress of others out of your own lived experience. That can be challenging and exhausting. Stress can also come

from your own fears, worries and concerns about your ability to address the needs of those you support. You might want to please many different people and find it difficult to say no to multiple demands. However, peer support is a two-way relationship in which both people pay attention to the health and wellbeing of the relationship. Self-care is not just something you do for yourself, but something that you can accomplish in mutually responsible relationships.

Many of us have been taught that helping another person means that you do everything for them. Ironically, this is one of the barriers to self-care. Another barrier is that you don't tell the person what you are feeling or what you need because you are being paid to help them, or you think that you might stress them out.

When we pay attention to what the relationship needs rather than to what we think the other person needs, we discover that we share responsibility for both the challenges and successes we encounter in the recovery relationship. Since stress in peer support relationships can come from a number of sources, you could well encounter some of the situations or feelings listed below:

- feeling others' pain to the extent that it becomes your own
- feeling unsure about whether or not your own needs and wants are important in the peer relationship
- feeling like you will let your peers down if you 'relapse' or appear to be struggling yourself
- not knowing how to say no, or when to say no to other peers or co-workers
- feeling responsible for someone else, especially around safety
- not addressing your own support needs.

Staying connected

Peer supporters can become isolated socially and professionally since many relationships are structured by service policy. This may result in fewer opportunities for individual support; particularly if peer supporters are working in the context of the services that they once used. All peer supporters should consider ways to develop sources of support which could include:

- Form a peer support group in the community. You might want to network with other peer supporters in other organisations, and have opportunities for formal and informal meet-ups.
- Explore online sources of peer support. Don't forget to explore sources that are non-work related such as sports, book clubs, and crafts or hobby groups.
- Attend to your mind, body and spirit as you think about self-care.
- Build in time for you, as much as is possible — for example making sure you pursue your interests such as arts, reading, meeting friends and so on.

Self-care within organisations and teams

Working as a peer supporter can be challenging. There are a lot of negative beliefs that still permeate our culture about what it means to live with a mental health diagnosis. Peer supporters may be working alongside non-peer staff who either don't share their values or buy into recovery-focused practice. Co-workers may be unsure about the peer supporter's role in the service and have concerns about education and training levels and ability to handle stress. This can combine to create powerful messages that reinforce an individual's doubts about their capacity to work collaboratively with others.

In such situations self-care becomes even more important. However peer supporters should also remember:

- They were hired specifically to bring a different kind of knowledge into the service setting — one based on 'having been there'. This perspective provides peer supporters and those working alongside them with a new understanding of recovery. Lived experience forms the basis of the job, and is the education from which insight and expertise is drawn.
- There is a difference between being inexperienced and being disabled or unwell. Peer supporters may have spent much of their time focusing on what you needed to do just to get by day-by-day, while many of their co-workers have been developing employment skills. This means that they may still have a lot to learn about how to develop meaningful work relationships as well as a meaningful work ethic, and this involves experiencing different types of stresses common to all workers and not unique to peer supporters.
- Asking for help and support is a strength rather than a sign of weakness. We all have things to learn and should look for those who can help this – family, friends, co-workers, managers...

However this can make any new work experience more challenging than it usually is. Some tips to help peer workers navigate new work experiences while keeping themselves well are:

- All organisations have their own culture or ways of doing things that are simply understood. Pay attention to how people operate in your organisation to get an idea of what some of these unspoken expectations are.
- Avoid using symptoms or issues with diagnosis to excuse poor work behaviour or poor choices. Instead acknowledge the mistake and take steps to address it.
- Model personal responsibility for wellness by framing 'setbacks' as an opportunity to learn more about yourself and what you need.
- Remember that it is appropriate to assert boundaries around personal information. While peer supporters use personal experience to build connections with others and provide alternative perspectives; they do not have to answer questions from those they support and co-workers that they do not feel comfortable answering.
- If there are policies and practices that appear to apply to peer supporters only raise this with the relevant people – managers, HR department. They may be unaware of this. Indeed some practices meant to support peers in the workplace can actually be exclusionary or discriminatory.

The experience in Scotland

An evaluation report about the experience of developing peer support roles in a number of NHS settings across Scotland (McLean et al, 2009) provides some useful insights related to self-care from a range of perspectives:

- The peer support workers experienced challenges in the new role, particularly adapting to a new working environment and establishing effective relationships with colleagues.
- As a result of being in the role and overcoming the challenges they faced the peer support workers mostly grew in confidence and experienced enhanced recovery.
- Although some peer support workers became unwell during the pilot, they demonstrated the great potential of making constructive use of their experiences by integrating this further lived experience into the skills and knowledge they could offer in the role.

'When lived experience is your qualification for a role, then having another experience of a challenge to your mental health may add to that breadth of knowledge and can be constructed as being really helpful.'

Suggested exercises

Self-help and self-management

What helps me 'stay in the driver's seat'?

Ask students individually to take some time to think about and list the different things they do for themselves that could be described as self-help, self-care or self-management. Then ask the students to share these with each other and discuss the findings as a whole group.

Notes for tutor

Self-help encompasses the resources that help to keep people well and includes those that make them feel better. These can also be seen as strengths and assets. If students are finding it difficult to think of self-help or self-management strategies they use you could ask them to think about their strengths and how they use these to stay well.

Another way to approach self-help is by attending self-help or mutual support groups where people can find a safe place for support and reflection with others in similar situations to their own. This is a form of peer support and is also a self-help tool.

The group probably found that there were strategies and techniques that some had in common. It is good to explore these and why they work well for different people.

Others may not have thought about these strategies and techniques so stopping to take time and reflect like this – particularly with people who have shared similar experiences – can be a great learning process.

Barriers to self-management

In small groups, ask the students to consider some of the things that might make it hard for people to engage in a process of self-help or self-management. Then ask them to identify what could help to address this and support people to engage in self-help and self-management.

Notes for tutor

Sometimes, people have to think about and reflect on a time of crisis or distress. While this can help them to gain more control in future crises, it can also be difficult and painful to look back to when things were at their worst.

It is important to have skilled facilitators who can support people to work through this type of reflection — particularly if the facilitators have worked through similar challenges themselves.

Some people also find it hard to take a structured approach to planning their recovery because the tool or approach being used doesn't fit their view of the world or their experiences.

The actual tool or approach being used is not as important as whether this works for the person. People are unique as is recovery so no one tool or approach will be suitable for everyone. It is important for there to be choices for people.

Other people just don't feel ready for this type of approach. Their experiences could be too raw or difficult, and the solution here would be to find a better time when they do feel ready.

Self-help and self-management approaches are often shared in groups and for some people the idea of discussing their experiences in a group setting is be off-putting. Some people might find it hard to connect to others in the group or feel that they don't have enough in common. They might also feel that they are in a different place in their recovery from other group members. For these people, working through a book, working one- to-one with someone or completing an online course are possible alternatives.

It is also worthwhile remembering that recovery is a journey and what works for people and what they feel they can engage in will change over time.



Self-care in peer relationships

A significant challenge in the peer supporter role is managing reactions to emotionally difficult situations which relate to past experience.



Past experiences and self-care

In this exercise students working in small groups consider two scenarios and discuss what they feel is happening and how self-reflection and self-care could help in managing such situations.

Scenario 1

Anne is a peer support worker at a service where she has been employed for just a few months. She has overcome many obstacles in her life, including life with a father who had a drink

problem. Life was pretty unpredictable for Anne. She made a decision when she left home that she would never associate with anyone who drank.

Anne is meeting Holly for the first time as Holly's new peer support worker. Holly has only been coming to the service for about a week, so is just getting used to things. Anne greets Holly and immediately smells alcohol on Holly's breath. Anne's face gets red, her heart starts pumping, and she suddenly feels angry. Holly, seeing Anne's reaction to her, assumes that she has done something horrible to offend her, but she doesn't know what. Later, when Anne meets with her supervisor she states, 'I can't help her. She'd been drinking.'

Consider this scenario and discuss the following points in your group:

- What do you think Anne is reacting to?
- How would knowing more about herself and her own reactions to certain people or situations have helped Anne to respond differently when she smelled alcohol on Holly's breath?

Scenario 2

Katy is a peer support worker and she is very worried about Daniel. Daniel has not been showing up for his meetings with Katy or his support team. He's also been alluding to dropping out of services altogether. Katy is very worried that if she does the wrong thing with Daniel he will disappear. This causes Katy some concern. In fact, for Katy, there have already been a lot of losses in her life. She's not sure she can handle one more.

As a group consider the following:

- If Katy were able to self-reflect, what would she be paying attention to in terms of her own fears and concerns for Daniel?
- How might Katy 'check out' her interpretation of what is going on for Daniel in a way that allows Katy to also speak to her own fears, worries and concerns?

Notes for tutor

Win scenario 1 we explore the fact that we all have vulnerabilities and issues that prompt a particular type of emotional response. Anne's are related to alcohol. It is one of those seemingly instinctual reactions to things that have historically made us uncomfortable and come up all the time in peer relationships. Some people prefer to describe them as triggers. For example, we might misunderstand the tone of what someone is saying, we might have strong beliefs that contradict the other person's or we might get frustrated when something that was easy for us is difficult for the other person.

Being aware of this is an important element in the practice of relationship development. It is also an important element of self-care in peer working, so it's important to work on increasing self-awareness of these potential triggers.

Since you can't always avoid the people and situations that elicit strong reactions in you, what can you do to become more in control of your responses? While your supervisor is not

your therapist, you can talk to them as a way of thinking through some responses to difficult situations. This kind of conversation is the same for any employee who is aware of their own vulnerabilities.

In scenario 2, we see that self-reflection could help Katy to separate her own fears and concerns from those she has about Daniel. It could help her to understand that her worldview could be colouring what she thinks is going on with Daniel. Self-reflection is a powerful tool that can help us to understand how our own vulnerabilities (in this case Katy's multiple losses) can play into our relationships with others.

When peer support workers take on responsibility for another person's wellbeing, or see themselves as responsible for the outcome of another person's decisions, they are contributing to the existing culture of disability in which people seeking services are viewed as incapable of taking responsibility or contributing to the relationship. Seeing and responding to others as 'less than', or 'fragile' within a relationship replaces compassion and respect with power and control and can lead to work stress and burnout.



Self-awareness and self-care in practice role play

In small groups, read the following scenario. You might find it useful to role play the scenario and the possible reactions and responses of the two characters.

Scenario:

Tim started to volunteer as peer supporter to months ago and while he is enjoying the experience he sometimes he doubts his capacity to help others. He has been working with Robert since he started, and as Tim's own level of expectation grows he feels that he needs to see Robert make progress to be sure he is a good peer supporter.

Tim's father abandoned him and his mother when he was only 5 years old. Since then, memories of abuse have started to appear in his mind, mixing fact and fiction. Tim is not sure if they really happened and he'd rather prefer to think that they are only figments of his imagination.

At a peer support session, Robert looked more downcast than in previous sessions. Tim immediately felt disappointed, and when he asked him what was new, Robert commented, in a very general way that he had broken up with his girlfriend. He had lost control and insulted her in public. He had tried to call since then but she refused to answer the phone.

This made Tim feel very angry and he accused Robert of being an aggressor and manipulated. He advised that the best thing he could do was to stop calling his girlfriend and leave her alone. He then stopped the meeting.

Notes for tutor

Prompt the students to consider how both Robert and Tim felt after the meeting ended. It is likely that Robert is confused and wondering what happened. Tim may also be feeling confused about his reaction and probably is feeling that he had done badly for himself and Robert. Tim realises that he identified with Robert's girlfriend and that resulted in him becoming angry and unable to communicate with Robert.

By trying to ignore or avoid an important aspect of his experiences and wellbeing Tim thought that he had it under control. However this shows that he needs to acknowledge these experiences and feelings, no matter how difficult and uncomfortable, and work on how to respond better to certain situations.

Reacting in this way will further damage his confidence in his ability as a peer supporter which is detrimental to his recovery and wellbeing and not good for the people he is supporting.

It would be more appropriate for Tim to have asked Robert what had made him lose control and to establish a list of proper answers to similar situations. Robert would feel safe and more able to take decisions that would not endanger his relationships.



Student information

None provided

Further reading

You can find more information about WRAP from The Copeland Center for Wellness and Recovery who are based in USA and from Scottish Recovery Network at [Supporting resources | WRAP](#)

There is more information on Living Life to the Full at [Living Life To The Full](#)

J McLean et al, Evaluation of the Delivering for Health Peer Support Worker Pilot Scheme, Scottish Government, 2009

Session 12: Review and evaluation



Introduction

The aim of this session is to give candidates time to review and evaluate the course and their experience of it, and to finish off any outstanding work.

Information

In this final session it is an opportunity for students to:

- Reflect on their learning during the course and celebrate their achievements.
- Review the content and structure of the course and discuss their experience of it.
- Discuss the final assignment.

We hope that all students have completed the course and it has been a rewarding experience. The course should have allowed them to enhance their knowledge and understanding of recovery and the peer supporter's role.

This session should give students an opportunity to clarify the knowledge they have gained. There should be space for students to explore individually and with peers and the tutor to ensure they fully understand all of the aspects of their learning throughout your course.

Encourage students to be honest and open about their experience of the course. To ensure that the course is achieving its aims, we need students to help by being an active part of the review and evaluation process.

Assessment

It is important that students are fully aware of:

- What is required in their portfolio of evidence.
- Where they can get support if needed to complete this.
- The deadline for submitting this portfolio of evidence.

Closure of group

The students will have spent quite a bit of time together during the course. It has hopefully been a rewarding experience even though at times it might have felt intense and been challenging.

The group may want to keep in touch in some way and are likely to want some form of official closure to the group. Encourage them to decide what that is — the following activity is just one suggestion for bringing the group to a productive end.

Suggested exercises

The Post Box

The idea of this activity is to say something personal, which should be supportive or encouraging to your fellow peers.

Each person should write their name on a piece of paper and put it on their desk (their post box).

- Each student should take a piece of paper for every class member.
- They should write something positive about their experience of each person during the course.
- They then fold each paper over and put the person's name on the front for whom the comment is destined.
- Once everyone has finished all should go around the room delivering their letter to each class member.
- All return to their desks and open the post.
- Enjoy the positive comments!

Students may want to keep their letters as a record of their experiences in the group. They may want to revisit draw strength from them at times of challenge.

Annexes



Annex 1: Peer2Peer Role Play Scenarios

Introduction

Peer2Peer was developed by combining peer support training with psychodrama and video therapy. As a result a key aspect of the course is the use of structured role play exercises in a number of the sessions. These provide students with the opportunity to move beyond discussing and reflecting on learning to putting the concepts, values, and skills they are learning into practice. This includes considering difficult situations and trying out different approaches in practice.

Where a role play exercise is suggested we either provide a scenario for you to use or give guidelines on the type of scenario needed and propose that you work with the group to devise the scenarios. You do not need to use the scenarios provided and indeed working with the student group to devise the scenarios can be a valuable part of the learning experience. In doing this students can offer examples from their personal experience or draw on their personal experience to create fictional scenarios.

We would suggest that you allow at least one hour for a role play exercise and possibly more if you will be working with the group to devise the scenario.

Why use role play?

Role play allows the creation or re-creation of events and provides an opportunity for individuals to experience them rather than just discussing them in a detached matter. It will allow the students to explore uncomfortable situations, behaviours and conflicts but in the safety of a group.

The taking of roles also provides freedom from existing roles (patient, service user, peer worker) and provides opportunities to experience situations from different perspectives and as such develop understanding and practice. While the scenarios are based on real life the role play is not real life so it means that those taking part can try different and new approaches.

The benefits of using role play are improved understanding of how the concepts and principles of recovery and peer support can be translated into day-to-day practice. One of the key aspects of this is opening up our thinking about approaches we may take including different approaches from those we would instinctively adopt. By providing opportunities to practice in a safe environment without fear of mistake, students will also be more likely to adapt to challenging situations.

Preparation for role play

Role play is suitable for small groups of around eight to 10 individuals and the exercise will last for around 60 minutes. There are three key stages in the exercise:

Warm up – creation of the group (already achieved)

Action – the scenario is played out by volunteers from the group

Sharing and reflection – the action is over and the group first of all share their feelings about what happened and then move onto reflect on the action by commenting on what happened, asking questions to prompt reflection and providing advice.

The scenario will be briefly introduced and volunteers from the group will be sought to play the characters. In this scenario that is the individual being peer supported and the peer worker. The course trainer/facilitator act as 'director' of the role play by briefing the volunteers, intervening where necessary to guide the role play and facilitating the group discussion.

During the role play there are three techniques which can be used and encouraged by the 'director' to further develop the scenario and increase reflection and learning:

Doubling – in this a group member will imagine what those involved in the role play are feeling and share this. This can help to name feelings.

Role reverse – this is where the two volunteers swap places physically and play the other role. This can help to increase understanding of the feelings of the other person and open up thinking about approaches which can be taken to develop the relationship.

Mirror – this is where one of the volunteers mirrors the body language, spoken language or tone of the other. This can help to increase understanding of how we are perceived by others.

Annex 2: Assessment and portfolio of evidence

This course has been designed to be delivered with or without written assessment of students. Where the tutor wishes to incorporate written assessment, we suggest the following assessment approach which is based on the five learning outcomes of the course and the evidence requirements which are covered in the various sessions. These learning outcomes and evidence requirements can also be used as a basis to gain accreditation or certification from the relevant body in your country or region.

Outcome	Evidence Requirements
Explore the development of the recovery approach in mental health	<ul style="list-style-type: none"> Describe and explain personal recovery and the recovery approach Examine two characteristics of recovery Describe and explain three factors which support recovery
Explain peer support and its role in recovery	<ul style="list-style-type: none"> Explore the relationship between peer support and recovery Discuss two aspects of peer support
Discuss and demonstrate the development of relationships based on peer support values	<ul style="list-style-type: none"> Describe the factors contributing to a positive peer relationship Explain the power dynamics in peer relationships Demonstrate the use of effective communication including active listening and recovery language Demonstrate the application of role modelling and hope in the peer relationship, including the use of self and constructive sharing of experience
Apply strengths based approaches in the peer support role	<ul style="list-style-type: none"> Describe how a strengths based approach may validate and reframe experience Demonstrate an awareness of the effects of trauma Discuss ways to promote resilience
Demonstrate an awareness of how to practice safely and effectively in the formalised peer support role	<ul style="list-style-type: none"> Identify and explain two aspects of role tension and boundaries Reflect on approaches to working with risk Describe two aspects of safe practice and self-care

Outcomes 1 and 2

This can be assessed by an assignment of approximately 1,000 words in essay format where the student will consider their personal recovery story in relation to the recovery approach and the role of peer support. This will include:

- examining two characteristics of recovery and three factors supporting recovery in relation to their story;
- considering the role of peer support in relation to their story

Outcomes 3 to 5

This can be assessed by the drafting of a portfolio of evidence which demonstrates knowledge and/or skills in relation to peer support activity in a paid or unpaid capacity. It is recommended that this portfolio of evidence is no longer than 2,500 words and is drafted during the course. A template is provided for this portfolio and this will include questions to prompt student reflection at the end of each session.

Portfolio of evidence template

Student:

Submission Date

Session 1

No evidence requirements. It is suggested that students use the 'My reflections on today's learning' handout to get them into the habit of recording their learning and reflections.

Session 2

- What are the main characteristics of personal recovery?
- What helps people in their recovery?

Session 3

- Why are personal stories central to our understanding of recovery?
- What has helped you in your recovery?

Session 4

- What is peer support?
- What types of peer support are there in the mental health system?
- What role does peer support have in recovery?

Session 5

- What contributes to a positive peer relationship?
- In what ways is power shared in a peer relationship?

Session 6

No evidence requirements. This is a review session. By this time students should have either completed, or be in the process of preparing an assignment of approximately 1,000 words in essay format where they consider their personal recovery story in relation to what they have learned about the recovery approach and the role of peer support. This will include:

- Examining two characteristics of recovery and three factors supporting recovery in relation to their story; and
- Considering the role of peer support in relation to their recovery story.

Session 7

- What communication skills are important in the peer relationship?
- Give some examples of the use of recovery language.

Session 8

- What should a peer supporter consider when sharing their experiences?
- In what ways can sharing experiences inspire hope?

Session 9

- How can using a strengths based approach promote hope and empowerment?
- What impact can the effects of trauma have on the peer relationship?

Session 10

- Explain the different approaches to working with risk.
- How can peer supporters establish and maintain clear boundaries?
- What sort of tensions are inherent in the peer support role?

Session 11

- How can self-management promote resilience?
- What can peer supporters do to maintain their wellness in the role?

Session 12

No evidence requirements. The answers to the questions for each session should provide much of the evidence required for the second assignment which is a portfolio of evidence which demonstrates knowledge and/or skills in relation to peer support activity in a paid or unpaid capacity.



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