

2. peer support & wholeness



This module provides an introduction to peer support work and explores differences between the peer support role and other roles within the mental health and substance use systems.

1. welcome

2. gratitude

3. about this training

4. table of contents

5. our focus

6. core values

7. life application story

8. a very basic history of peer support

9. what do we mean by wholeness?

10. core values of peer support

11. learned helplessness

12. cultivating compassion

13. essential approaches to providing peer support services

14. self-disclosure & sharing personal stories

15. redefining recovery

16. person-first language within the mental health & substance use field

17. doing the work

18. the journey begins....

19. summary

20. next steps

21. module references

EXIT the module

welcome to WHERE WE ARE AT peer support & wholeness



Welcome to **Where We Are At**, a training course for Provincial Peer Support Workers. We're glad you're here! This course is made up of 16 modules, all designed to support your training in peer support work.

The purpose of module **2. peer support & wholeness** is to provide an introduction to peer support work and explore differences between the peer support role and other roles within the mental health and substance use systems.

Any of the modules in this training can stand alone, but you'll notice they are very interconnected. All of the concepts and core values have many layers, and they will look a little different when you see them through the lens of different topics. For example, self-determination, one of the core values that is essential for peer support work, will look a little different when we look at it through the lens of learned helplessness, grief and loss, or goal planning, but the main message will always be the same.

You will get to experience all of those layers and intersections when you move through each module of the training. Feel free to navigate back and forth between modules as you move along since learning never has to be linear. There will be references to other modules intersected throughout.

Thank you for joining us on this educational journey!

2. gratitude



**Before we begin this
new **learning** journey, we ask that you
reflect on the following question:**

**What am I grateful for
today?**

We know that taking time to reflect can give us the clarity and strength to do what can sometimes be difficult emotional work.

Download the [reflection journal](#) below and use it to record your thoughts. Please don't rush. Take all the time you need. This journal will be used for several questions throughout the module.



M02_reflection-journal.pdf

57.4 KB

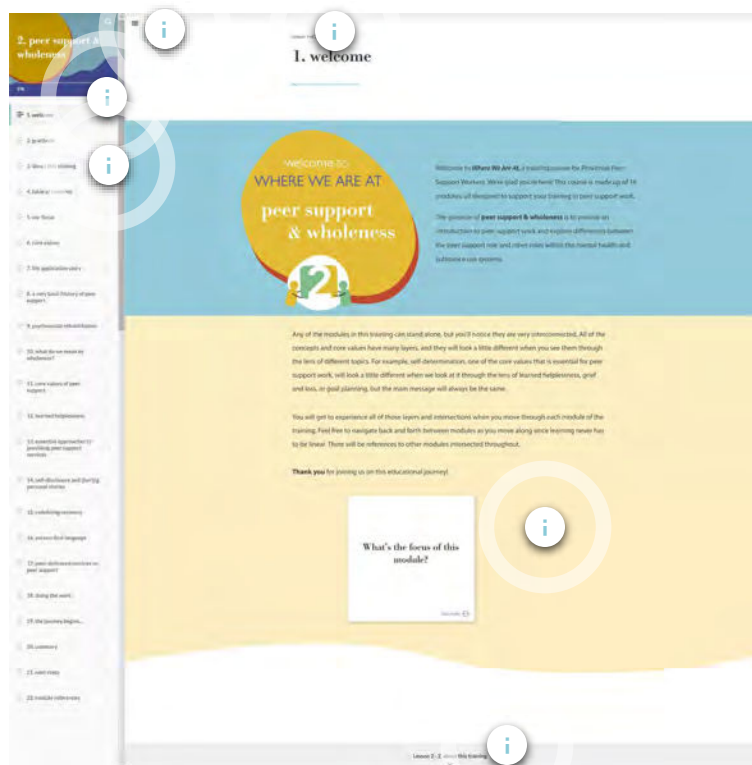


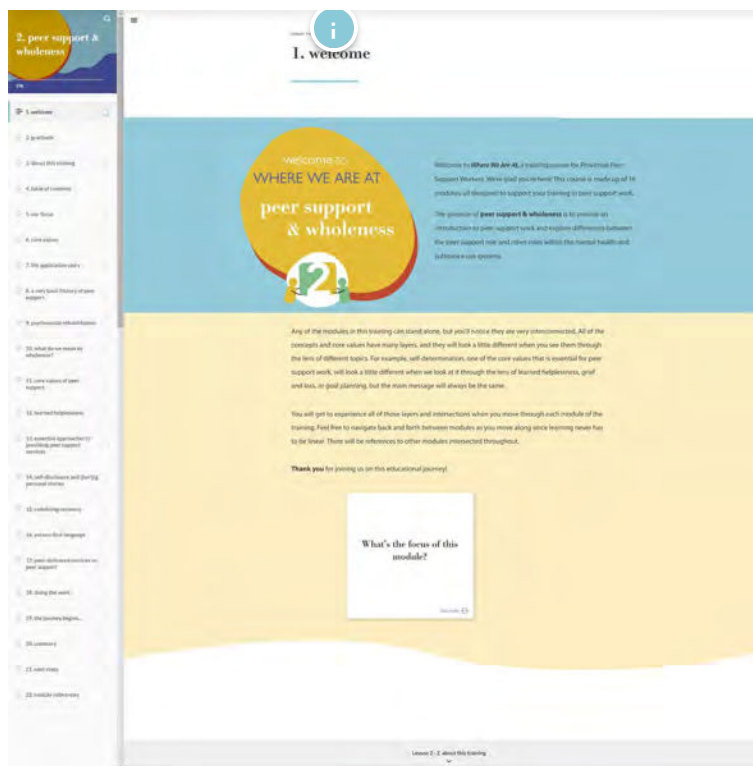
3. about this training

The course content has been guided by consultations that were held with peer support workers. It's with the utmost respect for their experience and wisdom that we share these learnings.

course navigation

You may have questions on how to use this. We designed an interactive diagram to give you the chance to explore the different functions on the screen. Click the buttons below to learn more.





Lesson titles

Lesson 1 of 23

Above each lesson title, the lesson count is shown.

CONTINUE

reflection journal

As you discovered in the previous section, included in this training is a reflection journal. The journal is designed for you to use throughout the training. It's full of reflective questions related to the topics being explored that will get you engaging in the world around you with curiosity.

Feel free to use the journal in a way that works for you:

- 1 You can print it off and write in it or just use it to support reflective processing
- 2 You can use the fillable PDF version and complete it online
- 3 You can write in your own journal, using the questions as guides

We encourage you to find a safe, comfortable spot to engage with these questions.

CONTINUE

where we are at

provincial peer support worker training curriculum

The *Where We Are At* educational curriculum includes 16 modules. You'll find a brief description of each below.

1. the foundations —

An overview of all the practices and knowledge that will be transferable to all of the modules in this training.

2. peer support & wholeness

Provides an introduction to peer support work and explores differences between the peer support role and other roles within the mental health and substance use systems.

3. categories & containers: unpacking our biases

Helps you understand how and why we judge.

4. self-determination

Looks at self-determination, the theory of self-determination and how peer support workers can support creating an ecology where people trust their own inner wisdom.

5. cultural humility

Explores how to approach your peer support work through the lens of cultural humility and helps you understand how culture (and the destruction of culture) shapes our lives.

6. understanding boundaries & what it means to co-create them

Examines boundary creation within the context of peer support, grounded in the core value of mutuality.

7. connection & communication

Focuses on cultivating compassion and empathy, listening deeply to understand, and asking powerful questions to increase reflection and connection.

8. healing-centred connection: principles in trauma-informed care

Brings together all the learnings from previous modules to support the creation of environments and relationships that are safe and trauma-informed.

9. social determinants of health

Explores the social determinants of health and how social, economic and other factors lead to better or worse health outcomes.

10. supporting someone who is grieving

Examines how to understand grief and loss in order to support someone who is grieving, without trying to “fix” or “save” them.

11. substance use & peer support

Explores the principles and methodologies around the harm reduction approach to substance use disorders and some of the history around the criminalization of substance use.

12. mental health & supporting those in crisis —

Explores the mindset shift necessary to support someone through a crisis.

13. goal planning —

Focuses on how peer support relationships can support the creation and meeting of goals.

14. building personal resilience —

Explores ways to build resiliency, create wellness plans and practice self-compassion.

15. family peer support —

Explores family peer support work and how, by working from a place of shared lived experience, family peer support workers can create positive change for families by building long-term relationships based on trust with those supporting loved ones.

16. working with youth & young adults —

Explores the unique application of peer support principles to working with youth and young adults.



4. table of contents

Below you'll find a short overview of what topics you'll find in this module.

As you move through these topics, please remember you can always return to this page to revisit the main ideas being explored in each lesson.

life application story —

A scenario about building peer support relationships.

a very basic history of peer support —

Reviews the history of peer support and its roots in the Consumer/Survivor movement, the Civil Rights Movement and the psychiatric rehabilitation movement. It also examines psychosocial rehabilitation (PSR) and its impact on peer support today.

what do we mean by wholeness? —

Explores how we can reconcile the different parts of ourselves and normalize “messing up” as part of the journey.

core values of peer support —

Breaks down the core values of peer support and how they connect to the overarching peer support value of hope and wholeness for all.

learned helplessness —

Examines the concept of learned helplessness and how to work with and support someone who’s experiencing it.

cultivating compassion —

Explores the importance compassion plays in supporting peers.

essential approaches to providing peer support services —

Provides key ways to approach peer support services, including through mutuality, the value of lived experiences and the importance of confidentiality. Also gives an overview of the differences between peer-delivered services and peer support.

self-disclosure & sharing personal stories

Probes the importance of offering your stories and lived experience while respecting boundaries and triggers.

redefining recovery

Outlines an updated definition of what we mean by recovery.

person-first language

Shares the power and importance of using person-first language and includes useful examples to illustrate these points.

doing the work

Reviews some of the ways in which peer support work is done, as well as important things to remember when documenting your peer support work interactions.

the journey begins....

Sets the scene for upcoming modules.

5. our focus

What's the purpose of this module?

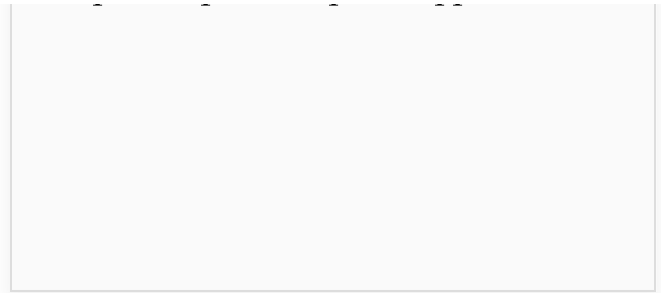
To provide participants with an extensive overview of peer support services and the differences between the peer support role and other roles within the mental health and substance use systems. We'll explore the philosophy and practices of peer support as outlined in the Standards of

1 of 1

after reviewing this module, you'll be able to...



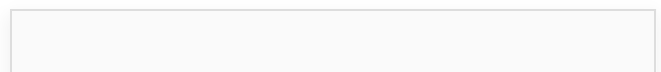
Demonstrate knowledge of the philosophies of peer support.



Distinguish the differences between a peer support perspective and a clinical perspective of support.



Describe and explain the BC Peer Support Training definition of recovery.





**Explore and examine the
importance of self-disclosure in
peer support work.**



6. core values

The following core values are essential for peer support work. At the end of this module, you'll be asked to decide which ones are key to this topic.

- ☐ Acknowledgement
- ☐ Mutuality
- ☐ Strength-based



Self-determination



Respect, dignity and equity



Belonging and community



Curiosity

7. life application story

Check out this scenario with Martin and Dakota.

version one

Martin, a peer support worker, and his peer Khalil recently met for their first session. Martin introduced himself and shared his vast experience working in the mental health field. After engaging in some small talk, Martin wanted to jump right in. "So, are you living with a mental health diagnosis? Do you have any substance use problems as well?"

"Oh... I'd rather not share that right away."

"Okay, sure. It's just that it would be easier for me to help you if I knew what your main concerns are."

With some discomfort, Khalil shared about his recent diagnosis and disclosed that he's been receiving support for problematic substance use as well. He's doing better but still struggling. He hates feeling like his whole identity is summed up by his challenges. Martin reassured Khalil that he had plenty of experience working with people like him and eagerly began sharing tools of what he thought would be helpful.

Khalil had heard that peer support was different from the clinical support he was already receiving. He had been told that peers had lived and living experience, and he was looking forward to talking with someone who understood to some extent what he was going through. Maybe if Martin opened up about his own experiences, Khalil would feel more comfortable sharing some of his own.

"Have you ever dealt with struggles like mine?" Khalil asks Martin.

"Well, yes, all peer support workers do, but I don't want to overwhelm you with details of my story. We're here to focus on you," said Martin, who had been told by a clinical colleague that he shouldn't share details of his personal experience with people he supported.

As the conversation went on, Khalil felt more and more deflated. He was looking forward to trying something different, but this meeting felt like all the appointments he'd had with medical professionals. He didn't need more advice from experts. He just wanted someone to talk to and to connect with.

Let's try this again.

version two

Martin, a peer support worker, and his peer Khalil recently met for their first session. Martin remembered how nervous he was back when he was struggling and first met Sarah, who was his peer support worker for a year. He recalled that when Sarah first introduced herself to him, she shared her story of struggle with him. She also shared some important moments where she embraced hope and started to notice small positive changes. Sarah was the first person he'd met who had a similar experience to his own. Martin felt so seen and understood. He was able to find hope in Sarah's story.

As he sat with Khalil for the first time, Martin really wanted the experience to be encouraging and hopeful for both of them.

"I'm so glad to get to meet you, Khalil. Has anyone explained to you what peer support is?"

"Sort of. I was told that you have lived experience. I am hoping that working with you'll be a bit different than what I'm used to."

"Yes. I've had my own struggles. That's the main difference between peer support and other clinical programs. I'm not a clinician. I have my own lived experience. All peer support workers have lived experience. Though I'm not a clinician, I did get the chance to take specific peer support training. The goal of peer support is for us to walk together, alongside each other. I'm really happy to support you in whatever way I can. Maybe there's even something we can learn together."

Khalil felt intrigued. He'd never come across anyone who spoke like Martin. Though he was grateful for the support he received so far, this felt refreshing to him. "Wow. You can't have been through the same things I have!"

"My experience likely has some similarities to yours for sure, but our experiences are certainly different too. I went through some very dark times. At one point I wasn't sure if I was going to get through it; I was hopeless. I'd lost everything, and hit rock bottom. I was couch surfing because I wasn't able to get the support I needed for my mental health. I was trying to get help, but there were too many barriers, and I couldn't figure things out for myself. I was broke too, and I couldn't access financial help. Thanks to some amazing supporters, who helped me navigate all these difficult, complex systems, I'm in a good place now."

I'm so grateful that I was able to learn some great tools that have supported me along the way. I was able to learn some wellness tools and practices that integrated into my life. I also had a peer support worker myself a

few years ago. Her name was Sarah, and she supported me to find some hope to hold on to. It's not that I don't still struggle. I do. I have really hard days. Now I just feel more empowered, and I have a great support system. I'm always learning, and I'm very excited to get to learn together with you."

Khalil smiled, and then began to share some of his story. He felt encouraged that this was going to be a good experience.

CONTINUE

questions for reflection

Answer these questions in your reflection journal.



**What are the differences
between those two scenarios?**



1 of 2



What core values do you recognize in this life application story?

2 of 2

CONTINUE

“Peer support is work that goes beyond a work shift as it implores me to continuously move through recovery with awareness, knowing that my own experiences can be used to inspire my peers. Peer support requires me to connect with my peers and use my past and current experiences in order to best assist them in their challenges and through adversity.

Peer support is difficult to define because it is based on life experience at its core and there is a unique form of trust that peers share and must uphold. Peer support is very individualized, and it is as unique as every peer that engages in it.”

Czarinna Tabobo (BC Peer Support Worker)



8. a very basic history of peer support



the roots of peer support

peer support is not just a service; it's a global movement with an extensive history.

Peer support is a social justice movement that has a long history of being a catalyst for societal and systems change. We can feel truly inspired by those who have come before us.

Over the last few decades, there's been a lot of research that proves that peer support is effective. Today, it's considered an evidence-based best practice, and many organizations see the value of integrating peer support into mental health and substance use programs. That said, B.C.-based peer support still faces issues with

securing funding and breaking away from “tokenistic” attitudes from the system. A lot of reform is still needed, but we can't forget the significant improvements that have occurred over the last century, because people fought for justice.

CONTINUE

Peer support wasn't always considered a best practice. At one point, even a decade ago, peer support was considered a counterculture, and we've come a long way in a short period.

For example, as recently as the 1950s and 1960s, people with mental health/substance use diagnoses were treated horribly by systems that favoured a very heavy-handed, forced approach to treatment. Back then, formal (funded) peer support simply didn't exist. Systems back then also didn't know what we know about recovery today, and people who received services were told they'd never function in society again.

This means that peer support began as a gathering of people who came together to support a common cause, and passion and drive to fix a very broken and harmful system. We are here today because peers who have come before us choose to fight for us.

All great movements emerge as a response to injustice. Essentially, a movement is a collective gathering of individuals who share a sense of purpose and common cause.

Movements are born from HOPE.

A movement starts as a desire to create something better for many people, and it becomes something that can actually change the world!



Can you think of any other movements like this? Have they been successful in shifting culture? Why or why not?

CONTINUE

you are a part of this movement.



CONTINUE

early examples of peer support

The majority of events from the early peer movement took place in the United States. Here in B.C., most early adopter formal peer support programs only began in the late 1990s. While there are accounts of grassroots peer support from as early as the mid 1800s, peer support as we know it today arose from the Consumer Survivor movement. This movement began in the late 1960s and early 1970s as an extension of the civil rights movement, sparked by some ex-patients' personal histories of psychiatric abuse. The most common early advocates were former mental hospital patients.

Let's take a look at some of this powerful history.

1854

The Alleged Lunatics' Friend Society, United Kingdom

In this era, people with psychiatric issues were committed to asylums or "madhouses," where people received inhumane treatment. John Perceval, the son of the Prime Minister Spencer Percival, spoke up after being horribly mistreated while he spent three years in one of the country's asylums. There were several other people who joined in his movement to seek change and to advocate for better treatment of psychiatric patients. Reformation of "lunacy" laws was one of their major goals. This was one of the very first movements of its kind.

1909

Mental Hygiene Movement, United States

Clifford Whittingham Beers was the founder of this movement. After he graduated from Yale University, he was institutionalized for three years following a suicide attempt. He experienced horribly abusive and degrading mistreatment in the institution. In January 1905, he wrote a book called *Mind That Found Itself*. His book gained attention and created a momentum in the United States to reform mental health services. Several physicians and other professionals, along with people who had suffered a similar fate within an institution, joined the cause and created the National Committee for Mental Hygiene. This movement spearheaded legal reform in several states.

1918

Canadian National Committee for Mental Hygiene (CNCMH), Canada

Clifford Whittingham Beers and Dr. Clarence M. Hincks founded the Canadian National Committee for Mental Hygiene (CNCMH), which eventually became the Canadian Mental Health Association (CMHA) that still serves Canada today.

1937

Recovery Inc., United States

Dr. Abraham Low (a neuropsychiatrist) founded this group. Dr. Low was on faculty at the University of Illinois in Chicago. He created recovery groups, and he invited people who were discharged from the university's psychiatric hospital to join. The recovery program is based on self-control, self-confidence and self-determination. This group started with a group of 37 ex-patients. Members advocated for better services. Low also taught his recovery program to non-professionals, and they began to facilitate groups out of their homes.

This group is still active today. The name has been changed to [Recovery International](#), and there are branches in Burnaby, Delta and Port Coquitlam. It's still led by volunteer peer leaders.

CONTINUE

the 1960s were an important time for societal change

The civil rights movement created momentum for many marginalized groups to organize themselves to fight for social justice and societal change. Increasing numbers of people began to speak up against oppression in the '60s.



The Civil Rights Act was passed in 1964 after decades of organizing and fighting to end racial segregation. Despite all the good work done in that era, we know that systemic racism still runs deep today. The summer of 2020 launched another wave of the global civil rights movement.

The 1960s & 1970s gave rise to several other movements (this is not an exhaustive list):



Feminist movement that fought for the rights of women

☐

Industrial workers movement

☐

Gay liberation movement

☐

Disability justice movement

☐

Anti-war movement

☐

The Consumer/Survivor/Ex-Patient movement was born in this era – this was the start of peer support as we know it today

CONTINUE

The following are principles of the Consumer/Survivor/Ex-Patient movement:

☐

Self-determination and choice

☐

Rights protections

☐

Stigma and discrimination reduction

☐

Services responding to multiple life needs of a person: friends, housing, jobs, community

☐

Self-help/peer support programs

☐

Involvement in every aspect of the mental health system

☐

“Nothing About Us Without Us”

When we take note of the impact of the Consumer/Survivor Movement on peer support today, it is awe-inspiring. It's a gift to get to hear stories of so many individuals, just like us, who have impacted so many lives.

CONTINUE

“nothing about us without us”

“Nothing About Us Without Us,” a term born out of the disability movement, became a mantra for the movement. We’ve come a long way, but still today, most organizations don’t involve people with lived experience in all

aspects of the system.

Judi Chamberlin (1944–2010), one of the Consumer/Survivor movement's founding leaders, was admitted to a psychiatric hospital in the Eastern U.S. in 1966 after she experienced a severe breakdown following a miscarriage. She was told that she'd never live outside of an institution again.

In an interview with Judi in 2007 on the National Coalition of Mental Health's website, Judi said, "The day that they took my own freedom away was the day that I dedicated myself to this cause. I said 'This is wrong. This is wrong! This should not happen to anyone.'"



Judi Chamberlin

Image credit: [Tom Olin \(MindFreedom International\)](#)

The article goes on to state:

Judi defied her prognosis and went on to help found what is known as the psychiatric user, survivor and ex-patient movement. It was the heady era of civil rights, consciousness-raising, women's liberation and gay liberation. Judi drew courage and inspiration from these popular movements. By 1971, she was working with the

Mental Patient's Liberation Project in New York...In 1978 [she] wrote "On Our Own: Patient Controlled Alternatives to the MH System," a scathing critique of traditional mental health "treatment."

We are where we are today because of leaders like Judi who made such an impact on the mental health and substance use systems.

CONTINUE

peer support in canada

There have been several peer support programs here in B.C. that have existed for many years. Some began as early as the 1990s, some even earlier. These early programs really laid the groundwork for where we are today with this peer support training project.

Let's look at what has been happening nationally and provincially with peer support:

the kirby report, 2002

The report was called "*Out of the Shadows at Last*" by The Honourable Michael J. Kirby. Chapter 10 of the report is dedicated to Self-Help and Peer Support. In the report Kirby recommends more formal peer services, research, funding and new peer initiatives.

The Mental Health Commission of Canada was formed in 2007 in response to *The Kirby Report*.

making the care for peer support, 2010

This report was first published in 2010 (and again in 2016) following an extensive research project where a team interviewed 600 people in person from across Canada (220 through written surveys) working in peer support. The report is 145 pages and shares the efficacy of peer support. It highlighted what was currently happening in Canada, and where services lacked.

From the conclusion section of the report:

“This report has provided a high-level description of peer support in Canada and in other countries. This has shown that peer support is in its infancy in every country, full of promise but woefully under-recognised and under-resourced. Yet, the evidence base for peer support grows every year and our consultations confirmed what the research evidence states—peer support is beneficial to people, it can save lives, it can help people get back the lives they have lost.” (p. 107)

The report also states:

“Peer support works. Peer support is effective.

People with lived experience of mental health problems or illnesses can offer huge benefits to each other. We found that the development of personal resourcefulness and self-belief, which is the foundation of peer support, can not only improve people’s lives but can also reduce the use of formal mental health, medical and social services. By doing so, peer support can save money.” (p. 4)

peer support canada, 2010

Peer Support Canada was formed in 2010 as a response to the Making the Case for Peer Support research. Peer Support Canada offers a professional certification. They have released the Knowledge Matrix as well as Guidelines for the Practice and Training of Peer Support (2013).

pathways to hope, 2010

The B.C. Provincial Peer Support Training Project emerged out of an identified need for peer support training resources in the document *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia* (Ministry of Mental Health, 2019).

The following is an excerpt from page 29 of the document, outlining priority actions:

Develop peer support worker training resources

Made-in-B.C. lived experience support worker training resources will:

- recognize the valuable contributions that peer support workers make in supporting people in healing and recovery.
- incorporate the practice principles described within the strategy.
- provide employers and post-secondary institutions with provincially approved training resources.
- reflect the diverse needs of the population through the application of an equity lens.
- enhance lived experience support worker training quality and consistency across the province.

the b.c. peer support training program

This training was initiated out of an identified need expressed in the Pathway to Hope document. It has been a massive undertaking with input from people and organizations throughout the province.

CONTINUE

questions for reflection

Answer these questions in your reflection journal.



What does it feel like to know that you are a part of a larger global movement?



Can you think of an organization or person you know in your area who has made an impact on the peer support movement?

2 of 2

CONTINUE

psychosocial rehabilitation

“Few will have the greatness to bend history itself, but each of us can work to change a small portion of events. It is from numberless diverse acts of courage and belief that human history is shaped. Each time a [person] stands up for an ideal, or

acts to improve the lot of others, or strikes out against injustice, [they send] forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring those ripples build a current which can sweep down the mightiest walls of oppression and resistance.”

Robert F. Kennedy


CONTINUE



According to [PSR Canada](#), Psychosocial Rehabilitation (PSR) is a recovery-oriented approach used by practitioners and service providers that “promotes personal recovery, successful community integration and satisfactory quality of life for persons who have a mental illness or a mental health and/or substance use concern.”

The PSR movement began in the 1970s, around the same time as the Consumer/Survivor movement. At a similar time, de-institutionalization was happening. Leaders in the mental health and substance use systems began to join together to begin the psychiatric rehabilitation movement. In the 1980s, we began to see a coming together of the two movements.

These movements helped launch the evolution of systems change toward a more person-centred and recovery-focused approach. Thanks in part to the development of PSR and its integration into mental health and substance use services, there has since been much reform of the mental health and substance use systems.



Involving peer support services in mental health and substance use systems has been a long, arduous journey. We've come a very long way, yet we still have many areas and opportunities for growth.

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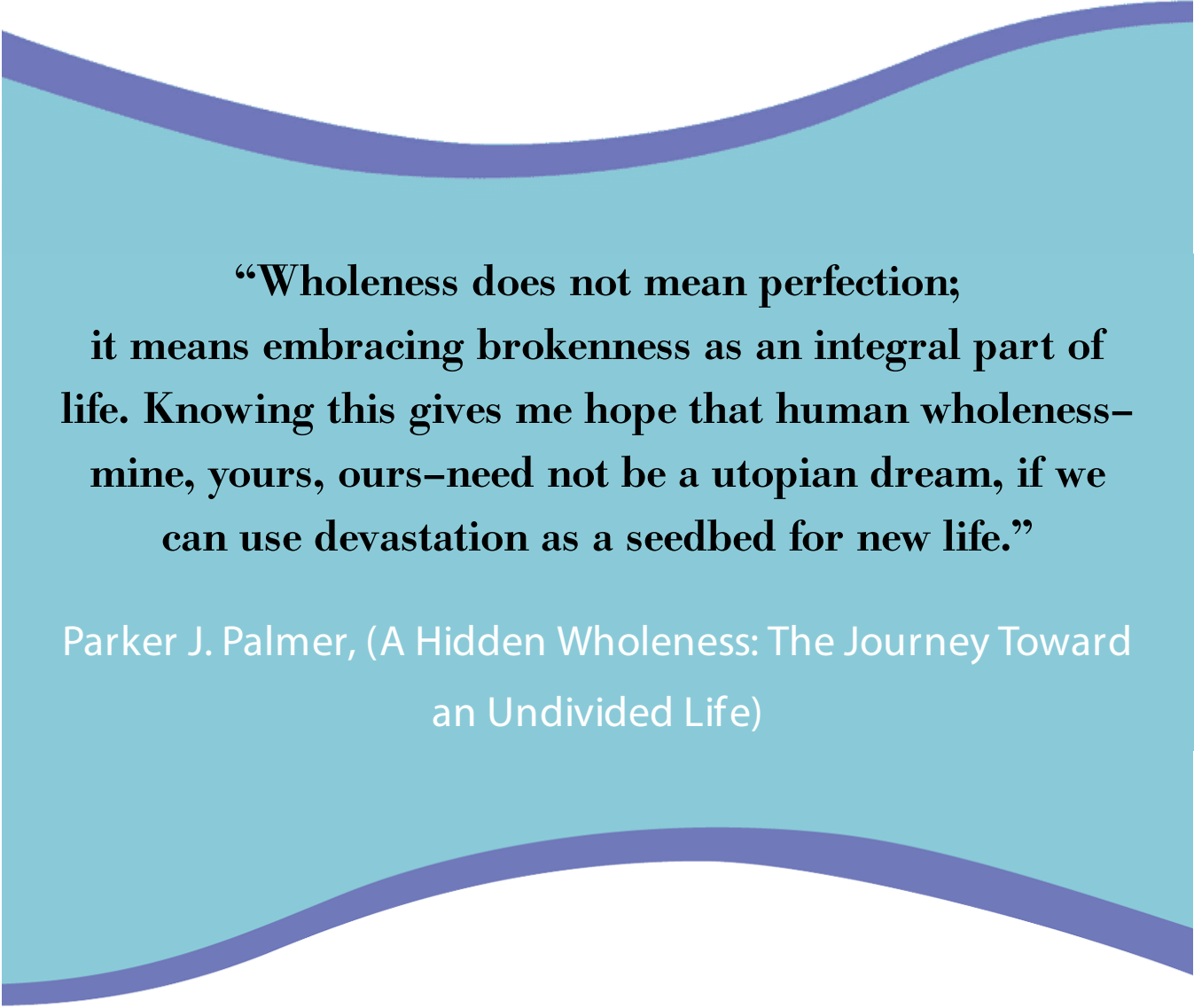


This training really focuses on the relationship between you and the people you support, but we never want you to underestimate the impact peer support has on the world. Like the Robert F. Kennedy quote says, every time YOU stand up for others, you send out a tiny ripple of hope. All of the tiny ripples merge together to create a massive difference.

From here, we're going to move into the relationship aspect of peer support, starting with wholeness.



9. what do we mean by wholeness?



**“Wholeness does not mean perfection;
it means embracing brokenness as an integral part of
life. Knowing this gives me hope that human wholeness—
mine, yours, ours—need not be a utopian dream, if we
can use devastation as a seedbed for new life.”**

Parker J. Palmer, (A Hidden Wholeness: The Journey Toward
an Undivided Life)

In this world, there can be a tendency for us to live fragmented lives.

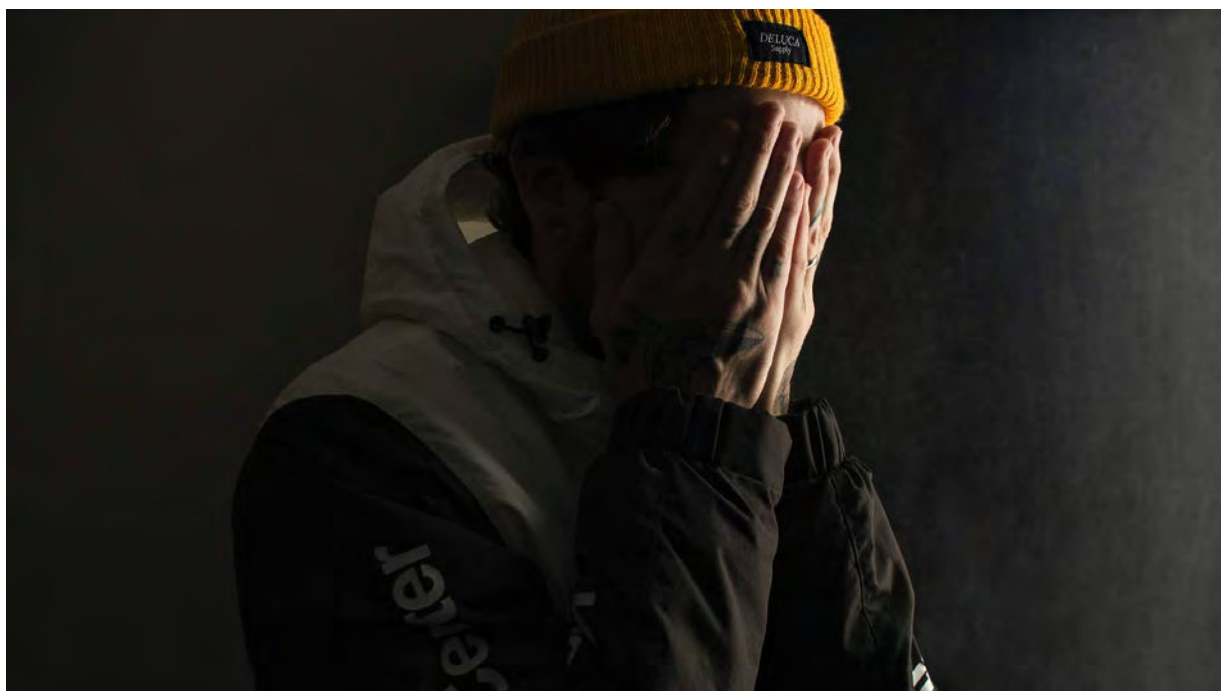


We can be very concerned about how we appear to others, which can fuel the desire to put on an outward façade or mask. This can leave us feeling conflicted about how others see us compared with how we see ourselves on the inside. We can feel scared to show the world who we really are.

We can sometimes feel divided. We find ourselves acting one way with some people, another way with others, and then feel totally different on the inside. Our “roles” in life can be so separate from each other, and sometimes they barely intertwine.

We can feel comfortable identifying our strengths but feel shame about our areas of growth. We can feel pressure to hide our imperfections from others – and even from ourselves. This shame can fuel deep insecurity and defensiveness.

When we're living with a mental health diagnosis or have been using substances in a harmful way, it can become all-consuming, with shame and stigma often coming along for the ride. In our struggle, we can sometimes forget that we also have many strengths and abilities to recognize and appreciate.





Wholeness means a coming together of all the parts of ourselves. It's about seeing ourselves as a wonderful whole: our full selves, including our strengths, gifts AND our imperfections.

Wholeness is about learning to offer kindness to ourselves when we mess up, because we know that we're learning, and we'll continue to learn throughout our lives. With this approach, we can let go of the desire and need to be perfect.

Wholeness is about normalizing the fact that all human beings mess up, and that "mistakes" or setbacks are simply a part of life. Maybe we can even choose to look at mistakes and mess-ups entirely differently and see them as opportunities. As Brené Brown says, we "are wired for struggle." Instead of choosing shame, wholeness means actively choosing to see mistakes as an opportunity for growth and learning.



Wholeness is about allowing ourselves to feel all our feelings, and learning from ALL of them, not just the “good” ones. In peer support, we believe that this kind of wholeness is accessible for everyone.

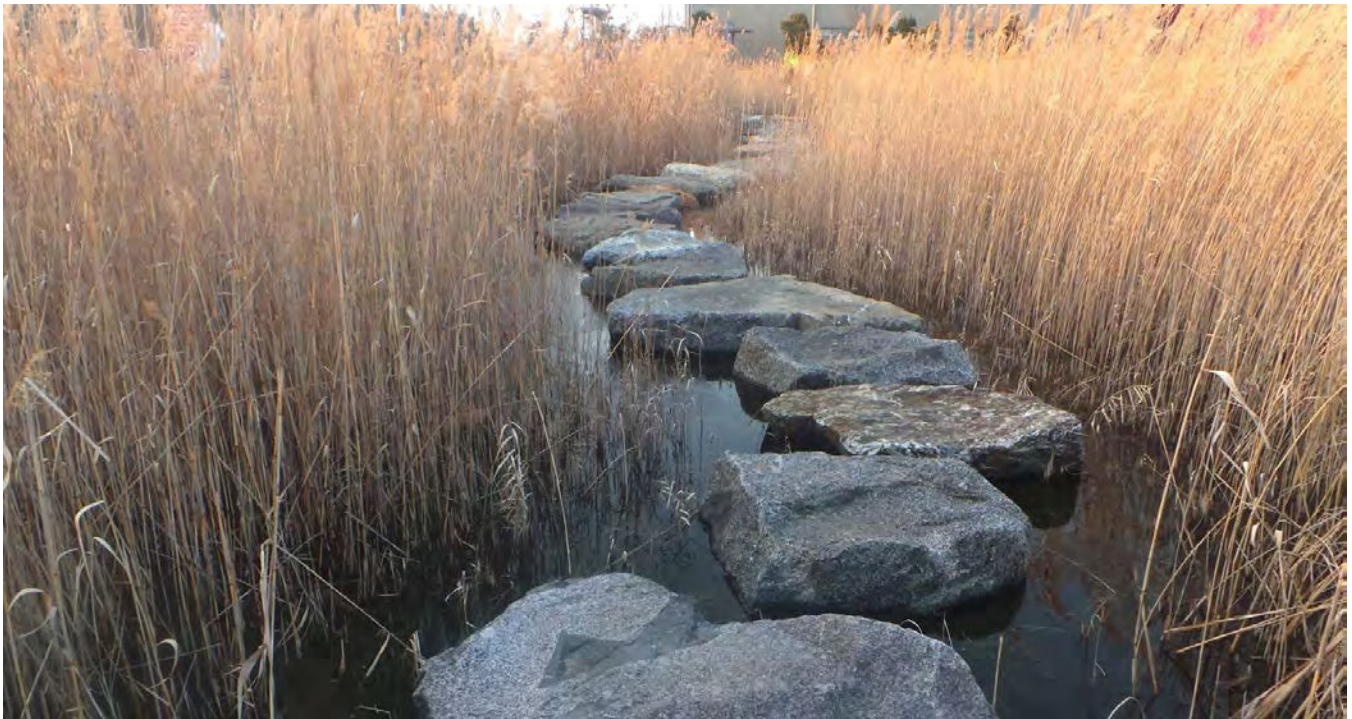
10. core values of peer support



hope & wholeness for all

This is the overarching value of peer support.

The core values of peer support were introduced in module **1. the foundations**. Click on the image below to review how they each move us towards hope and wholeness for all.



acknowledgement

All human beings long to know and be known – to be seen for who we are and to be deeply heard, without someone trying to fix or save us.

curiosity

We're always intentional about how curiosity and inquiry support connection, growth, learning and engagement.~

..

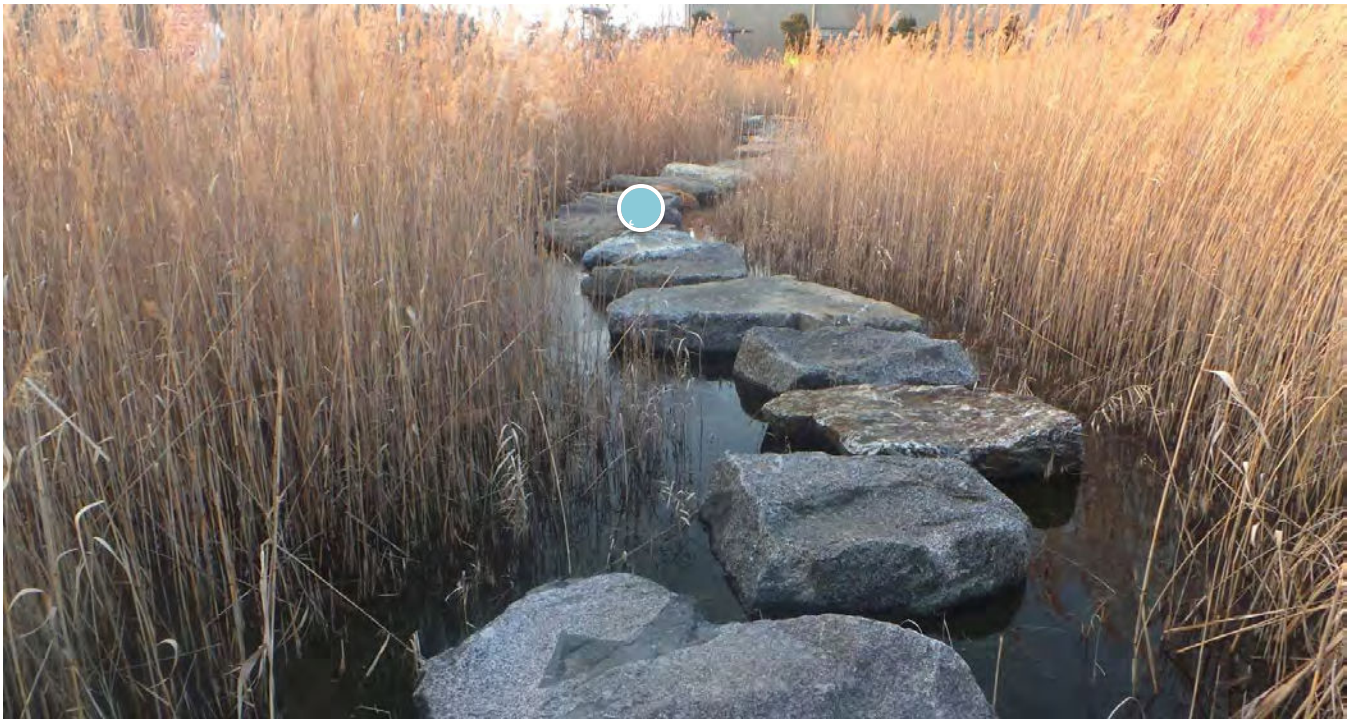
This curiosity isn't fueled by personal gain but by a genuine interest in connection. We encourage curiosity while respecting the boundaries and protecting the privacy of the people we support.~

We are continually curious, but not invasive, while challenging assumptions and narratives. We ask powerful questions. We offer generosity of assumption* to those who think differently than we do. We know that listening and asking questions are more important than providing answers.

belonging and community

Peer support acknowledges that all human beings need to belong and be a part of a community. Peer support recognizes that many people have barriers that keep them from developing community.~

We actively work towards deconstructing those social blockades that prevent inclusion and acceptance. Peer support workers serve with a social justice mindset, and intentionally practice empathy, compassion and self-compassion.



respect, dignity and equity

All human beings have intrinsic value. Peer support workers acknowledge that deep worth by:

- Practicing cultural humility and sensitivity
- Serving with a trauma-informed approach
- Offering generosity of assumption* in communication and conflict
- Mindfully addressing personal biases

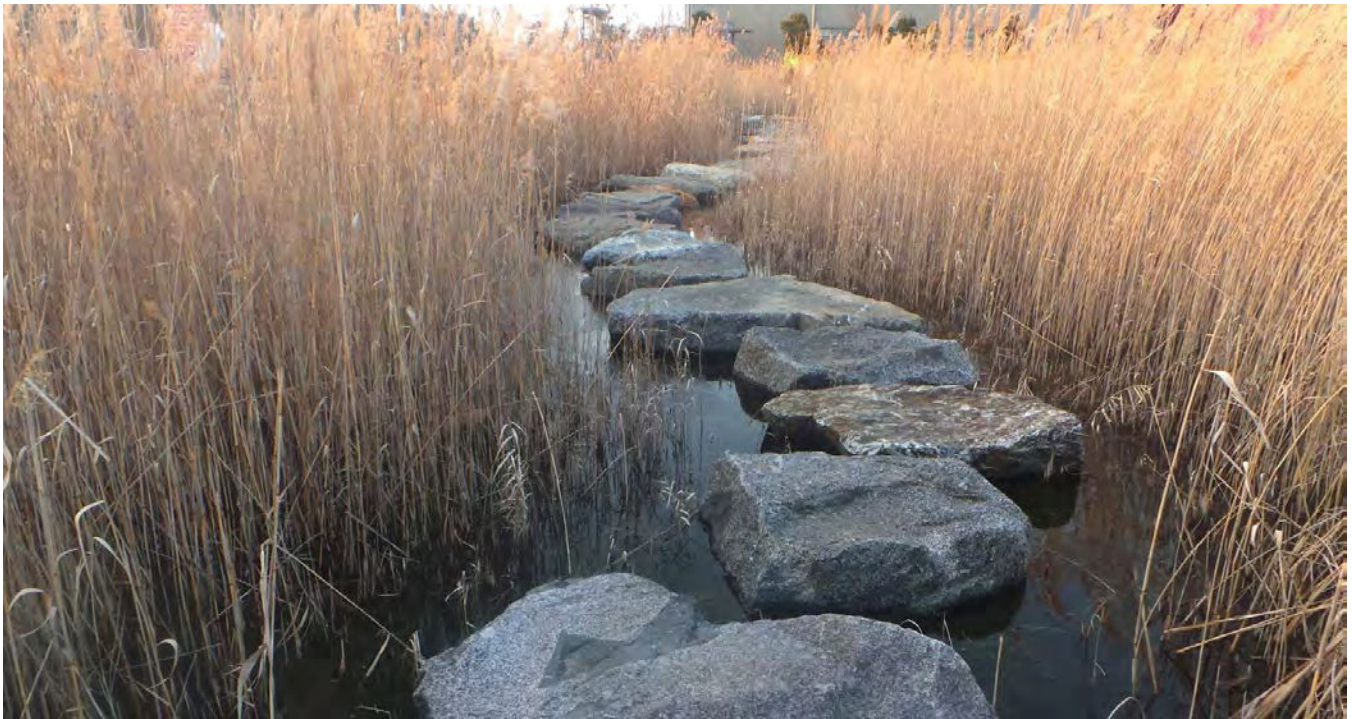
Peer support is about meeting people where they're at and serving others with a knowledge of equity.

self-determination

Self-determination is the right to make one's own decisions and have freedom from coercion.~

We support the facilitation and creation of an environment where people can feel free to tap into their inner motivation.~

Peer support workers don't fix or save. We acknowledge and hold space for resilience and inner wisdom.~



strength-based

It's more motivating to move towards something rather than away from a problem. We intentionally build on already existing strengths. We thoughtfully and purposefully move in the direction of flourishing, rather than only responding to pain and oppression.

mutuality

The peer relationship is mutual and reciprocal. Peer support breaks down hierarchies. The peer support worker and the peer equally co-create the relationship, and both participate in boundary creation."

***Note on the meaning of the term “generosity of assumption”:**
Assumptions happen when we don't know the whole story and allow our brains to fill in the blanks. Often, we make negative assumptions about people or situations. “Generosity of assumption” means that we extend someone the most generous interpretation of their intent, actions or words.

questions for reflection

Answer these questions in your reflection journal.



Which of these values stands out the most for you? Why?

1 of 3



Which of these do you think will be the hardest for you to integrate into your practice?



What can you do to both remember all of these core values, and integrate them into your work?

CONTINUE

a note about equality vs. equity

It's important to distinguish between these concepts, because they are different. For the purpose of this section, we are looking at these concepts (equality and equity) from a systemic approach.

equality

Equality is about sharing things equally between all people no

matter what their circumstances.

equity

Equity realizes that people differ in their resources, abilities, barriers and experiences, and adjusts for those differences.

imagine you're watering a garden —

Equality means that every plant gets the exact same amount of water.

Equity means that the amount of water will vary depending on the plant: a pepper or cucumber plant will get plenty of water because they need it to thrive. But a black-eyed pea needs little water and will grow poorly if watered too much. Tomatoes establish deep root systems quickly and, as long as they get water early in the growing season, will often do better when water is reduced as they grow.

With equality it's about equal distribution of water to every plant – every plant gets the same amount. Whereas equity has the goal that every plant gets exactly what it needs to thrive. This means that some plants might get more or less water depending on their size, type, location, and many other factors.



Equity within systems that provide support services understands that many people suffer oppression and experience multiple barriers and injustice. At the same time, other people have privilege. Equity means that those who have less will get more to make up for past inequalities, as those inequalities eventually create significant barriers. The goal of equity is that we all eventually succeed at the same level.

We'll dig more into this idea in module **9. social determinants of health**.

11. learned helplessness

It can be challenging to work with someone who seems indifferent about their own well-being. When someone has been struggling for a long time, they can find themselves really stuck and unwilling to do anything positive to support their wellness. It's hard to support someone who's very unmotivated. However, we must remember that there's so much that has happened to them that brought them to this place before we met them. No one chooses to be stuck. It happens because they've faced difficulty with little support.

Still, it's impossible for anyone to motivate another person, as all motivation has to come from within. As peer support workers, we need to create an environment where people can uncover and access their own motivation again. We'll cover more about motivation in the module **4. self-determination**.

It's really important to try to understand why learned helplessness is happening for someone – there is a very real psychological reason, and it can be caused by an unjust system.



CONTINUE

Learned helplessness is a learned behavioural response.

As such, it's important to remember that:

- ☐ Learning happens through interactions with the environment
- ☐ The specific environment actually shapes the behaviour

Learned helplessness occurs when someone is repeatedly exposed to a stressful situation or environment outside of their control. No matter what they try, they're not able to change the situation. Eventually, over time, they stop trying to change their situation at all. They perceive the situation to be hopeless even when opportunities for change emerge or present themselves.



Learned helplessness was first researched in the 1960s/1970s by psychologists Martin Seligman and Steven Maier. They conducted their research with dogs in experiments (experiments that wouldn't be approved by ethics today, due to animal cruelty). However, they did get some useful results from their work.

They found that dogs over time were conditioned into a state of learned helplessness through electrical shocks. The dogs were shocked repeatedly in a space where they couldn't escape. When they were moved to a place where they could escape, the dogs didn't move.

In the [Positivepsychology.com](https://www.positivepsychology.com/article/learned-helplessness-seligman-theory-of-depression-cure) article "Learned Helplessness: Seligman's Theory of Depression (+ Cure)" (2020), Courtney E. Ackerman gives further examples of learned helplessness in animals. She explains how elephant trainers use this conditioning method with baby elephants. They tie one leg of the elephant to a post. The baby pulls and struggles for hours or days trying to get out of it, and then eventually it settles. When the full-grown

elephant is then tied to a pole with a small rope, it doesn't fight the rope though it is strong enough to break it easily.



CONTINUE

systems & learned helplessness

Many systems are more focused on maintaining the efficiency of the system itself than concern for the well-being of the people it serves. This means that many people don't get the support they need. Instead of individualized support, most systems create a one-size-fits-all approach to service. This can cause damage to people who don't benefit from that prescribed approach.

Constantly reaching out for support and not getting what one needs can lead to learned helplessness. With learned helplessness, from the outside, it can look like someone is uninterested in changing anything to support

their well-being. However, the opposite is often true. In fact, the person has likely repeatedly tried to change their situation with no results. If they continually try to change their situation, and nothing helps, they become conditioned to believe that there's nothing they can do to change the situation, and there's no one out there who can help in a way that's accessible to them. We must remember that they have been let down by the systems that were supposed to support them.

learned helplessness can show up in many ways...



A student who's struggling with school – they study hard and continue to fail (this can be because the school system doesn't support someone with their learning needs, but they're still expected to succeed within the parameters of that system)



Someone who's trying to quit smoking or drinking – they try many different things, and nothing has significant impact (in this case, perhaps the person is continually forced into a program that can never meet their particular needs; for example, maybe they need a harm reduction approach or a smoking cessation program and the patch, which they're unable to pay for. They're continually forced to go cold turkey, which doesn't work for them, so they quit trying)



Someone who stays in a violent living situation – they feel a lack of control over their situation and they continue to stay



Someone who's living involuntarily in an institution and has no opportunity for choice – everything they try to do to help themselves is shut down

CONTINUE

working with someone experiencing learned helplessness

The most important thing we can do when we're supporting someone with learned helplessness is to continually offer them compassion and empathy.

We'll cover worldview and unpacking our biases in the next module. In that module, we'll also talk about changing our perspectives and being mindful of our judgements. Once we understand why someone seems to be "getting in their own way" or "self-sabotaging," we're more likely to be calm, patient, kind and supportive. We can choose to support others with compassion and empathy at the forefront of our communication.

This is one of the reasons the peer support community needs a community of practice where folks can focus on sharing best practices and new knowledge and talk about the challenges of the work with others. If you don't have access to a peer focused community of practice, consider starting one of your own.

the way out of learned helplessness

Supporting someone through learned helplessness isn't your responsibility. It's our wish that you just understand where someone is coming from. Many people in this situation will benefit from counselling and cognitive behavioural therapy. As a peer support worker, those things are not within your scope of training.

However, there are still some things you can do in addition to examining your own worldview:



build resilience to support people to break away from learned helplessness

Resilience is the ability to adapt in the face of adversity. We have a whole module dedicated to building resiliency (Module 14). That module is written for you to continue to support your own wellness and self-care. Though it may seem selfish, one of the most important things you can do for the people you support is to support yourself first. It will change the entire way you're able to offer connection and support.

As well, in the spirit of the mutuality of peer support, you can work on some of these things together with your peer. You can share some of what you know and are learning with them, and work on those things together.

remember the principles of self-determination —

Self-determination is the right to make one's own decisions and have freedom from coercion. A lack of self-determination is one of the things that creates learned helplessness in the first place. Therefore, promoting self-determination will support the dismantling of learned helplessness.

Self-determination and self-determination theory are covered in depth in module **4. self-determination**.

notice strengths in the people you're supporting & offer encouragement —

Throughout this training, we talk about the strength-based approach. From our Core Values, we define strength-based as it being more motivating to move towards something rather than away from a problem. We intentionally build on already existing strengths. We thoughtfully and purposefully move in the direction of flourishing, rather than only responding to pain and oppression.

In module **13. goal planning**, we'll also be looking at the strength-based approach, revisit learned helplessness and explore how to encourage others.

create the ecology where someone can cultivate compassion —

This one is right up the alley of peer support. The mutual nature of peer support creates the opportunity for the person receiving peer support services to also give. This is why peer support is so valuable! It's a two-way street, and both people are able to give, and both can exercise compassion. This is simply not the case for someone in a clinical role, as it could violate some ethical rules.

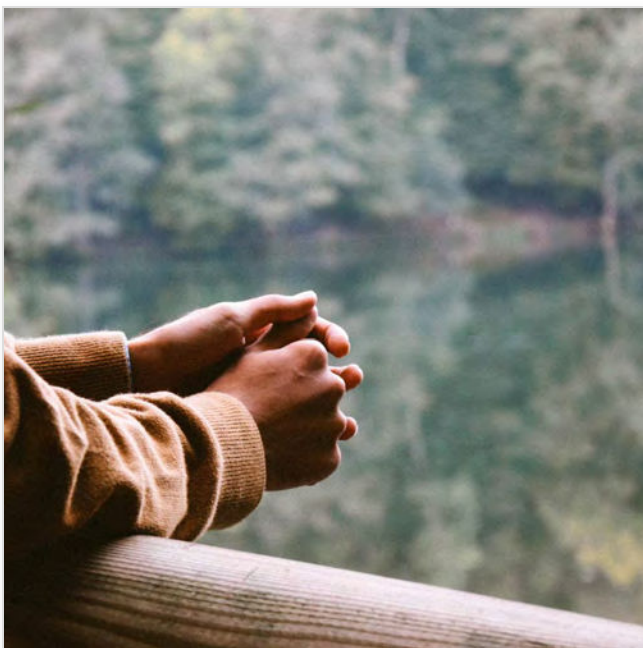


We'll dig into the role of compassion a bit further after some questions for reflection.

CONTINUE

questions for reflection

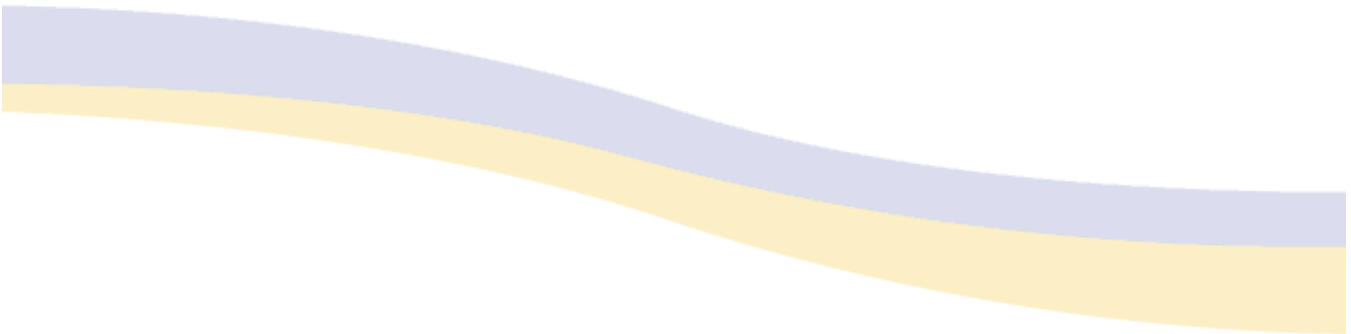
Answer these questions in your reflection journal.



Have you ever felt stuck in a place of learned helplessness? If not, have you seen it in someone close to you?



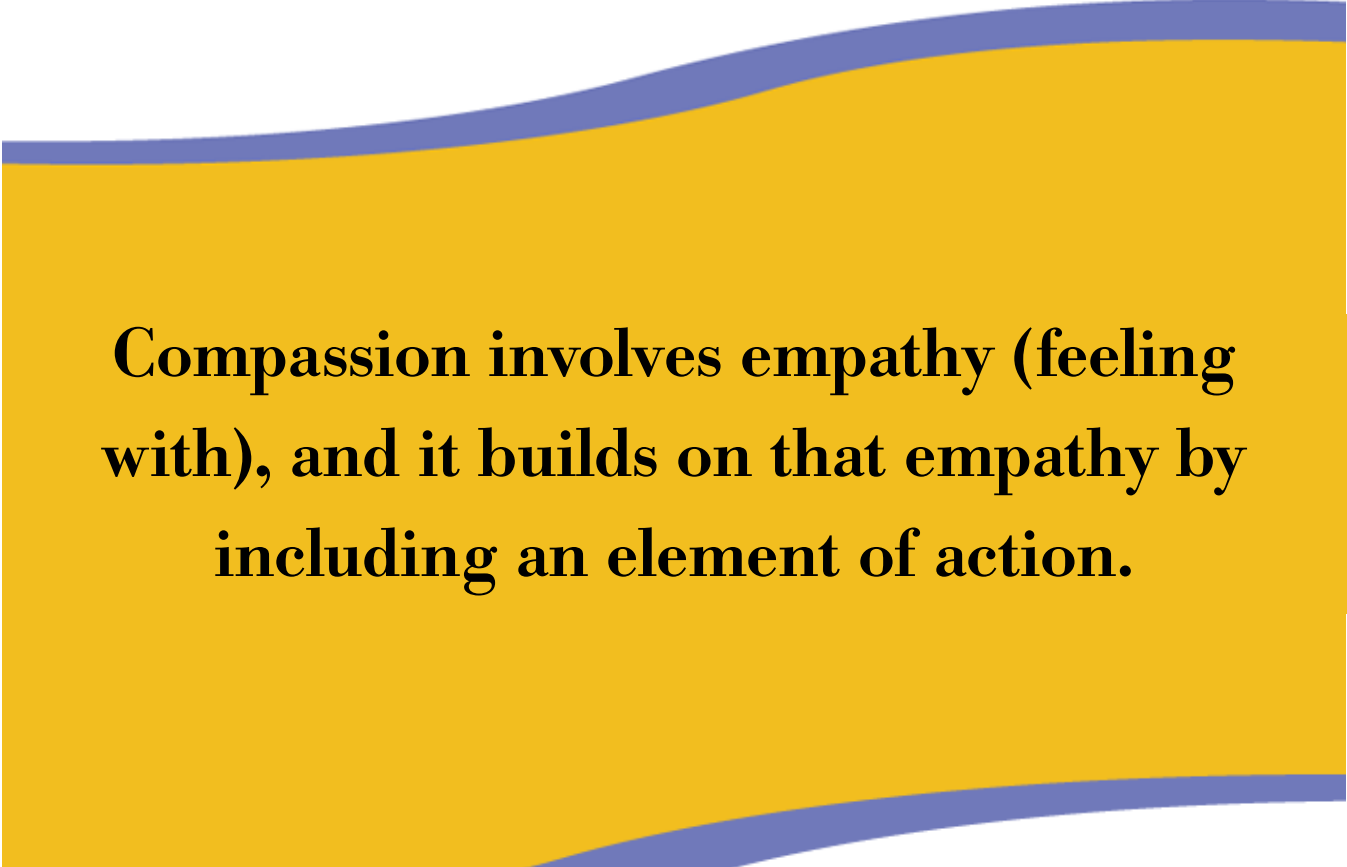
**Can you think of what supported
you to realize that you had
opportunities to change your
situation?**




12. cultivating compassion

the essential need to give compassion

Studies have shown that when a person offers compassion to someone else it actually supports their own health and well-being. Compassion strengthens our immune systems, along with other physical health benefits. In her audiobook “The Science of Compassion,” Dr. Kelly McGonigal states that we only receive the health benefits if compassion is done in a selfless way. If we do a “good deed” for selfish reasons (for praise or attention), research says that we don’t get the same health benefits.



Compassion involves empathy (feeling with), and it builds on that empathy by including an element of action.



In an article called “Compassionate Mind, Healthy Body” from UC Berkeley’s Greater Good Magazine (2013), Dr. Emma Seppälä tells us about how living a compassionate life supports better mental health.

The article states that connection with others can actually increase our lifespan, be a buffer against stress and lower states of anxiety and depression. The article also mentions that cultivating compassion supports us to get out of a preoccupation of “me.” This can often happen to someone who is living in learned helplessness, and who does not perceive that they have anything worth giving to others.

We know that self-focus (in a deep thinking sense) isn’t good for our mental health, so compassion can support us to broaden our perspective and see outside of ourselves.



The following powerful quote from Pat Deegan from an article titled “More from Pat Deegan: When Help is Not Helpful” on the Addiction and Recovery News website speaks further about the mutuality of peer support:

“Socialization into self-preoccupation starts in the hospital where each day begins with a nurse asking you if your bowels are moving, if you slept that night, etc. Socialization into me-ness proceeds on through the years as each and every case manager, therapist, residential worker or vocational rehabilitation counselor asks, “How are you doing?” Unlike normal social discourse in which ‘how are you doing’ acts as a perfunctory greeting, mental health discourse requires the client to take the question seriously and to answer by revealing more about “me”. In addition, in most mental health settings, clients are not encouraged to help each other or anyone else.

In this sense, the currently popular term “consumer” seems apt. It conjures the image of a large mouth consuming and consuming without a hint that it would be possible to contribute something back.”

(2008)

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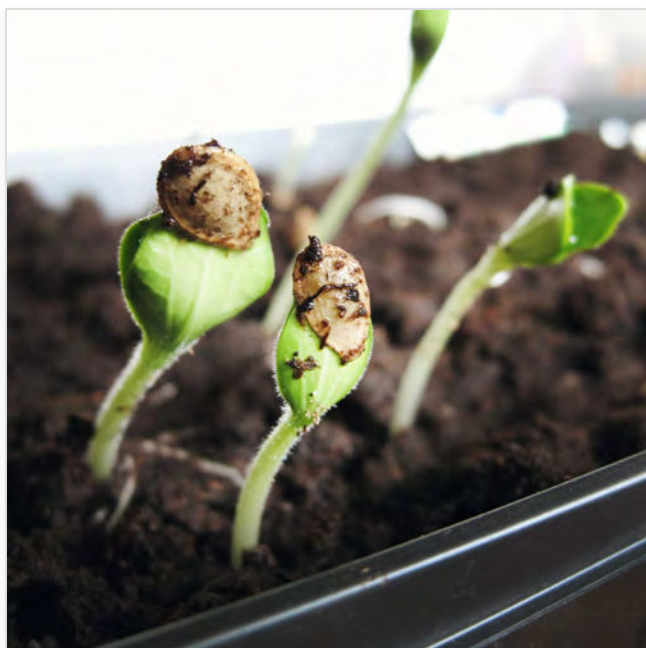
questions for reflection

Answer these questions in your wonder journal.



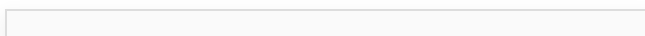
In a survey with peer support workers in B.C., compassion was seen as a strong attribute of a peer support worker. What does compassion mean to you?

1 of 3



What are some things you can do to grow your capacity for compassion?

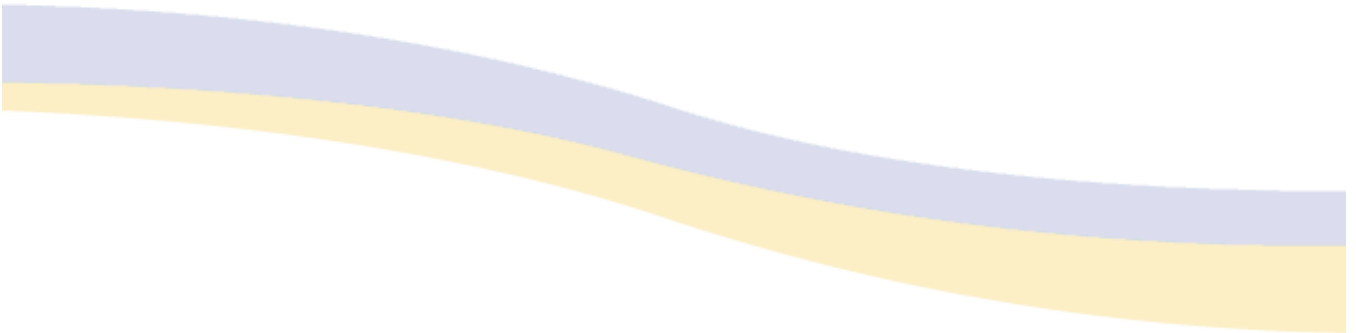
2 of 3





**What can you do to offer
compassion to yourself?**

3 of 3



13. essential approaches to providing peer support services



the mutuality of peer support

As you can see from the previous section on learned helplessness, mutuality is so foundational to peer support and yet is a little hard to grasp and often misunderstood. You'll notice, though, that it's a major theme throughout the whole training.

Peer support breaks down hierarchies. The peer support worker and the peer equally co-create the relationship, and both participate in boundary creation.

Mutuality redefines the way we provide “help.”

In fact, mutuality redefines the act of “help” into a co-learning and growing process.

When we use the word “help,” we might be unintentionally reinforcing a power dynamic. It’s possible to subconsciously believe that the person who is offering help is in a superior social position or in better physical health, and that they are coming down from a higher level to assist the person receiving the “help.”

We likely don’t always mean that when we use the word “help,” but it also doesn’t support the building of a mutual relationship.

When we have the mindset of “helping,” we can get into habits of doing things for others, and possibly giving someone the message that they are fragile. The word “support” is a much more equal word.

With peer support we want to create more natural, community-based, mutual relationships rather than just another service provider relationship. In this type of relationship, we walk alongside, we don’t lead. We’re giving

and receiving at the same time. We're supporting someone, and we're learning and growing at the same time.

CONTINUE

peer support services in canada

Know that as a peer support worker, you're not only making a difference in someone else's life, but you're also making an impact on the overall system.

It's very important that as a peer worker you do your best to stay true to the core values of this work. That includes intentionality to not slip into a clinical role.

Many communities in B.C. have had peer services for several years, and others are just starting to build peer programs. Often in Western Canada, mostly because of funding, peer programs are embedded in existing agencies or health authorities. There are some peer-run agencies but not many.

There are some benefits and some challenges that can come with having peer programs offered within non-peer agencies. It's important to be aware of them as you work within the system.



some of the benefits:

- ☐ Peer support workers and clinical staff get to work together. This can improve collaboration and provide a more comprehensive approach to addressing complex issues.
- ☐ When peers are integrated on clinical teams, it can reduce any stigma or biases that might exist. By sharing their own experiences, peers can help break down barriers and reduce the shame and isolation that the people they work with may feel.
- ☐ Peer programs within non-peer agencies can help increase understanding and empathy among staff members. When staff members hear from people who have experienced similar challenges, they can gain a better understanding of what it's like to live with a certain condition or face a particular issue. This can help them provide better support and services to their clients.
- ☐ Peer programs can also help improve client outcomes. Peers can provide a unique perspective and support that can be beneficial to clients who may not respond as well to traditional forms of support. Peer programs can also help clients feel more empowered and motivated to make positive changes in their lives.

some of the challenges:



Peer support workers can slip into becoming “junior clinicians”; there can be pressure to take a clinical perspective, and we lose the value and uniqueness that peer support brings



When there’s not strong support from the peer support team or there isn’t a peer support supervisor position, then peer support workers can get confused and frustrated about their role



When there are very few peer support workers on a team, it can be challenging to be the only one on a team who works differently; it can feel like swimming upstream

peer support as a paradigm change from clinical work

A clinical approach focuses on assessment, diagnosis and treatment. A clinical approach also involves medication and medical support. A Peer support approach focuses on the relationship and mutuality. Both the peer support and clinical approach include a desire to support the person’s recovery and the achievement of their human potential.

The perspective of a peer is essential to impacting people’s lives and creating a recovery-focused culture. The peer perspective changes everything we do with the people we support right down to the language we choose to use.

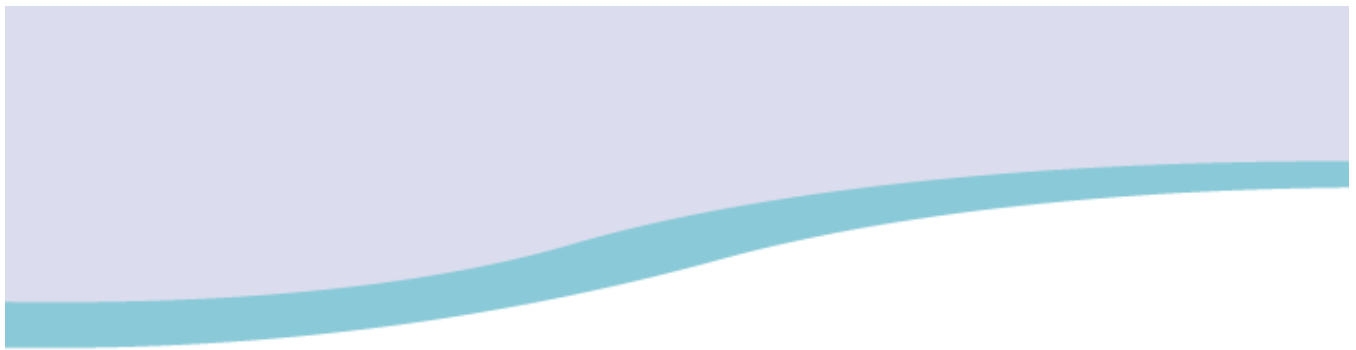
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peer-delivered services vs. peer support

Peer support is all about building mutual and supportive relationships and, while building bonds of trust with people is critical in *all* types of peer work, peer-delivered services focus more on the hard skills required for specific jobs.

Anita – Peer Worker





Individuals in peer-delivered service positions are hired based on their lived experience, but they aren't necessarily trained for the peer support worker role. Peer-delivered service roles are broader in nature.

People in these roles may have other training, based on the job expectations. Peer-delivered service positions can include employment specialists, clubhouse staff, peer navigators, substance use counsellors, rehabilitation workers, job coaches, clerical staff, administrators and organizational leadership roles.

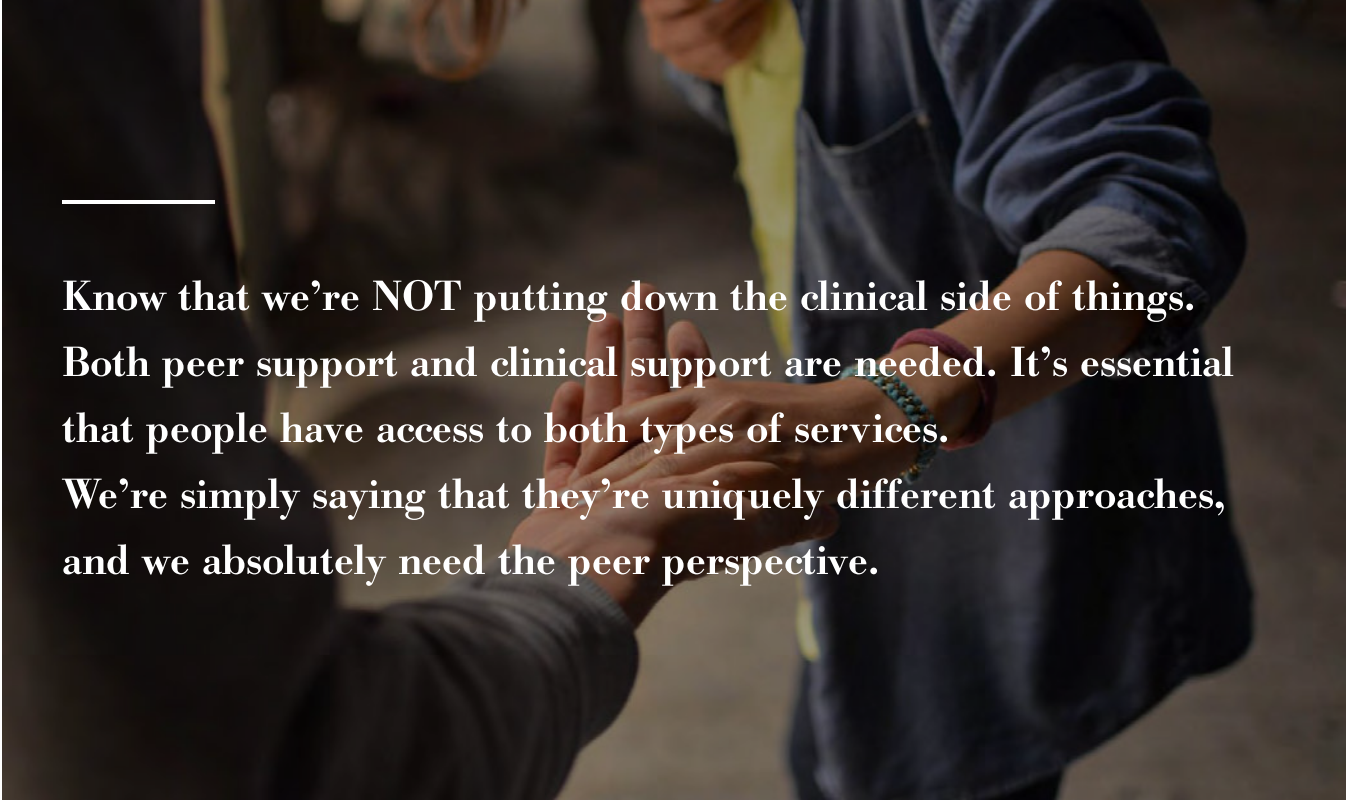
question for reflection

Answer the following question in your reflection journal.



What can or will you do to support your commitment to remaining a peer support worker?

CONTINUE



Know that we're NOT putting down the clinical side of things. Both peer support and clinical support are needed. It's essential that people have access to both types of services. We're simply saying that they're uniquely different approaches, and we absolutely need the peer perspective.

CONTINUE

one key difference from clinical work: peer supporters are hired for lived experience

The foundation of the peer support role is based on the fact that you have lived experience.

You'll find yourself sharing some details of your recovery story. You'll share some struggles and "aha" moments you've had along the way. Mutuality is built into the very foundation of the role itself.


It's important to be cautious about sharing our personal "war stories" or "dumping all over" the person we're supporting. However, sharing our lives and learning together is what makes peer support different.

In the clinical model, staff are trained to reveal very little about their personal life. They're taught to not self-disclose and to always keep the focus of the work on the service users, rather than on themselves.

In Pat Deegan's article titled "[Peer Specialists are Not Clinicians](#)" she contrasts the perspective of peer specialists (a term used often in the U.S.) vs. the perspective of a clinician. She also states:

There is no doubt that Peer Specialists have many unique skills that enrich the entire team. However, within these traditional clinical settings, it's not unusual for Peer Specialists to begin to adopt the language and practices associated with the clinical worldview. In other words, over time the work of many Peer Specialists begins to resemble the work of other clinicians on the team. In my opinion, it is imperative that Peer Specialists remain peer. We are not junior clinicians.

(Common Ground, 2017)



We'll explore the topic of appropriate levels of disclosure in more detail in the next lesson.

CONTINUE

confidentiality

Within any peer support relationship, the goal is to build and foster connection and trust. This means that the need for respectful confidentiality is high.

It's essential that you never share details about the life of the person you're supporting with your friends, family or even co-workers who aren't involved in their care.



You're encouraged to have an open and honest conversation about confidentiality and what will be shared and what won't at the beginning of the peer relationship.

There may be instances where you may be legally required to disclose information. This will depend on how your agency works. It's important for you to be aware of your agency's confidentiality policy. Please read it and know it well. Many organizations will have you sign a form at the beginning of your employment or volunteer term that requires you to uphold the confidentiality policy.

Some peer programs have a form that they give to service users outlining what they can expect within the relationship, what they can expect from peer support, and what's not within the realm of support. People receiving services should be aware of your confidentiality policy and how to make a complaint.

14. self-disclosure & sharing personal stories

As a peer support worker, you're hired based on your lived experience. This means you've lived with – or are currently living with – a mental health diagnosis, problematic substance use, trauma or other types of experiences that are essential to doing this work. A big part of your job is connecting and empathizing through the sharing of personal stories.



As human beings we often just naturally click with someone and begin to trust them when they share bits of their life with us. Knowing we're not alone in our struggle is one of the most important ways to challenge shame. Being authentic and vulnerable in the role of peer support worker is essential to ensuring the relationship is mutual, and it's true to the role itself. Having said that, we never force the person we're working with to share anything until they're ready.

It's up to you to decide what you share and when you choose to share it.

Respect for your own lived experience is essential. Your story is your own, and it's sacred! It's entirely up to you to share what feels safe for you to share. If you don't feel safe sharing something, please hold back – even if someone is pressuring you to disclose it. No one has a right to share details of your story unless you have given them permission.

It's essential that before sharing personal experiences, we ask ourselves, "why am I sharing this?" It's important that we're intentional about what we share about ourselves. Does this story build the relationship? Does it create connection? Does it encourage mutuality and hope? If not, don't share it.

It's essential that we keep the principles and values of peer support – especially hope – in the forefront of our minds when we share.



CONTINUE

Some questions we can ask ourselves before we share our personal stories:

- ☐ Will any details of this story potentially trigger someone?
- ☐ Am I sharing too much detail?
- ☐ Will sharing this story trigger ME? Have I processed this enough to be comfortable sharing it safely?
- ☐ Does this story support connection and the growth of hope, or am I just venting?
- ☐ Does this story share enough about my struggle to create connection without getting into details of traumatic, possibly triggering events?
- ☐ Is there a transformative moment for me in this story, and how can I highlight that part?
- ☐ Does this story have the message of hope embedded in it?
- ☐ In sharing this, will both of us walk away feeling more connected and encouraged, or could it create a disconnect?

Again, when you're sharing your story, think about how it conveys hope and highlights your resiliency, while also ensuring you're taking care of yourself and your own well-being.

When we get the opportunity to hear others' personal stories, it can be very inspiring. Many people hear someone else's recovery story

and even if they're unwell at the time, they might feel encouraged to approach their own journey a little differently. It can impact someone in a profound way and support them in their journey.

CONTINUE

a note about the words “story” & “storytelling”

We choose to use the words “story” and “storytelling” because we believe in the rich history of storytelling that our ancestors have passed to us. Storytelling has a rich and essential heritage in many cultures.

The [First Nations Pedagogy Online website](#) says this:

“First Nations, Inuit, and Metis cultures have long passed on knowledge from generation to generation through oral traditions, including storytelling. Storytelling is a traditional method used to teach about cultural beliefs, values, customs, rituals, history, practices, relationships, and ways of life. First Nations storytelling is a foundation for holistic learning, relationship building, and experiential learning.”

Storytelling is an opportunity to share personal history, culture, learning opportunities and knowledge with others. Stories transcend time. Telling, re-telling and finding new meaning in our stories allows us to redefine our

past, fully embody our present and equip us to chart a course for our future path.



In no way, shape or form is the term “storytelling” synonymous with fiction. In peer support, it rather means talking about your personal journey. Sharing your story is one of the most beautiful and powerful things you can offer another person.

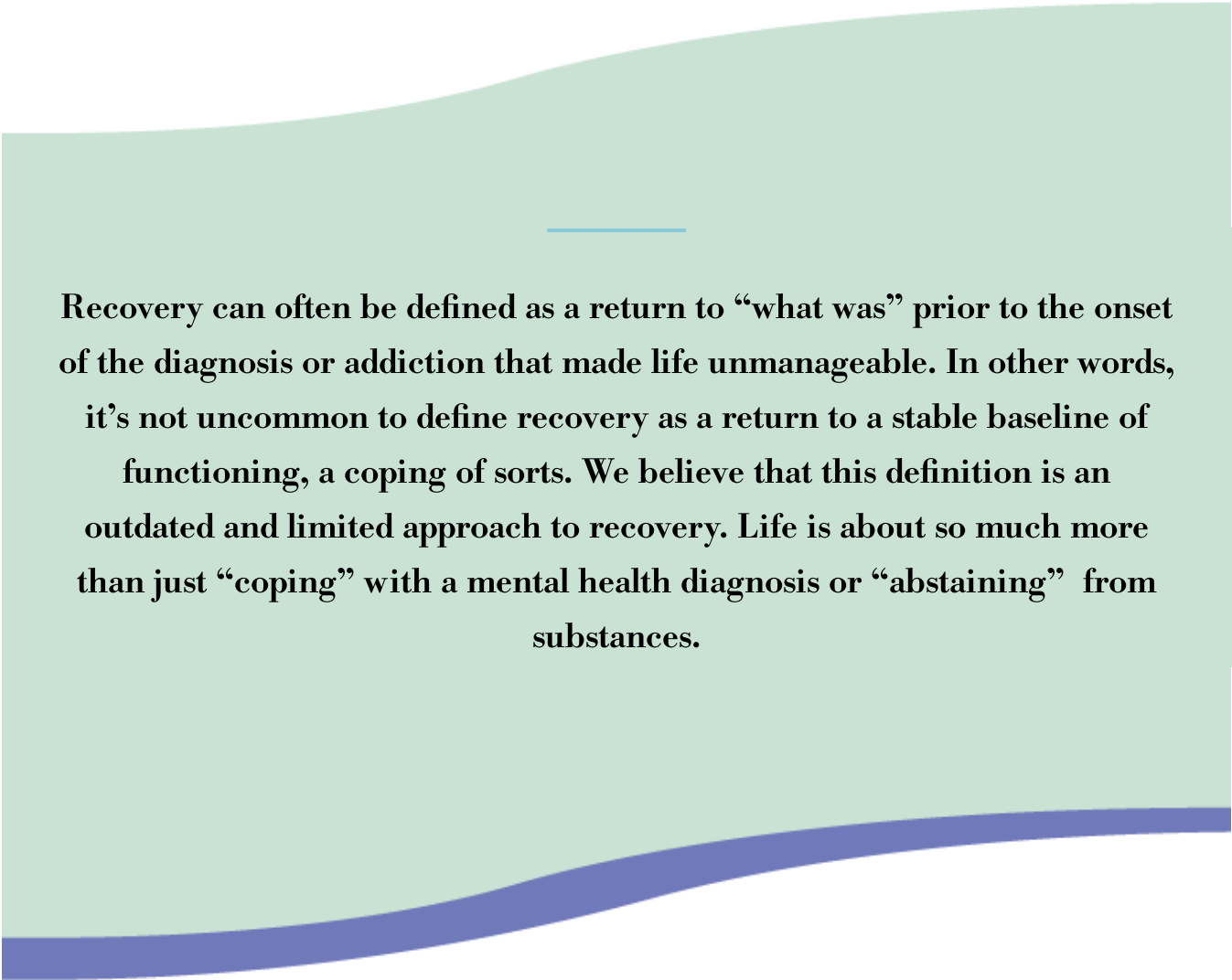
In fact, there’s a whole school of thought that says storytelling can actually change our society in a significant, very positive way. Check out organizations such as [Working Narratives](#) and [StoryCorps](#); they exist for the very purpose of supporting societal change through the telling of personal stories.

In his research paper “Strategic Storytelling: An Exploration of the Professional Practices of Mental Health Peer Providers” (Sage Pub Vol 29, Issue 9, 2019), Michael A. Mancini (2019) states:



The data from this study suggest that peers represent more than supportive adjuncts to nonpeer clinical treatment providers. They are distinct, legitimate professionals who utilize a range of complex clinical and narrative skills to help others. Making oneself vulnerable by revealing a personal story that involves shame, victimization, or dangerous behaviors to help another is an act of courage. Peers could have chosen to move on to other vocations or professions after achieving recovery. Instead, they have decided to remain engaged with their past experiences to extend the opportunity of survivorship and recovery to others (Frank, 2005). For this alone, they deserve nothing less than the full respect and dignity afforded to all professionals who commit themselves to helping others.

15. redefining recovery



Recovery can often be defined as a return to “what was” prior to the onset of the diagnosis or addiction that made life unmanageable. In other words, it’s not uncommon to define recovery as a return to a stable baseline of functioning, a coping of sorts. We believe that this definition is an outdated and limited approach to recovery. Life is about so much more than just “coping” with a mental health diagnosis or “abstaining” from substances.

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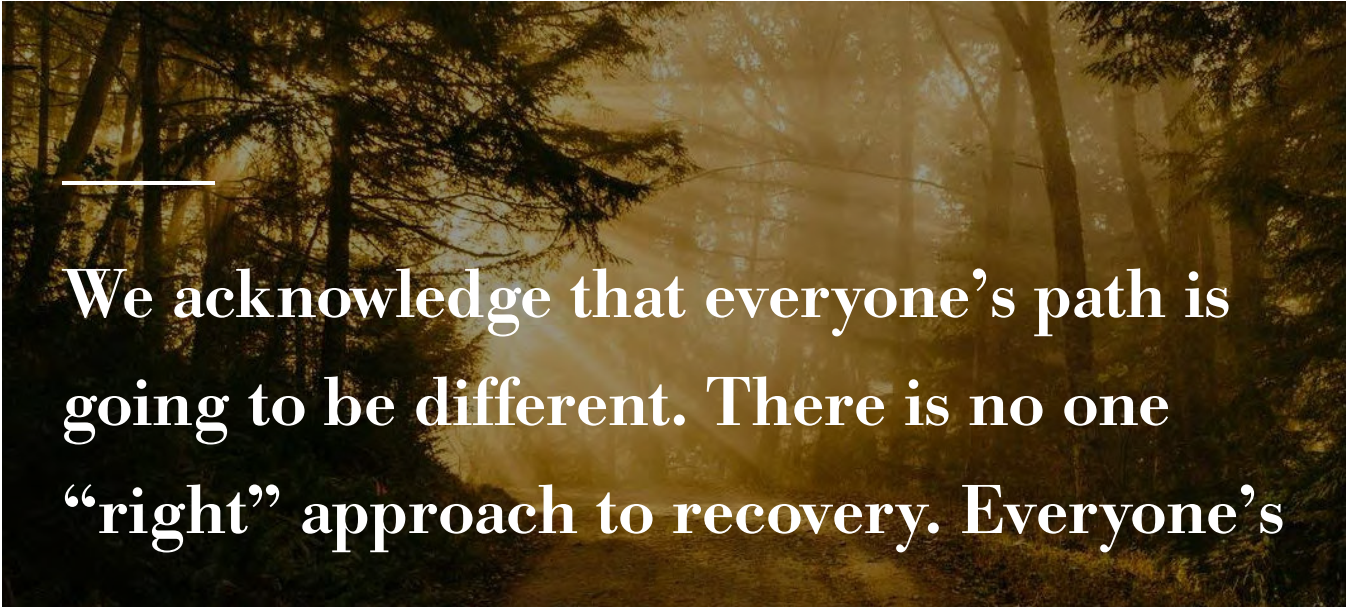
We see recovery as a transformative, self-directed exploration. It's the equivalent to a mysterious healing process where someone grows new strengths and abilities through their struggle and subsequent healing process. Recovery is an opportunity for discovery – to see what may not have been visible before.

Recovery includes the discovery, resurfacing and development of hope, self-determination, resilience, purpose, presence and belonging, even in the midst of struggle. It's the revelation of a new sense of being in the world.

Peer support takes a strength-based approach to service delivery, so rather than reacting or responding to the effects of the struggle, we approach services as the opportunity to create a new paradigm that's built on hope, connection, joy and thriving.

Recovery is a word that's used frequently in mental health and substance use settings. We acknowledge that it's a word that can bring up positive or negative feelings for people. If it's a word that doesn't resonate with you, please explore alternative words that work better for you. One of the beautiful things about peer support is the freedom to choose what works for you.

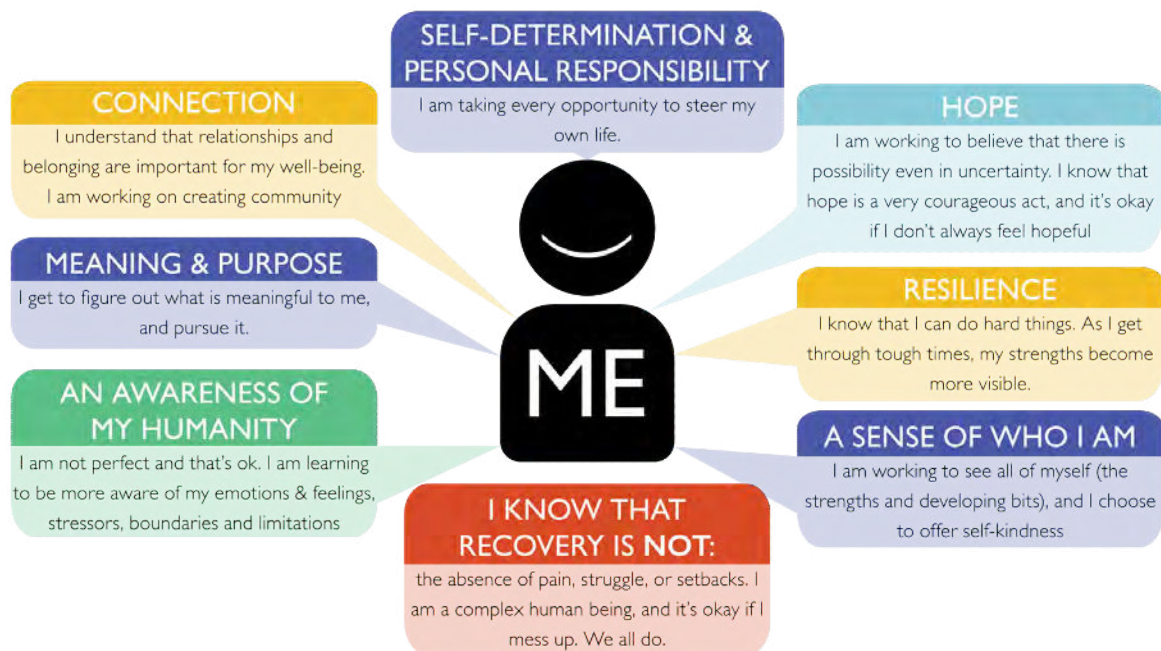
Since the word "recovery" is the term currently used across the spectrum of mental health and substance use services, we chose to use it throughout this training.



We acknowledge that everyone's path is going to be different. There is no one "right" approach to recovery. Everyone's

path will be individual, and it needs to be self-directed.

recovery is the process of building...

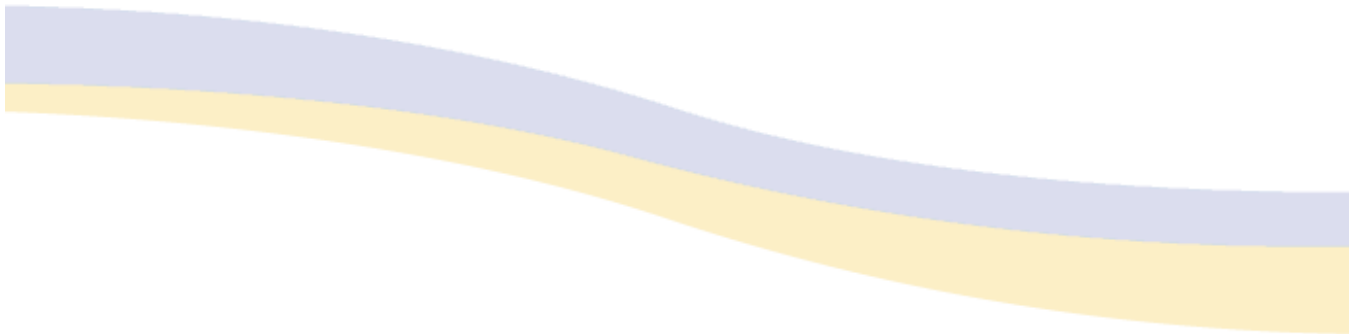


Recovery is not linear. It is not a destination. It's an explorative voyage

It's very important to highlight that recovery doesn't mean the absence of pain, struggle or setbacks. The mindset of an "all or nothing approach" with anything, and especially in regards to substance use, removes the capacity for offering ourselves self-compassion. Treating oneself with the kindness and tenderness we need is essential to recovery.

A system that embraces recovery sees the people they serve as whole people, and chooses not to define people by their diagnoses or potentially problematic substance use.

The foundation of peer support rests on the belief that **recovery is possible** for all. Peer support is courageous hope in action.



16. person-first language within the mental health & substance use field



Simply put, person-first language acknowledges the person as having inherent value.

It's about honouring and respecting people outside of boxes and labels that are imposed on them by others.

Within the mental health and substance use field, we choose to take a person-first approach. This is because mental illnesses and substance use conditions are diagnoses. They were not present when a person was born. Person-first language is about not defining someone by a diagnosis or challenge they are experiencing. When we don't choose person-first language, we are, perhaps unintentionally, supporting stigma.

CONTINUE

language is powerful.



The words we choose can contribute greatly towards creating the realities we live in. When we think of life in those terms, using person-first language is of utmost importance. The importance goes far beyond being politically correct.

As human beings, we're so much more than our diagnoses, life situations or behaviours. All human beings are deserving of kindness, empathy and compassion. Person-first language supports us in reflecting on the power of language and then applying strength-based language in other areas of our life and work.

dehumanization is the process of depriving a person or group of people of positive human qualities.

There are varying levels of dehumanization. It can start out by simply calling someone “an addict,” “a schizophrenic” or “a homeless person,” but dehumanization is insidious – it festers and spreads until people are robbed of their dignity and complexity. Dehumanization destroys people and societies and is at the heart of systemic oppressions such as racism.

The peer support movement we know today was birthed out of severe systemic oppression in the mental health and substance use system. Peer support is a strategy for implementing compassion and connection based on common lived experience. Services have come a long way since the 1960s, but we still have much work to do in breaking down oppressive tendencies that can still lurk within systems today.



**self-stigma is another problem that can come hand in hand with
dehumanizing language.**



When someone is constantly hearing language that describes only the negative, challenging parts of themselves, it's very easy to internalize that into a negative self-identity. Self-stigma deeply affects a person's well-being. It has a cumulative effect on one's mental and physical health, as well as on relationships, family systems, work and social life.

A recovery-oriented system not only embraces person-first language, but also understands the immense power that language holds in shaping the culture and environment of their agency.

when we use person-first language, we use language that communicates deep respect for the people we support, whether or not they are in the room.

replacing negative phrasing

Let's look at some examples of person-first phrasing. Below is a list that shows how we can replace a negative phrase with a person-first phrase. Can you think of others?

negative phrase	person-first phrase
manic depressive	person with bipolar disorder
schizophrenic	person with schizophrenia
addict	person who is struggling with substance use
homeless person	person who is experiencing homelessness
disabled person	person with a disability
deaf	person with a hearing impairment
victim of trauma	person who has survived a traumatic experience
blind	person who is visually impaired
psychotic	person experiencing psychosis
non-verbal	person who communicates with... (eyes, device, etc.)



CONTINUE

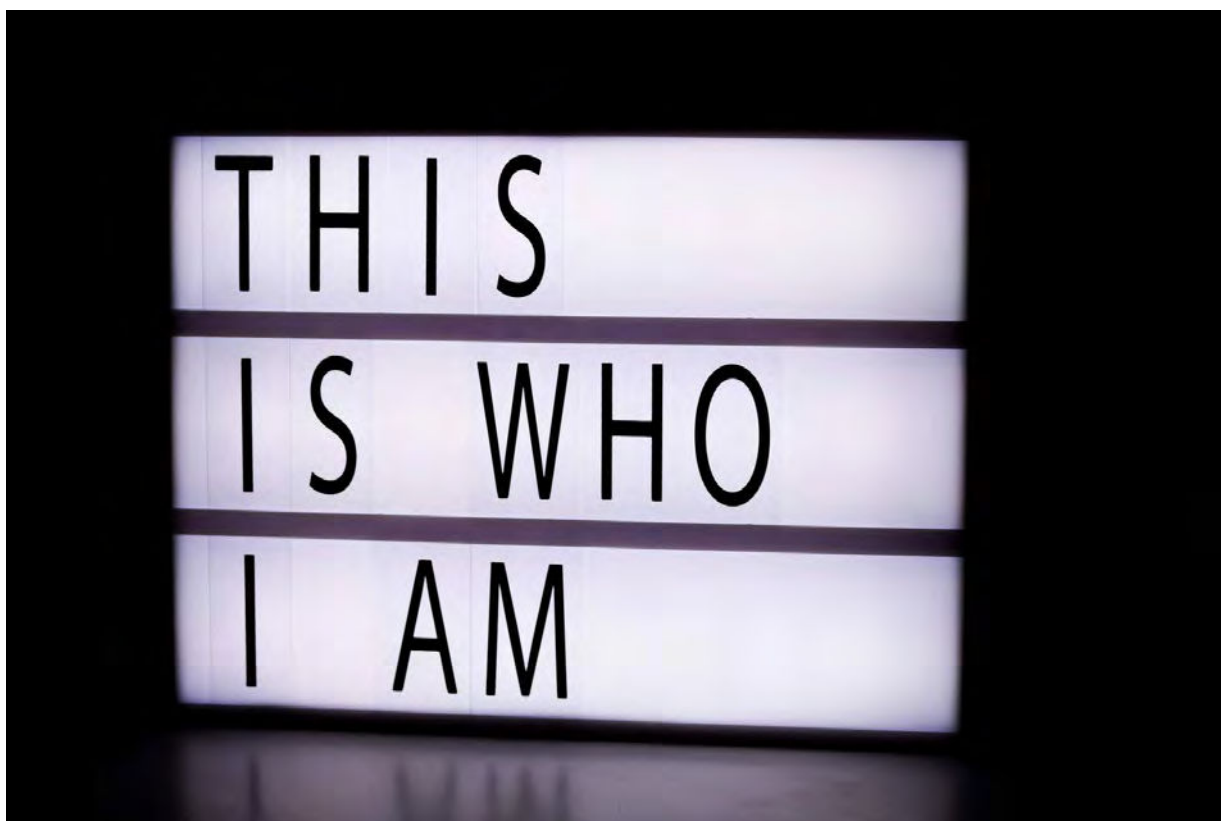
Peer support workers should regularly check in to make sure language, intent and tone of speech is person-centred.

We also realize that language is constantly evolving, and we're all at different places in our journey. We always approach others we work with, who might not understand person-first language, with kindness and respect. We also understand that those who have experienced oppression and stigmatization don't have to do the emotional labour of educating others about language.

CONTINUE

identity-first language

Identity-first language is a language preference that emphasizes a person's identity or disability as an essential part of their identity. Some people choose to use identity-first language because they believe it acknowledges their disability or identity as an integral part of who they are, rather than something that should be hidden or downplayed. By using identity-first language, they feel that they are taking ownership of their identity and disability and challenging societal norms that have historically viewed them as inferior or broken.



Additionally, some disability advocacy groups and individuals believe that using person-first language (such as “person with a disability” instead of “disabled person”) can perpetuate ableist attitudes by separating the person from their disability, as if the two are inherently disconnected.

**Some people prefer identity-first language and, as peer support workers,
we need to be guided by the person we’re supporting.**

17. doing the work

Most of what we talked about in this module covered the very basic principles of peer support. We chose not to get specific about the way to provide peer support services. Some peer support workers are paid positions, some are volunteer. Peer support services vary.

there are many different ways peer support can be offered:

- ☐ One to one support, where community peer support workers are matched with specific people
- ☐ Safe injection sites, clinics or working with people right in the community – these peer support workers work with whomever needs support that day
- ☐ Family peer support work, with services provided in the peer's home, at a clinic or in the community
- ☐ Peer support work in group homes, in-patient psychiatric wards, tertiary facilities or clubhouses
- ☐ Peer support in workplaces – for example, this frequently happens in fire and police departments
- ☐ In collaboration with police departments to offer support to people who otherwise would only receive intervention through the criminal justice system
- ☐ In high schools and colleges
- ☐ Online support over the phone or via video conferencing

☐

Various forms of text messaging and online forums

CONTINUE

know your organization's policies

Each organization will have its own policies and procedures. This will include forms that need to be used and timelines around service. Your own agency will cover that part of your training.

documentation

Every agency will have their own documentation policies and will need to train peer support workers on specific requirements for the job. Some will use digital files; others will have handwritten files.

Some basic things to know:

☐

Any documentation or file is considered to be a legal document – files can be subpoenaed by the courts, so make sure everything written in there is accurate

☐

Falsifying events or records or omitting important situations is not only unethical but also illegal

☐

If hand-written, only write in blue or black ink, and never use white-out on a legal document

☐

Keep your notes simple

☐

Keep your documentation to facts (what you did, what goals were worked on, anything else significant) – keep your opinions out of it

☐

Don't ever keep any personal documents about the person you're working with in your car or home

When documenting, remember that you should write your **observations**. What you see isn't absolute "fact," because you're filtering what you see through your worldview. So, write what you see, and label it as your observation.

For example, don't write, "Quinn was happy." You don't really know if Quinn is actually happy. Instead, write your observations: "Quinn appeared happy. They were smiling and laughing throughout our visit, and the conversation flowed easily."

If the person you're supporting seems anxious to you, describe what you've seen in order to come to that conclusion. An example could be: "Jim was quiet today. He paced back and forth for almost half of the time we were together."



18. the journey begins....

This module is just the tip of the iceberg of peer support services. This was an introduction to the concepts that are fundamental to peer support, but there is much, much more content to come. In the rest of the modules, we'll dig into unpacking our biases and learning what self-determination really means.



what's still to come...

We'll look at approaching other cultures with an attitude of humility.



We'll dig into what it means to co-create boundaries, and build connection through communication.



Approaching everything we do in our work with a trauma-informed lens is essential. Creating a sense of safety with the people we support is essential.





As we talked about in this module, the peer support movement is tied to social justice. We explore more of that in the social determinants of health module.



We tend to struggle to know how to support people who're experiencing grief and loss, so we'll equip you with some tools to support you with that.



We're going to look at peer support in the substance use field. We'll also look at supporting someone who's having a mental health crisis.





Often goal planning is a part of what we do in peer support, so we'll dig into a potentially new way to approach goal planning.



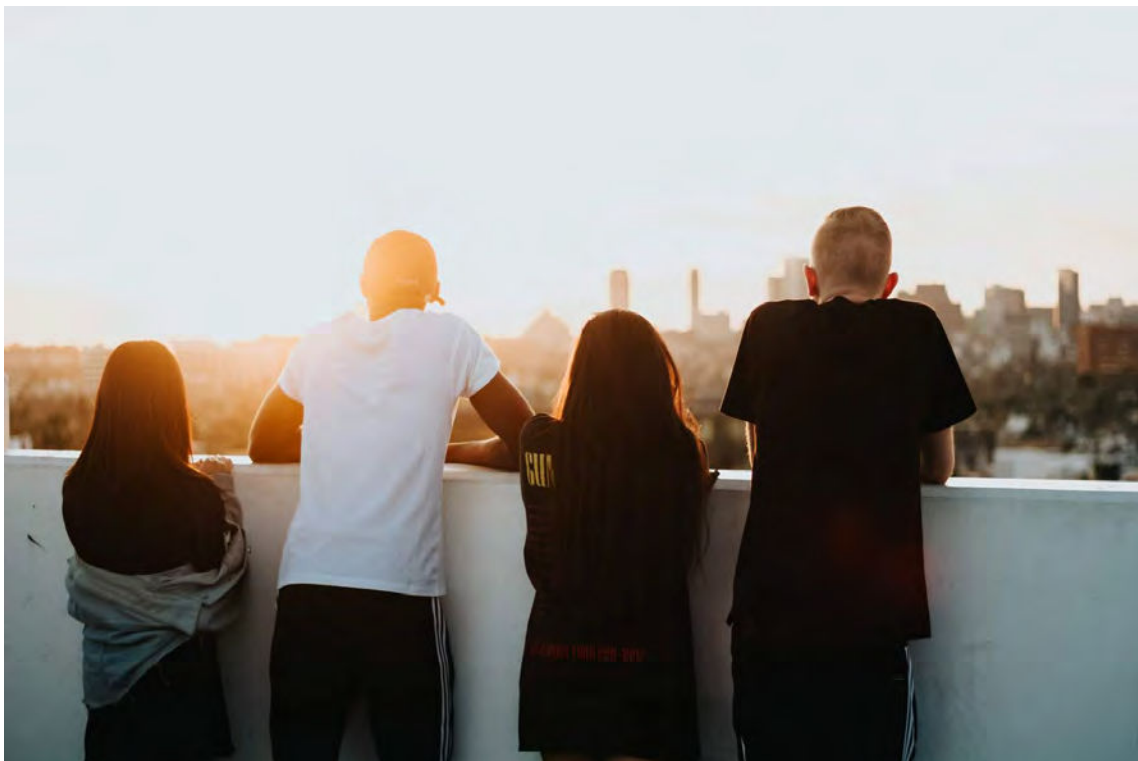
It's essential that we build our own resiliency and learn how to support our own well-being; there's a module dedicated to your self-care."



Family peer support is an emerging part of this movement, and we have a whole module devoted to this.



We'll close off the training with a module devoted to working with youth.



Feel free to jump around in the training, but know that all the modules connect, build on and will interact with each other.

CONTINUE

check your knowledge

Before moving on, see if you can remember some of the core values of peer support by dragging each item in the top block to either the bottom left or right block.

a core value of peer support

self-determination

respect, dignity and equity

acknowledgement

curiosity

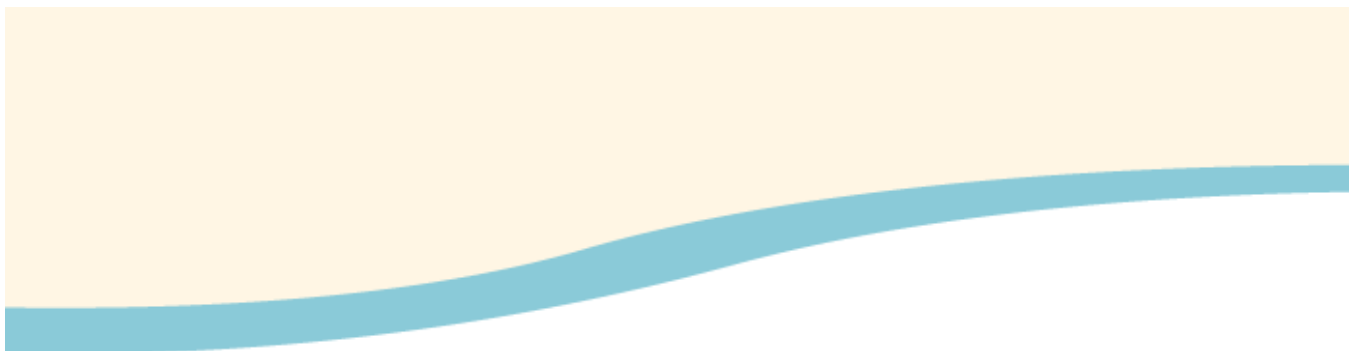


not a core value of peer
support

compliments

social determinants of health

learned helplessness



19. summary

Let's review some of the key concepts covered in this module.

☐

Peer support as we know it today arose in opposition to the oppressive clinical mental health system of mid-twentieth-century era health care; it's part of a larger social justice movement.

☐

Peer support has grown in prominence and has been changing lives not just in B.C. or Canada, but globally too; it offers a way to implement compassion and connection based on common lived experience.

☐

Leaders in the mental health and substance use systems joined forces in the 70s and 80s to begin the psychiatric rehabilitation movement; this propelled the evolution of systems change toward a more person-centred and recovery-focused approach.

☐

Peer support relationships are grounded in wholeness; wholeness is about normalizing the fact that all human beings mess up and that "mistakes" or setbacks are simply a part of life.

☐

The core values of peer support are acknowledgement; mutuality; strength-based; self-determination; respect, dignity, and equity; belonging and community; and curiosity – they're essential to our work and ground what we do, moving us towards hope and wholeness for all.

☐

Learned helplessness is a learned behavioural response that can show up in many different ways; working with someone who is experiencing learned helplessness means continually offering compassion and empathy.

☐

Peer support breaks down hierarchies through mutuality; the peer support worker and the peer equally co-create the relationship, and both participate in boundary creation.



Sharing experiences and stories is an important aspect of peer support work, but it's up to you to decide what you share and when you choose to share it, while being mindful about why you're sharing.



Peer support takes a strength-based approach to service delivery, so rather than reacting or responding to the effects of the struggle, we approach services as the opportunity to create a new paradigm that's built on hope, connection, joy and thriving.



Recovery is a word that is used frequently in mental health and substance use settings; we see recovery as a transformative, self-directed exploration and the foundation of peer support rests on the belief that recovery is possible for all.



Person-first language is about not defining someone by a diagnosis or challenge they're experiencing; when we use person-first language, we use language that communicates deep respect for the people we support, whether or not they're in the room.



Each organization will have its own policies, procedures and documentation processes; it's important to remember confidentiality and the legal aspects of documentation.



When you're making notes, you're recording your observations not "facts," because you're filtering what you see through your own worldview.



You're on an amazing journey of learning and growth, and this module is just the beginning!



20. next steps

We want to thank you for taking the time to walk alongside peer support workers on a shared path of learning from lived experience.

You're now ready to visit another module of the Peer Support Worker training curriculum!

Please head home to <https://peerconnectbc.ca> where you will find the individual training modules and facilitation guides. You will also find a [resource page](#) at that site to continue your learning about peer support work and the issues surrounding it.

A Project of BCcampus, Funded by B.C. Ministry of Mental Health and Addictions

Released July 2021

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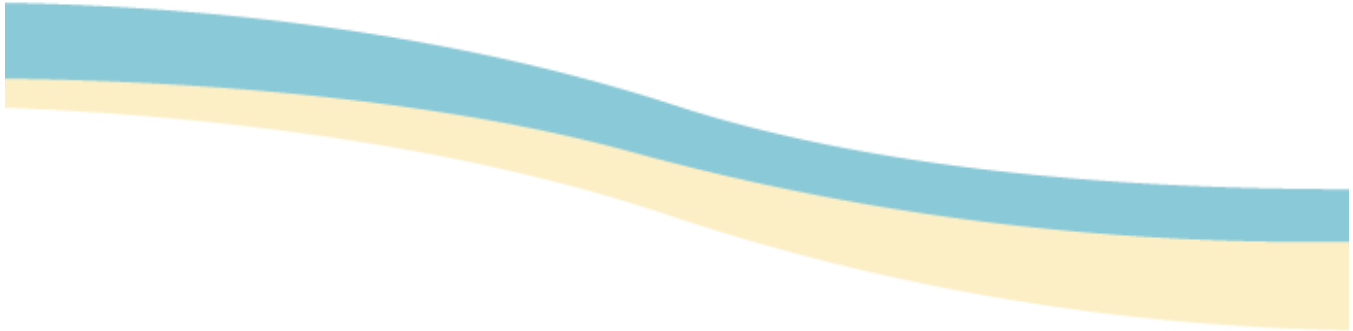
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for this module:



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