

THE B.C. PEER SUPPORT
TRAINING

curriculum guide

introduction

The B.C. Peer Support Training Curriculum Guide is an overview of the modules that will be contained in the B.C. Peer Support Training manual. The intended audience for the training is both potential and current peer support workers in British Columbia.

The Curriculum Guide contains the purpose and learning objectives for each of the 16 curriculum modules. It also summarizes the main points of the modules, which will be expanded upon in the completed curriculum. The completed curriculum will include a workbook element as well as activities, projects and quizzes for both online and in-person learners.

The overview provided here in the Curriculum Guide is not comprehensive but serves as a series of guideposts for the full curriculum. Module 1, however, is fairly comprehensive as it informs all the other modules.

All information in this Curriculum Guide will be expanded upon. All elements are also subject to change as we move along in the process of curriculum creation.

Development of this project has involved many B.C. peer support workers and stakeholders. We have also drawn on current research and the teachings of many global leaders in this field. This curriculum guide is the result of many years of experience all drawn together.

At the time of publishing, we have full confidence in the ideas and philosophies presented. We know that peer support is a grass roots movement. All members of the movement inform its ever-expanding wisdom. We know that the knowledge will continue to change and grow.

We are excited to see peer support flourish and expand as the years move forward.

The peer support training modules summarized in this guide are:

1. the foundations
2. peer support & wholeness
3. categories & containers: unpacking our biases
4. self-determination
5. cultural humility
6. understanding boundaries & what it means to co-create them
7. connection & communication
8. healing-centred connection: principles in trauma-informed care
9. social determinants of health
10. supporting someone who is grieving
11. supporting someone who uses substances
12. mental health & supporting those in crisis
13. goal planning
14. building personal resilience
15. family peer support
16. working with youth & young adults

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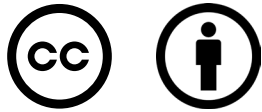
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licence



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land acknowledgement

Please take a moment to connect with the land you are currently standing on.

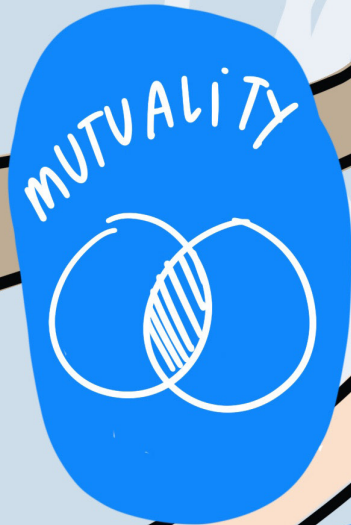
We would like to acknowledge that we live, work and play on the traditional unceded Territory of the _____ people.



If you are not sure how to pronounce a nation's name, there are a number of ways to learn, including:

- With great respect ask someone from that nation or from a local organization
- Check the nation's website, they may have a phonetic pronunciation on their "About" page
- Find an online recording from the nation

HOPE and WHOLENESS FOR ALL



CORE VALUES of PEER SUPPORT

MODULE I

the foundations

CORE VALUES HIGHLIGHTED:

As this is an introduction, all the values will be reflected in this module.

MAIN STANDARD OF PRACTICE ASSOCIATED WITH THIS MODULE:

All of the standards will be touched on in this module.

PURPOSE OF MODULE:

To provide participants with a foundational overview of all the practices and knowledge that will be transferable to all of the modules in this training.

LEARNING OBJECTIVES:

1. You will be able to define a paradigm shift, and how peer support is a paradigm shift from other services in the mental health and substance use systems.
2. You will be able to identify peer support service approaches that are grounded in interconnection.
3. You will be able to recognize the importance of being able to sit with discomfort as you engage in the learning process.
4. You will learn and apply practices that will support the learning process for you throughout the training and beyond.
5. You will be able to reframe a more illness-based paradigm to one that is strength-based and grounded in hope.

a paradigm shift

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Broadly defined, “peer support” refers to a process through which people who share common experiences or face similar challenges come together as equals to give and receive help based on the knowledge that comes through shared experience. (Riessman, 1989)

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A “peer” is an equal, someone with whom one shares demographic or social similarities. “Support” expresses the kind of deeply felt empathy, encouragement, and assistance that people with shared experiences can offer one another within a reciprocal relationship. (Penny, 2018)

Peer support differs from clinical support in many important ways. For example, the role of a peer support worker is different from that of a clinician, and the goals of the relationships are also distinctive. There can be a tendency to measure peer support against other clinical roles; when we do, it can seem that peer support doesn't measure up. But looking at peer support through a clinical lens is unhelpful; when we speak of peer support, the paradigm is so different that it is almost like speaking a different language. Peer support workers fill a necessary gap in the system. When people with common lived experience come together, the connection that can happen is powerful, inspiring and can fuel transformation.

“Me too.” Hearing those two words can help us break through an ocean of loneliness, isolation and shame.

When we're facing what feels like an insurmountable situation and we meet someone who has gone through a similar experience and come out the other side, we often experience a great sense of relief.

It's an amazing gift to be with someone who listens deeply to us with a compassion that can only come from a mutual understanding of personal suffering. Connection with acknowledgement and a spirit of mutuality matters.

Nurturing connection takes time. If we create too much busyness in our peer support work and don't leave enough space and time for that kind of connection to occur, everyone loses out on the lasting benefits of peer support.

Honouring the philosophy of peer support when integrating it into clinical systems is important. Peer support fills a role in systems transformation that nothing else can fill. Peer support done right works on a micro level with individuals, and a macro level as a social justice movement. It's important to celebrate and honour that.

Often in B.C., peer support programs are embedded in traditional clinical systems that operate with a different paradigm than the peer support model. Hiring people with lived experience disrupts that system. It's a wonderful thing to see peer services embedded in programs. However, it's essential that leaders of these systems understand the philosophy of peer support and understand that the very core of peer support is counterculture. The dominant culture of any social system is powerful; without thoughtful intention, it's very easy for peer support to become a replica of clinical services, getting swept into the current of the dominant clinical culture.

This curriculum will guide you through the process of understanding the shift to a different way of supporting others – a service that's based on a foundation of mutuality.

It's important to pause and think about what that mutuality actually means. It can be easy to speak the language of mutuality but until we unpack what supporting someone in an equal and horizontal way means, we won't fully grasp the meaning of mutuality.

In the 1990s, Magic Eye puzzles were really popular. Basically, they were two-dimensional pictures in which, if you looked at them in the right way, a three-dimensional picture would pop out. (If for some reason you missed that era, google it – they were both fun and frustrating.) Similar to those puzzles, understanding the paradigm shift of peer support and the ways this kind of support differs from the clinical perspective, requires a different way of seeing. Just like those Magic Eye puzzles, in order to grasp the meaning, we're going to need to choose to change our perspective.

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Peer-developed peer support is a non-hierarchical approach with origins in informal self-help and consciousness-raising groups organized in the 1970s by people in the ex-patients' movement. It arose in reaction to negative experiences with mental health treatment and dissatisfaction with the limits of the mental patient role. Peer support among people with psychiatric histories is closely intertwined with experiences of powerlessness within the mental health system and with activism promoting human rights and alternatives to the medical model. (Penny, 2018) *

interconnection, relationships and the work of peer support

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Humankind has not woven the web of life. We are but one thread within it. Whatever we do to the web, we do to ourselves. All things are bound together. All things connect. ~Chief Seattle

HYPER-INDIVIDUALISM

One of the biggest societal issues of our time is the effect of hyper-individualism on our communities. One might venture to say that this has been a steady problem stemming from a colonization mindset.

Yourdictionary.com defines hyper-individualism as “A tendency for people to act in a highly individual way, without regard to society.”

This hyper-individualistic worldview can keep us separated and disconnected from one another, which ultimately leads to loneliness and decreased compassion. For those who are struggling with mental health and/or substance use issues, a hyper-individualistic mindset will drive them deeper into despair and aloneness.

We aren't saying that individualism is all bad. A defined sense of self, self-awareness, self-determination, autonomy over one's choices, and clear boundaries combined with personal responsibility are all very important for our well-being. Interconnection is about balancing the needs of self with acknowledgement that we're also a part of the whole. What we choose to do individually has an impact on the whole. We can really only flourish when we feel a sense of belonging and connection with others. Community and connection is important to our well-being just as eating nutrient-rich foods benefits our bodies and minds. None of us can have a healthy existence living fully isolated.

Hyper-individualism is an extreme form of individualism and it means that someone is so focused on self with very

little regard for others. Some simple examples of hyper-individualism are:

- A focus only on the success and wealth of an individual, rather than considering what they can contribute to society
- Underfunding of public transportation and a primary focus on individual car ownership (*note that hyper-individualism is closely connected to capitalism*)
- Avoiding asking for help, even when help is needed, for fear of being seen as weak, dependent or incompetent (*note that hyper-individualism is closely connected to ableism and sexism*)
- Excessively over-using non-renewable resources with no regard for the impact on other people and the natural world (*note that hyper-individualism is closely connected to colonialism*)
- Driving dangerously (running a stop sign, speeding, texting or driving while intoxicated) with no regard for others' safety
- Any attitude or behaviour that avoids addressing systemic issues (e.g., racism, classism or stigma) in favour of the comfort of individuals from the dominant culture who benefit from these power imbalances

This training comes from the perspective that supporting the individual while resisting the cultural pull toward hyper-individualism is very important.

RELATIONSHIPS AND INTERCONNECTION

When we have relationships with others, we become more fully who we are meant to be. As therapist Esther Perel says, “we are shaped by our relationships.” (*podcast “Feel Better, Live More with Dr. Rangan, episode #119, 24:24*) The dynamic connection between two people creates something amazing. We are each changed by each of our relationships.

Think of relationships like an electrical circuit. Power flows through a source to an object, and back to the source. The power has to flow through both the source and the object. Electricity requires a flow back and forth, otherwise it won't work.

Peer support is about relationship and connection. This means breaking away from the dominant mindset of hyper-individualism, and instead grounding our work on the core beliefs of interconnection and interdependence.

Interconnection is the mindset that everything is connected. It supports the intrinsic value of all life. We are all connected to each other – our communities, our nations and the very earth we live on.

Interdependence recognizes that all human beings need community and belonging. While it's certainly a goal to be able to take care of oneself and create self-nourishment practices, full independence encourages isolation and loneliness. We need other people in our lives. Sharing our stories and practicing vulnerability with people we trust is the antidote to shame.

Peer support is an amazing opportunity to nurture the development of interconnection and interdependence mindsets in the people we support.

there is much to learn

As in any field, there is much to learn in peer support work. The education around peer support is vast. This project will include free access to a repository of peer support trainings by organizations and individuals within B.C.. They will delve deeper into some of the topics that we touch on in these modules – see details in the next section. The Internet offers access to so many additional sources of knowledge and education from leaders of the peer support movement. Several of those leaders are mentioned in this training, including Pat Deegan, Shery Mead, Mary Ellen Copeland, Dan Fisher and

many more. Please consider digging into some of the amazing material available to you online.

With any education, understanding a concept is the first step. The goal here is to chew on the ideas in this curriculum, reflect on them, question them, wrestle with them, synthesize them and eventually have these principles and practices come alive for you and help shape the way you see the world. The learning and deconstruction processes that go hand in hand with learning are similar to peeling an onion. We can continue to go deeper and deeper into

our learning the more we engage with it.

This process takes time and energy. Please come back to this material as you need to.

The intention of this training is not to create cookie-cutter peer support workers. Our intention is to support you as an individual to think deeply, feel compassionately and engage in critical thinking. This curriculum is designed to support you in paying attention to personal biases and learning to respond differently to them so that you feel equipped to do the important work of peer support in your community.

you will get out of it what you put in

The content of this manual is just the tip of the iceberg. The purpose is to share some general knowledge with you that you can continue to ponder. There's always more to learn. At the end of every module there are references and information for additional reading. We have included an appendix of extra articles to enhance your learning. As well, there's a repository of educational resources available to expand on specific topics that are only touched on in this training

REPOSITORY TRAININGS

The following trainings will be made available in the provincial peer training resource repository:

TITLE	ORGANIZATION	SUMMARY
Indigenous Peer Curriculum	Canadian Mental Health Association – North and West Vancouver	Development and delivery of decolonized peer support training manual and video modules.
Family Peer Support	FamilySmart	Creation and delivery of a family peer support curriculum.
Popular Education for Forming and Sustaining Associations of People Who Use Drugs	BC/Yukon Association of Drug War Survivors	Adaptation of pre-existing training program, the Peer Health Advocate Training (PHAT), a tool created to train sex workers in peer advocacy and support, centred around enhancing community wellness.
Psychiatric ER & Acute Peer Support	North Shore Peer Support Program	The development of specialized training for peer support workers who work or want to work in acute care/ emergency department settings to provide them with role definition and skill development.
History of Prohibition	Compassion, Inclusion and Engagement Initiative	The further development of the “History of Prohibition” lesson plan from the Coalition of Substance Users (CSUN) Train-the-Trainer project. The modules in the course could include: <ul style="list-style-type: none"> • Prohibition through a gender lens • Connections between prohibition and drug potency
Peer Facilitation	Lookout Housing and Health Society	Adapt the support group facilitator training manual to become a free, public resource for other organizations and groups across the Province of B.C. with the inclusion of a video version of the training manual.
Hosting Community Gatherings	Canadian Mental Health Association – North and West Vancouver	The creation of a community education toolkit on how to host Peer or a Friend-of-a-Peer gatherings.
Peer Health Advocate Training for Sex Workers	Peers Victoria Resource Society	Adaptation of pre-existing training program, the Peer Health Advocate Training (PHAT), a tool created to training sex workers in peer advocacy and support, centred around enhancing community wellness.
Stigma Audit Tool	Experiential Peer Inclusion Consulting	Design and delivery of an experiential worker-designed training program consisting of a suite of open source infographics paired with accompanying onsite training and evaluations to assist organizations.

you are a part of a larger movement

Please study and learn from leaders in the peer support movement. Look them up, read and listen to their work. We are lucky to have many of these leaders in our own province, in our own communities. There are some who are national leaders, some who have written books, and others who run programs that are known internationally.

It's very important as a participant in peer support that you understand you're a part of something big and significant. It's an honour to be a part of this collective global movement.

It's essential for peer support workers to connect regularly in community of practice gatherings. Peer support workers working alone in clinical teams without connection to other peers is a recipe for getting swept into the dominant clinical current.

engage with the material

As we have already talked about, peer support is a paradigm shift. The topics that especially encourage these shifts are: worldview, self-compassion, trauma-informed care, self-determination, boundaries, mindfulness and most of the communication module. One of the most powerful ways we grow and shift is dialogue with others. If you're taking an in-person training, you will gain so much from your co-participants.

You can expect that several of the topics covered in this training may also stimulate reflection. You may have resistance to some of the topics with which you engage. Please welcome that resistance – try to not be afraid of it. Connection with others who are exploring these topics can support you with processing all of this.

The only way we can challenge the status quo is to disrupt it. It doesn't even matter that much where you land after the wrestle, it's the practice of disruption that's so important for stretching, expanding, healing and growing. When we engage with new material it's very easy to engage with it

from a place of certainty. Our certainty is always based on our own past experiences, and our past experiences inform and create the meaning we hold on to presently. Certainty is also where our assumptions and biases are born. That's why we will encourage you to engage with the material from the perspective of not knowing, or of creating new meaning. Tapping into curiosity and wonder will always support us in challenging our long-held beliefs.

We encourage you to engage with this material from a place of humility and uncertainty.

That doesn't mean that you have to agree with everything written here. We encourage diversity and critical thinking. We ask you to engage with the material from a place of curiosity. The question can be more important than the answer.

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“If I had an hour to solve a problem and my life depended on the solution, I would spend the first 55 minutes determining the proper question to ask... for once I know the proper question, I could solve the problem in less than five minutes.” ~Albert Einstein

DISCOMFORT AND SAFETY

We tend to want to run from the feeling of discomfort. By definition, it's not pleasant. Discomfort often comes paired with the assurance that pain or hard work is in our future.

We all desire to feel good, content, energized and happy. So we chase those feelings and in that quest for the best in life, our tolerance for discomfort and uncertainty shrinks. Yet, sitting in discomfort is 100% essential to growth work. There's just no possible way around it. Avoiding discomfort essentially keeps us stuck in the status quo.

When participating in any kind of intentional growth, we need to brace ourselves for a lot of discomfort. This is the case if we are learning to play guitar, learning to cook for the first time, going back to school or unpacking our unconscious biases.

It's important to change the way we interact with the kind of discomfort that disrupts our status quo. If we want growth, we need to become more comfortable with discomfort by actually seeking it, welcoming it and leaning into it.

Discomfort is just plain hard. Shaking up our strongly held beliefs is not for the faint of heart. It's a courageous act. Know that intentionally choosing discomfort, and the uncertainty that comes with growth, are also where possibility and hope can be born.

It's also important to note that discomfort and safety are not mutually exclusive. You can be safe and uncomfortable AT THE SAME TIME. The discomfort that comes with growth is safe, even if it doesn't feel that way. It's essential that we learn to expand our tolerance for discomfort and to treat ourselves with kindness and compassion at the same time, because this is hard work.

Learning brings up discomfort. There's uncertainty in discomfort. One of the antidotes to uncertainty is wonder and adventure.

We hope that this journey will be one of wonder and adventure for you.

practices that will support your learning

Throughout this training, you'll be encouraged to create practices in your life that will enhance both your work and your life in general.

When we use the word "practice," we literally mean the same kind of practice as when one is learning the piano or training for a race. As much as we would love to work out once and be in the best shape of our lives, we know that getting in shape requires the commitment and practice of doing something over and over again. That's what we mean when

we use the word "practice" in this training – engaging with something on a regular basis so that it becomes integrated into our very being.

We know through the study of neuroscience that our brains are malleable. Brains can be shaped and when we choose to engage in regular practices, to disrupt our status quo and to get curious, we're creating new neural pathways.

When you engage in any regular practice, you will be changing your brain.

You will form new pathways in your brain. You will find new ways of handling life's challenges. Your practice will change you, and it will strengthen your skills and abilities as a peer support worker.

MOVEMENT AND THE MIND-BODY CONNECTION

Most of us grew up being educated in environments that required us to sit in our seats to learn. We didn't have the freedom to get up when we wanted; often we needed permission from the teacher just to get up to go to the bathroom.

In one of our modules we will explore our need to create categories and containers, and the limitations that come with siloed thinking. In the past, we have thought of the body and mind as very separate parts of ourselves. That kind of thinking informed the "sit and get through it" approach to learning.

Today, thanks to learning from modalities such as the medicine wheel model that integrate our physical, emotional,

mental and spiritual aspects of ourselves, we know that learning must include absorption and synthesis. We need to move knowledge from living just in our heads to also living in our bodies, otherwise our learning stays at surface level.

Just as we understand the importance of living an integrated, holistic life, we also need to approach learning with that same insight. The truth is, we learn better when we move our bodies.

Throughout the training, whether you're learning online or in an in-person training, we'll guide you through some simple movements to support the learning process. We also encourage you to stretch or move (in

a way that feels good for you) anytime you feel the need to do so. Don't feel like you have to wait for a break or until the end of the module.

Move when you feel the need to move.

Also consider our need for movement when you're working as a peer support worker. There is a trend in recent years to have "walking meetings." We know that moving our bodies supports us to connect with others in a different way. Many people loosen up when they're moving in a way they don't when sitting across the table from someone. There are also many health benefits to moving our bodies. What a gift that in your role, you get to support people to access these beneficial practices.

LEARNING ASSESSMENT

This training will include activities, exercises and quizzes. We also want you to be the one to assess your own learning.

You'll be provided with a booklet to fill out after each session (whether online or in a class) to reflect on your learning.

You will be asked these questions:

- What did I learn today that really resonated with me?
- What can I do to make the learning today stick?
- Is there anything that came up today that caused resistance in me? Why? What can I do to continue wrestling with it?
- Did I give the material enough of my attention? If not, why?
- What can I do to enhance my learning?
- What can I do to support myself as I continue to learn this material – both in class and as I work on my own?
- What's something I appreciated about today's session?

What you choose to do with this is up to you. You can write your thoughts down, or you can simply use the questions to reflect quietly on what you've learned.

MINDFULNESS AS A PRACTICE

We'll be covering mindfulness as a practice throughout the training. There's so much research that supports the positive impact of mindfulness practices on our mental and physical health.

Mindfulness is an embodied awareness of the present moment.

Consider deepening your awareness of your mind, emotions and feelings. Consider deepening your awareness of your body, noticing how your skin is being touched by the air, by your clothing, by your chair.

It's very easy to start living on autopilot. We do the things we need to do, but we aren't really present. We are thinking of the next thing we need to do. According to Dr. Ellen Langer, a mindfulness researcher at Harvard University, "Mindfulness is the process of actively noticing new things." (2018)

Within this training we will be offering recorded mindfulness practices to support you to be in the present moment.

These practices will support your learning, and you can take them with you to enhance your overall wellness. We encourage you to choose to engage with a meditation prior to a learning session, and perhaps after. These practices are meant to help you invite a sense of calm and relaxation prior to engaging with the material.

REFLECTION JOURNAL

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“Wonder is the beginning of wisdom.”
~Socrates

To wonder is to engage with and sink into curiosity. Many famous scientists speak of the importance of curiosity, wonder and awe in the process of learning and growing. Since curiosity is one of our core principles and values, we want to encourage you to foster that as a practice.

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 that will get you engaging in the world

around you with curiosity and wonder. Feel free to use the journal in a way that works for you. You can choose to write in it or just use it to support reflective processing. We encourage you to find a safe, comfortable spot to engage with these questions. You can also choose to record gratitude reflections in this section.

Try to spend about 15 minutes engaging with this exercise before you start in on the modules.

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“The important thing is not to stop questioning. Curiosity has its own reason for existing. One cannot help but be in awe when he contemplates the mysteries of eternity, of life, of the marvelous structure of reality. It is enough if one tries merely to comprehend a little of this mystery every day. Never lose a holy curiosity.” ~Albert Einstein

the importance of language awareness and a strength-based approach in this work

One of the core values of peer support work is a strength-based approach.

From the Standards of Practice document: *“It is more motivating to move towards something 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.”*

Everything in this training will encourage you to treat yourself – and support others – with a strength-based approach. When we support people from a deficit-based mindset, we can unintentionally keep them stuck.

It’s also essential to choose language that’s person-first. We’ll spend more time on this topic in the first module.

the role of hope in this work

All growth and change whether on the micro or macro level begins with **HOPE**.

Hope is not wishy-washy. It’s not the same as wishing on a star; we can water down the meaning when we say things like, “I hope it’s sunny tomorrow.”

Hope is wildly courageous. Acting on our hope requires uncertainty and bravery. Disrupting the status quo (personal or societal) is really, really hard.

Hope always involves risk. Always.

Hope is the spark that motivates us to do anything, including simply getting up in the morning or embarking on a big, new adventure. Many people who are lost in despair struggle with basic things like getting up or eating.

Hope involves action and movement. It’s like a muscle we develop that gets stronger as we use it. The birth of hope can often be really humble, but it can grow into a powerful force for change.

Hope is messy. It often goes hand in hand with a battle of sorts – either an internal battle or a societal activism.

Battles are messy and scary. (Think of Joseph Campbell’s Hero’s Journey work).

Hope is as essential to well-being as food, water and shelter.

Hope is never solitary. We are deeply interconnected. When one of us loses hope, we all suffer. We can also hold hope for loved ones who have lost theirs.

Hope is contagious. Since we are so interconnected, hope spreads to those around us.

Connection is essential for **hope** to flourish. Because we’re wired for connection and belonging, hope always involves other people. When we’re considering movements such as peer support, this means solidarity and working together.

Hope is not the same as optimism or positive thinking. **Hope** is focused. Opening ourselves up to hope means that pain will likely make itself known to us along our journey. But when we reflect on everything above, we can trust in our resilience.

May we all nurture hope within ourselves, and may we intentionally and collectively create personal and social ecologies that nurture hope in others.

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MODULE 2

peer support & wholeness

CORE VALUES HIGHLIGHTED:

As this module provides an introduction to peer support work, all the values will be reflected in this module.

MAIN STANDARD OF PRACTICE ASSOCIATED WITH THIS MODULE:

All of the standards will be touched on in this module, but we will focus on:

- **A.** Peer Support Proficiencies
- **E.** Collaboration and Ethical Practice

PURPOSE OF 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 system. We will explore the philosophy and practices of peer support as outlined in the Standards of Practice document.

LEARNING OBJECTIVES:

1. You will be able to demonstrate knowledge of the philosophies of peer support.
2. You will be able to distinguish the differences between a peer support perspective of support and a clinical perspective.
3. You will be able to describe and explain both the B.C. Peer Support Training definition of recovery and philosophy of peer support.
4. You will explore and examine the importance of self-disclosure in peer support work.

Module 2 will include the following topics:

In Module 1: The foundations, we touched on how peer support is a paradigm shift. We will continue digging into what makes peer support different than clinical roles within the mental health and substance use systems. We will explore some of the essential elements of serving others with a mutual peer support approach. We will cover what it means to support people from a strength-based perspective. We will also look at key components of peer support such as self-disclosure and sharing your story, redefining recovery, person-first language and documentation.

a very basic history of peer support

Peer support as we know it today was birthed out of the Consumer/Survivor Movement of the 1960s and 1970s. That movement rose up in opposition to the very poor mental health and substance use treatment people received within existing systems at the time. Psychiatric treatment was often quite abusive and oppressive, causing great harm to many people. Though there were several recorded peer support groups that arose as early as the 1850s, the Consumer/Survivor movement provided the resistance needed to create widespread changes in the way mental health and substance use services were provided.

There has since been much reform of the mental health and substance use systems thanks in part to the development of Psychosocial Rehabilitation (PSR) and its integration into mental health and substance use services. The PSR movement began in the 1970s, around the same time as the Consumer/Survivor movement, and it continues to grow today.

According to PSR Canada, 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.”

what do we mean by wholeness?

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“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 perceive 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 have a mental health diagnosis or a substance use issue, 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 so 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 shadow sides and 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 (human beings) are wired for struggle.” Instead of choosing shame, wholeness means we will actively choose 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.

core values of peer support

From the Standards of Practice Document:

hope and wholeness for all THIS IS THE OVERARCHING VALUE OF PEER SUPPORT.

CORE VALUE

Moving towards hope and wholeness for all:

ACKNOWLEDGEMENT

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

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.

STRENGTH-BASED

It is 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.

SELF-DETERMINATION

Self-determination is the right to make one's own decisions, and the 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.

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 there are at and serving others with a knowledge of equity.

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 & self-compassion.

CURIOSITY

We are 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.

***Note on the meaning of the term “generosity of assumption” from the glossary of terms:**

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.

essential approaches when providing peer support services

THE MUTUALITY OF PEER SUPPORT

Mutuality is so foundational to peer support and yet is a little hard to grasp and often misunderstood. We'll continue to refer back to mutuality throughout the whole training.

The peer relationship is mutual and reciprocal. In this section we'll dig into the mutuality of peer support.

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." Mutuality in peer support means that support is a co-learning process. Each participant in the relationship is contributing, learning and growing.

Peer support as a paradigm shift from clinical work

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)

REDEFINING RECOVERY

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 that which 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.

PERSON-FIRST LANGUAGE

When we use person-first language, we are emphasizing someone's value ahead of their struggle, diagnosis or disability. In this section, we'll look at the power of language, and how the words we choose can have a significant impact on others.

STRENGTH-BASED APPROACH

In this section, we'll look at the value of a strength-based approach in peer support. When we stay consistently in the mode of problem-solving, we stay tied to a problem. With a strength-based approach, we shift our focus to where we want to go, towards our desired future, which creates a sense of freedom. A focus on strengths supports us to build on what is already working. It feels open, spacious and positive.

SELF-DISCLOSURE & CONFIDENTIALITY

Peer support is about relationship. A big piece of relationship building is connecting through sharing stories and experiences. We will cover the topic of self-disclosure, and what's good to share, while examining and reflecting on why and how we share.

We'll also explore what confidentiality and consent look like when framed in the mutuality of peer support.

DOCUMENTATION

In this section we will cover some basics peer support workers need to know about documentation. The content will be minimal as most agencies will have their own documentation policies, and will need to train peer support workers on specific requirements for the job.

PEER-DELIVERED SERVICES VS. PEER SUPPORT

Peer support is about building a mutual and supportive relationship. Peer-delivered services are not the same thing. This section will look at the important differences between the two. 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.

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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 (B.C. Peer Support Worker)

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MODULE 3

categories and containers: unpacking our biases

CORE VALUES HIGHLIGHTED:

- **Primary:** Respect, Dignity and Equity
- Acknowledgement
- Curiosity

MAIN STANDARD OF PRACTICE ASSOCIATED WITH THIS MODULE:

- **Primary:** C. Diversity, Inclusion and Equity (all 6 points)
- Also: D. Facilitating Communication and Connection

PURPOSE OF MODULE:

All human beings judge. Our brains are wired that way to help us make sense of the world. The purpose of this module is to understand how and why we judge. In this module, participants are invited and equipped to choose to see and acknowledge their unconscious and conscious biases, and then to mindfully question and challenge them.

LEARNING OBJECTIVES:

1. You will be able to explain that a worldview is a way of organizing experiences into categories and containers so that we can function in the world.
2. You will demonstrate the skills to begin to mindfully pay attention to biases that were previously unconscious.
3. You will be able to examine your own worldview, and articulate how your brain is wired to judge.

Module 3 will include the following topics:

worldview

Simply put, your worldview is the lens through which you see the world. It's the perspective through which an individual or group perceives and interprets the world around them. It's a collection of beliefs that an individual or group hold about the world.

In this section we will dig into what we mean by worldview and how worldview impacts our peer support work.

We take a mindful approach to examining our worldview; we are able to learn to see life, others and ourselves differently. This self-examination supports us to make paradigm shifts in regards to how we relate to the world and how we choose to nourish ourselves.

why we all judge (categories and containers)

So much data comes at us every second of the day. The only way to make sense of this information is to create containers or categories. Creating categories helps us construct meaning from what we see, hear, feel, smell and taste. Most of these meanings we create are quite automatic. These meanings are deeply embedded in our subconscious, and they guide us in making decisions and in discerning situations. However these categories and containers can be a problem when we lose awareness of them and make big judgements based upon them. The goal is always to understand and expand our containers so we can make room to see differently.

EXAMINING ASSUMPTIONS

We all come to the table with our own assumptions and biases. These assumptions and biases are impossible to avoid, because they support us to make sense of the world.

We only ever see a partial story. Just as only about 10% of an iceberg is visible above the water, much of

anyone's story is below the surface. Like the iceberg, there is so much we can't see or know about another person, yet our brains begin to fill in those blank spaces, those unknowns, with assumptions. We create a narrative about another person based entirely on what WE know from our past experiences and OUR

worldview. It's essential that we realize that there is much we can't see, challenge our assumptions, and choose to acknowledge our biases and put them behind us.

Listening to understand is essential. Most of us aren't really taught to listen in this way. It takes practice.

PERCEPTION AND NOTICING OUR JUDGEMENTS

The only way to see our "containers" is to change the way we perceive them. We have to understand that no one sees objectively – we are each seeing through our own worldview and the containers we've formed to make sense of things. Bringing awareness to our judgements means questioning our perceptions and containers.

Neuroscientists call this "perceptual awareness." Simply put, perceptual awareness means that we have an awareness that our perceptions are grounded in our assumptions and biases. When we realize that, we can begin to expand our containers and really listen in order to understand.

We can challenge our unconscious biases when we become mindfully aware that we all have them.

Here we'll unpack how our biases get stuck in our subconscious. The way we can unpack these biases is to constantly reflect and question ourselves, especially when making quick decisions. We need to disrupt those biases and create more tolerance for difference, with the end goal of becoming more open. Dr. Beau Lotto, author of the book *Deviate: The Science of Seeing Differently* (2017) says:

if you want to go from A to B, then you must actively engage with the world. But the first step to get to B is to go from A to not-A. To be in not-A is to be in uncertainty, to experience the stimulus without the requisite meaning of the past. The key is to choose to look away from the meaning we have been layering onto stimuli. Stop your reflexive response with awareness. (p. 260)

DEBATE VS. DIALOGUE

debate	dialogue
Assumes there is one right answer (and you have it)	Assumes others have pieces of an answer and you can craft a solution together
Style is combative, attempting to prove the "other side" wrong	Style is collaborative, seeks to find common understanding
Listens to find flaws and counter argue	Listens to understand
Critiques only the other position	Critiques all views, including your own
Defends your own views at all costs	Allows others' thinking to improve your own
Encourages search for differences	Encourages search for basic agreement
Creates a winner/loser and discourages further conversation	Creates an open end, leaving the topic open for further discussion
Involves no focus on feelings, often actively seeking to belittle or offend	Involves a real concern for the other; doesn't actively seek to alienate or offend

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(<https://www.holidayphillips.com/>)

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MODULE 4

self-determination

CORE VALUES HIGHLIGHTED:

- **Primary:** Self-determination
- Respect, Dignity, and Equity
- Acknowledgement

MAIN STANDARD OF PRACTICE ASSOCIATED WITH THIS MODULE:

- **Primary:** A. Peer Support Proficiencies
- C. Diversity, Inclusion and Equity

PURPOSE OF MODULE:

Self-determination is a value strongly supported in the mental health and substance use system, yet it's one that is not always fully explained. Self-determination is one of the foundational values of peer support. We'll look at what self-determination is, the theory of self-determination, and how peer support workers can avoid simply giving advice, and instead support the creation of an ecology where people can begin to trust their own inner wisdom. An ecology that encourages self-determination means that people are able to tap into their intrinsic motivation, grow and thrive.

LEARNING OBJECTIVES:

1. You will be able to clearly discuss self-determination and why it is an essential part of peer support services.
2. You will be able to demonstrate an understanding of self-determination theory, intrinsic and extrinsic motivation, as well as the conditions needed for self-determination to grow.
3. You will be able to dismantle the practice of advice-giving. Alternatively, you will be able to demonstrate the knowledge needed to create environments where people you will support can access their own inner self-determination.

Module 4 will include the following topics:

what is self-determination?

Self-determination is the right to make one's own decisions, and have freedom from coercion. (From *The B.C. Peer Support Training Core Values*.)

In this section we'll explore what we mean by the term self-determination. It's a term that's used often in this work, but there are still misconceptions about what it means and how it impacts our work.

Self-determination involves all of the following concepts:

- A person's right and ability to choose what they want and need for themselves
- To be free from coercion or from having other people make one's life decisions
- It's about getting in the driver's seat of one's life, instead of always being the passenger
- A belief that each person has an inner expert (even if they have barriers, and can't tap into their own wisdom at the moment)

Sometimes people who receive mental health and/or substance use services find their self-determination taken away by the very system meant to support them. However, because of a move to recovery-oriented practices, this is shifting. Most agencies understand the role self-determination plays in recovery. This is supported by the Mental Health Commission of Canada (MHCC).

This excerpt is from the MHCC's Guidelines for Recovery-Oriented Practice:

Recovery-oriented care respects people as partners in all decisions that affect their mental health and emphasizes the importance of autonomy, self-determination and self-management. In recovery-oriented practice, the insight and expertise derived from "lived experience" is valued, and practitioners work alongside the person to co-design service plans, encourage problem solving and provide



choices, rather than taking unilateral action to "fix" the problem or the person. (MHCC, 2015, p. 27)

**Note that although this quote only speaks of mental health, the MHCC mandate has grown and fully includes substance use in their scope of service.*

Facilitating self-determination doesn't always move from a high-level philosophy to an actual practice that plays out in the daily actions of practitioners. Many people receiving services struggle to gain autonomy, self-determination and self-management while receiving services. As peer support workers, we are supporting people and making an impact towards changing the system itself. That's why it's essential that as a peer support worker you understand this core value.

**It is important to note that some people might be very unwell, and may not be able to make big life decisions because of their illness. Self-determination is still possible, but it will look quite different for some. This should be adjusted as people's wellness grows.*

self-determination theory

Self-determination is the innate desire to flourish that is embedded within each of us.

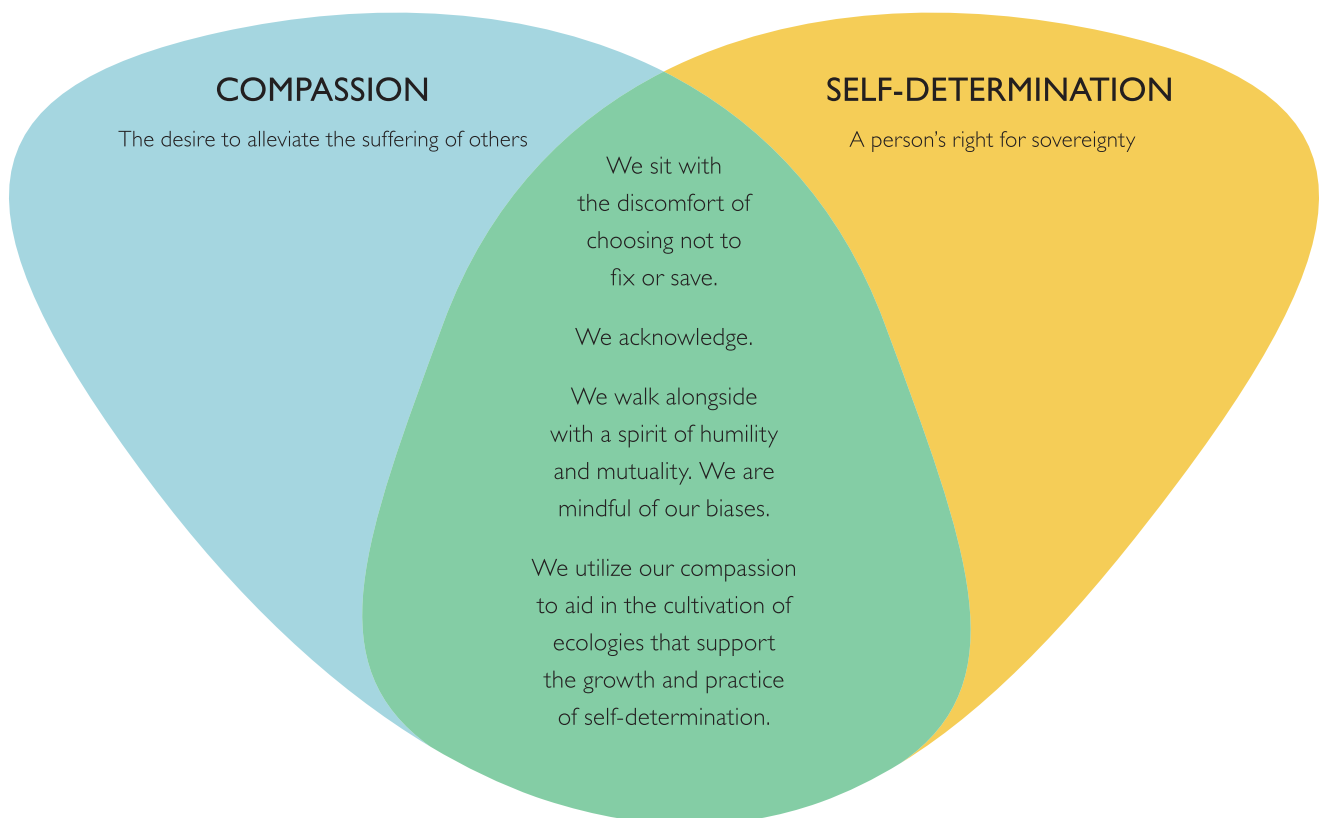
Richard M. Ryan and Edward L. Deci are the creators of Self-Determination Theory. In their paper *Self-Determination Theory and the Facilitation of Intrinsic Motivation, Social Development, and Well-Being* (2000), they talk about intrinsic and extrinsic motivation:

- **Extrinsic Motivation:** This is when people are motivated by something outside of themselves. This motivation can come from increased money or reward, general success, good grades, or even fame. Punishment, embarrassment, or public scorn can also serve as extrinsic motivation.
- **Intrinsic Motivation:** This kind of motivation is born out of purpose and meaning. People can be intrinsically motivated by their interests, beliefs, the pleasure of learning, making an impact on the worlds around them, and life satisfaction.

Lasting change always comes through intrinsic motivation.

We recognize that creating environments that support intrinsic motivation are sadly uncommon. In this section we will explore motivation and Ryan & Deci's self-determination theory.

intersection of compassion and self-determination



ECOLOGY OF SELF-DETERMINATION



“A seed only begins to manifest its greatest potential the day it is buried in dirt.”

~Matshona Dhliwayo

FIRST LET'S DEFINE ECOLOGY.

The following definitions of “ecology” come from Dictionary.com:

- The branch of biology dealing with the relations and interactions between organisms and their environment, including other organisms.
- The set of relationships existing between organisms and their environment: desert ecologies.
- The set of relationships existing between any complex system and its surroundings or environment: the ecology and politics of healthcare.
- Also called human ecology. The branch of sociology concerned with the spacing and interdependence of people and institutions.

Let's look at a simple example of ecology. In the spring, many of us desire to bring plants into our outdoor spaces. If we head to the local garden store and simply buy a bunch of seeds and plants without considering the ecology of our spaces,

the chances of cultivating a thriving garden are pretty slim. When we plant seeds, we need to consider soil quality, sunlight, temperature and watering needs. Each plant is different. It's also important to consider the combination of plants we wish to grow, and how they interact with one another. Tomatoes planted beside a lower growing plant will steal the sun as it grows taller, and the smaller plants won't grow.

It's a little mind-blowing when you consider all the potential held in a tiny little seed. It's very easy to look at a tomato seed as we plant it and think it will never amount to anything. Then as time moves forward and we tend to it, the seed grows into a plant, and as we tend to the needs of the plant, we get to see it grow. Eventually the plant flowers, and little green tomatoes pop out. Growing tomatoes requires patience, but with the right care and attention, we can have a beautiful harvest at the end of summer.

DIFFERENCE BETWEEN ENVIRONMENT AND ECOLOGY

An environment is simply the static surroundings someone or something is embedded within. An ecology is about a relationship: it is the fluid, interactive interconnection between all living things and the area they inhabit.

In his book *Deviate: The Science of Seeing Differently*, neuroscientist Beau Lotto (2017) says,

Since our ecology determines how we adapt and, in adapting, innovate; and since adapting means our brains physically change, the logical conclusion is that your ecology actually shapes your brain (and your reshaped brain results in a change in behaviours that in turn shape your environment). (p. 83)

THE ECOLOGY OF SELF-DETERMINATION

Like the potential held in a seed, we humans also possess a deep-rooted propensity towards growth and transformation. Self-determination requires a specific ecology in order to flourish. We recognize that we can face many blockades that inhibit our growth. However, when the conditions are right in our lives (thanks to our ecology),

we are able to harness our intrinsic motivation, find hope and a sense of purpose, and move forward.

In this section of the module we will continue to explore the specifics of how peer support fosters an ecology that nurtures self-determination.

avoiding advice-giving and prescriptive support

As peer support workers, rather than giving someone advice, we work to help them uncover and trust their inner teacher. No fixing, no saving, no setting each other straight. Instead, with honouring the relationship at the core of our interactions, we support people to tap into their inner wisdom and find the answers within.

In this section we will dig deeper into advice-giving as it relates to self-determination.

Even if asked directly for advice, we want to support people to find the answers within and tap into their inner expert rather than dishing out advice. Our advice is always based on our experiences, perceptions and worldview. Instead, let's support others to figure out what's right for them.



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MODULE 5

cultural humility

CORE VALUES HIGHLIGHTED:

- **Primary:** Respect, Dignity and Equity
- Belonging and Community

MAIN STANDARD OF PRACTICE ASSOCIATED WITH THIS MODULE:

- **Primary:** C. Diversity, Inclusion and Equity
- D. Facilitating Communication and Connection

PURPOSE OF MODULE:

Culture is a very important aspect of humanity. When we identify with the dominant culture of a society, we can lose sensitivity to understanding and empathizing with other cultures, races and ethnicities. Today, there are many issues with society that have come from the mindset of colonization in North America. We will examine some of the history of colonization and work at ways we can take a humble approach in breaking down some of those destructive tendencies.

LEARNING OBJECTIVES:

1. You will observe and reflect on your attitudes, beliefs, values and biases.
2. You will be able to demonstrate an awareness of the impact of colonization on Indigenous peoples in B.C..
3. You will demonstrate openness and acceptance towards those who have different belief systems, cultural practices and lifestyle choices than your own.
4. You will develop plans for creating safe, culturally sensitive and humble environments for the people you will support.

Module 5 will include the following topics:

what is the broad definition of culture?

Culture is made up of beliefs, values, traditions and ways of life. Everywhere people gather, a culture is cultivated, whether we are talking about a country, city, neighbourhood, art group, religious association, school, workplace or family. Culture can include subcultures and counterculture movements (including peer support).

cultural humility & awareness of cultures outside of the dominant culture

As we talked about in Module 2, our experiences shape the way we see the world. That means that our worldview is grounded in our beliefs and the cultures we identify with personally. Unless we very **intentionally** choose to do the work to understand a culture different than our own, we'll not even begin to understand it. We need to take a humble posture of not knowing in order to begin to foster an understanding of other cultures.

What do we mean by the word “humility” in regards to culture? Very simply we mean that we approach other cultures from a position of not knowing, and of not elevating our importance over theirs. We choose to make ourselves aware of the disastrous, traumatic effects of colonization, and we interact with other cultures through a lens of awareness regarding their pain. People who are from the dominant culture need to be aware of these deep-rooted injustices and interact with others from a place of humility.



The Oxford dictionary defines humility as this: the quality of not thinking that you are better than other people; the quality of being humble.

colonization and its impact on Indigenous peoples

When we begin anything new, it's essential that we begin with mindful intention. For example, if I want to learn piano and I choose to teach myself, I will likely pick up many bad habits that will become nearly impossible to unlearn. Alternatively, if I find myself a good piano teacher, they will be able to help me build a strong musical foundation that will support me throughout my lifetime. The foundation that's built when starting something new creates the DNA, including the path for the future. This foundation is incredibly hard to shift later.

Colonization is the practice of domination. Colonization is when a country violently invades another and claims the lands as its own. New inhabitants move in and forcibly push out, control and oppress people who are indigenous to the land.

Colonization is what set the DNA of North America.

Colonization was an attempted genocide of people who were, and are, indigenous to this land. Much was stolen from them and the effects of colonization continue today.

We will look at the historical and ongoing impact of colonization.

THE PROCESS OF DECOLONIZATION TODAY

Decolonization is about dismantling oppressive practices while supporting Indigenous peoples to reclaim land, culture, language, community, family, history and traditions that have been taken away during the process of colonization.

THE TRUTH AND RECONCILIATION COMMISSION

Canada's Truth and Reconciliation Commission (TRC) ran from 2008 to 2015 as a part of the Indian Residential Schools Settlement Agreement. The purpose of the TRC was to document the history and severe damage done to Indigenous peoples by the residential school program in Canada. Children were taken from their families and sent to government-run schools. The children were victimized in so many ways including having their culture and everything they knew ripped away from them. These schools ran for more than 160 years. The last school in Canada wasn't closed until 1996.

Residential schools are a part of Canada's history, and one of the ways in which our country committed cultural genocide. It is essential that we as a nation talk about this – that we listen to and share stories from those who were affected by these atrocities. We can only change as a nation if we understand the severity of our past. We must collectively and individually learn from our history and do better.

See more about the Truth and Reconciliation Commission at <http://www.trc.ca/about-us>.

The following is an excerpt from a statement by The Honourable Jack Layton, MP at the House of Commons, on June 11, 2008.

Today we mark a very significant moment for Canada. It is the moment when we, as a Parliament, as a country, take responsibility for one of the most shameful periods in our history. It is the moment for us to finally apologize. It is the moment when we will start to build a shared future, a future based on equality and built on mutual respect and truth.

It was this Parliament that enacted, 151 years ago, the racist legislation that established the residential schools. This Parliament chose to treat First Nations, Métis and Inuit people as not equally human. It set out to kill the Indian in the child. That choice was horribly wrong. It led to incredible suffering. It denied First Nations, Métis and Inuit the basic freedom to choose how to live their lives. For those wrongs that we have committed, we are truly sorry.

Our choice denied their children the love and nurturing of their own families and communities. It denied children the pride and self-esteem that come from learning one's heritage, language, culture and traditions. In addition to these wounds, they experienced our neglect, inadequate health care, mistreatment and sexual abuse, all of which harmed so many children and even killed some. Because of Canada's policies, those who survived learned to be ashamed of who they are. For these terrible actions, we are sorry.

Though the Commission is over, we have much work to do in our country with regard to reconciliation. Colonization of Canada – including residential schools - has created much individual, collective and intergenerational trauma for Indigenous peoples. We (as individuals and together as a collective) have much work to do.

WHY WE DO LAND ACKNOWLEDGEMENTS

Land acknowledgement is becoming increasingly common these days, however it's important to understand why we do it. Land acknowledgement is about recognizing the damage done by colonizers, historically and in the present day, in stealing the land from Indigenous peoples. It's about recognition of

the hurt and pain that was caused. It's about humbly acknowledging those who have been impacted. It's important that we deeply respect the process of a land acknowledgement and that we don't just spout off words. It's important that we appreciate the deep meaning in what we are saying.

We use these words:

- **Traditional:** we recognize how this land was traditionally used or occupied by Indigenous peoples
- **Ancestral:** land that is handed down from generation to generation
- **Territory:** geographic area traditionally occupied by Indigenous peoples
- **Unceded:** means that the land was never legally signed away to Canada

understanding privilege

In this section we will unpack the privilege that comes with being a part of the dominant culture. We will reference Peggy MacIntosh's article, *White Privilege: Unpacking the Invisible Knapsack*.

the effect of dehumanization on people groups

Dehumanization happens when people are denied the positive human value they deserve. Dehumanization often shows up in language. A common example is comparing a people group to animals or insects. This dehumanization can deeply absorb into the culture and begin to shape the way people are viewed.

newcomers to British Columbia

According to the 2016 Census, 28.3% of B.C.'s population (1,292,675 people) is made up of immigrants. The 2016 Census also tells us that more than 1 in 5 people living in Canada were born outside of Canada. That's a significant amount of our population. It's very important that we honour and humbly respect the many cultures that new Canadians bring with them.

language as humility

It is essential that we realize the power our language has on others. When we think of cultural humility, we need to reflect on our language. One of the best antidotes to dehumanization is changing our language.

It's important that we always remain aware of language in regards to people and cultural groups. Preferred terms shift and change over the years. It can sometimes feel hard to keep up with the changes, but it's important to

approach this with kindness and humility. People directly affected by language choices feel the effects of language very personally.

Language can also impact systemic racism either by adding to it, or by deconstructing it.

In our role as peer supporters, it's important that we remain sensitive to the impact of language.

cultural appropriation

The Cambridge Dictionary defines cultural appropriation as this:

“the act of taking or using things from a culture that is not your own, especially without showing that you understand or respect this culture.”

Cultural appropriation shows up often in art, music, the fashion industry, and well, pop culture in general. When an artist from a dominant culture “steals” a way of creating art from another culture (often without understanding the significance and history of that way), that is appropriation. However, purchasing art directly from an artist who is of that culture, can be seen as cultural appreciation.

In Indigenous cultures, regalia is traditional and sacred clothing and is worn for important celebrations and ceremonies. When people who are not from that culture choose to wear anything resembling regalia as a costume, it is both cultural appropriation and disrespectful to the sacred traditions associated with that clothing.

Intentionality around culturally appropriating language is important as well. Some examples of this are:

- Using the word “pow wow” for a meeting
- Sometimes casually using the word “tribe” for like-minded friend groups can be appropriation
- “Spirit animals” can be very sacred to some Indigenous cultures. When people who don’t understand the significance of spirit animals use this term, it’s appropriation
- Using African American Vernacular English (AAVE) when you’re not black, or using a “Blaccent”

Popular culture is often influenced by other cultures and subcultures. It’s cultural appropriation when a dominant culture steals from a more oppressed culture. For example, when North American style or music is influenced by the U.K. punk music subculture, that’s not appropriation because that culture doesn’t have a history of systemic oppression.

Black Lives Matter (BLM)

In 2013 the Black Lives Matter movement began as a non-violent grassroots protest against police brutality and racially motivated violence. In the summer of 2020 we saw the movement gain more traction through social media, and it has brought greater awareness to the dominant culture of the layers of racism that black people continually have to deal with.

Many people believed that we were living in a post-racial society. Many white people felt that the civil rights movement of the 1960s and 1970s along with desegregation had changed western culture for the better and essentially “fixed what was broken.” There was a popular belief that racism wasn’t as much of a problem today as it was prior to

desegregation. However, we are seeing that those who are a part of the dominant culture are unaware of or ignorant to the effects of systemic racism not because the effects don’t exist but because they simply don’t affect them directly. Racism has felt “quieter” to those who don’t experience it on a daily basis. The Black Lives Matter movement has exposed the reality that systemic racism is far from over.

Just as Canada has a sordid, horrific history with the colonization of this land and treatment of Indigenous peoples, Canada also has a traumatic record in our treatment of black people. Unfortunately these problems are not just in our past. These mistreatments continue to this day.

History does not just stay in the past. History impacts the present and the future; only when we actively unpack it and learn from it can we change course. In this section of the module we will dig into a little of that history, provide

resources for further learning, and examine what we can do individually to be antiracist and to support the collective dismantling of systemic racism.

what can you as a peer support worker do to be more culturally sensitive, aware and inclusive?

1. Challenge your personal understanding of what it means to be culturally aware and sensitive.
2. Pay attention to your judgements and implicit biases.
3. Collaborate with other cultural groups. Get involved. Talk to people.
4. Get consensually and respectfully curious about cultures different than yours.
5. Celebrate other cultures.
6. Choose to dialogue regularly with your team about the importance of being culturally humble.
7. Be aware of the physical environment. Does it reflect cultural sensitivity and diversity, while being aware of cultural appropriation?

“

“We owe the Aboriginal peoples a debt that is four centuries old. It is their turn to become full partners in developing an even greater Canada. And the reconciliation required may be less a matter of legal texts than of attitudes of the heart.” ~ Romeo LeBlanc (Former Governor General of Canada)

“

“No one is born hating another person because of the color of his skin, or his background, or his religion. People must learn to hate, and if they can learn to hate, they can be taught to love, for love comes more naturally to the human heart than its opposite.” ~ Nelson Mandela

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MODULE 6

understanding boundaries & what it means to co-create them

CORE VALUES HIGHLIGHTED:

- **Primary:** Mutuality
- Respect, Dignity and Equity
- Curiosity

MAIN STANDARD OF PRACTICE ASSOCIATED WITH THIS MODULE:

- **Primary:** B. Principles of Supporting Wellness, Wholeness, Recovery and Social Belonging
- A. Peer Specialized Proficiencies

PURPOSE OF MODULE:

Boundaries are an essential part of healthy human connection. The peer support relationship is no exception. When people in a relationship are clear about what is okay, and what is not okay, they have a deeper capacity to build empathy, connect and stay out of resentment. Boundaries and boundary creation within peer support might look different than in other professional roles within the mental health and substance use fields. Mutuality is foundational to peer support, so we will explore how to approach boundary co-creation from the perspective of mutuality.

LEARNING OBJECTIVES:

1. You will be able to recognize the difference between boundaries and ethics (including the Code of Conduct of Peer Support Services).
2. You will be able to integrate a mindset of mutuality in the co-creation of boundaries with the people you support.
3. You will recognize the importance of, and be able to integrate, boundary creation into your personal self-nourishment practice.

Module 6 will include the following topics:

exploring the difference between ethics and boundaries

Ethics are a set of moral principles. They are very firm and need to be honoured at all times. Boundaries are more flexible; they can vary from person to person and from day to day. Simply put, boundaries are a way for individuals to define what is okay and what is not okay. We will explore these concepts in the module.

PEER SUPPORT CANADA'S CODE OF CONDUCT

A code of conduct is similar to a set of ethics. A code of conduct needs to be followed at all times.

We have permission to share the Peer Support Canada Code of Conduct:

- *I will act ethically, according to the values and principles of peer support*
- *I will treat all people with respect and dignity I will respect human diversity and will foster non-discriminatory activities*
- *I will honour the rights, beliefs and personal values of individuals*
- *I will behave with honesty and integrity in providing support to peers*
- *I will respect the privacy of individuals and maintain confidentiality within the limitations of program policies and the law e.g. potential harm to self or others*
- *I will not knowingly expose a peer to harm I will not take advantage of the peer relationship for personal benefit, material or financial gain*
- *I will respect the boundaries of peer support work and will not engage in romantic or sexual relationships with the peers that I support*
- *I will not provide peer support in a manner that negatively affects the public's confidence in peer support*

role clarification and boundaries

Clarity is very important in anything we do. Trying a new recipe that simply lists ingredients without clear instructions on method could result in a big flop. When we aren't clear on expectations and instructions, things can get messy and can easily go off the rails.

In peer support, clarity around roles is essential. When you begin your work in peer support, it's essential that you have clarity around your role and that you're aware of expectations that come with your position. Each organization might approach peer support work differently, so it's important that you get this clarification from your direct employer.

Without this kind of clarity, it's easy for peer support services to morph into the dominant culture of the agency, and the uniqueness of the program can get lost.

This clarity is essential when we consider boundary creation. Understanding your role is the first step in creating boundaries in the workplace. It's hard to know if you should say yes or no to something if you aren't clear on your role.

Many organizations are excited to bring peer support workers onto their teams. Some do so before they have adequately done the work of creating job descriptions, peer support specific policy and procedure manuals, and before they have educated existing clinical staff about peer support and the peer role. You may find yourself in a position where your agency isn't clear about the role of a peer support worker. If that's the case, you may need to speak with a manager or supervisor and request role clarity and support from them to educate your colleagues on the role of a peer support worker.

You may also end up working for an organization where you have or are still receiving services. This is especially likely in smaller communities. It is essential that boundaries are formed and enforced by and with the agency, the staff and you as a peer. Keeping your work and your personal care separate is absolutely non-negotiable. Organizations must create policies to protect your privacy and well-being. If you are noticing boundary problems with that, you will need to speak to a supervisor or manager.

mutuality and co-creating boundaries in the peer relationship

Boundaries in peer support are going to look different than boundaries in the clinical world, because everything we do in peer support is grounded in mutuality. That greatly impacts how we approach boundary setting.

When we think of boundaries as defining what's okay and what's not okay, and we hold mutuality as a core value, then both participants in the peer support relationship get to have a say. Having this conversation at the start is very important.

In this training we recognize the importance of community and connection. Hopefully community is something you have focused on with your own well-being. Community will continue to be important for you as you work in your peer support role.

It is highly likely that you will end up working with or around people with whom you have pre-existing relationships. Or perhaps you run in the same social circles as someone you're supporting. This can add some layers to boundary

creation, and increases the need to co-create boundaries and communicate transparently together. If you have a pre-existing relationship with someone, clarity around this with your supervisor is also important as it could affect the peer relationship. As stated in the Peer Support Code of Ethics, it is never okay to engage in peer support work with someone with whom you are in a romantic relationship.

Some peer support workers have very clear boundaries about things like what they choose to share from their story, their preferred method of communication or from social

media. When certain boundaries are especially important to you, it's essential to be clear about them up front so that there is no room for ambiguity.

If you're a peer support worker who works with different people all the time, then it's important to create your own set of clearly defined boundaries in your work.

SOME TOPICS TO CONSIDER WHEN CO-CREATING BOUNDARIES:

Together with the person you'll be supporting, you will come up with the boundaries you wish to set. The following list provides examples of boundary topics that some peer support workers and the people they support have discussed in boundary creation. (This is by no means an exhaustive list.)

- *Meeting places – where do both of you feel comfortable meeting?*
- *What topics are okay to discuss?*
- *Are there topics that are NOT okay to talk about together?*
- *How will you get in touch with each other?*
- *Are there any forms of communication that are not okay for either of you?*
- *Are there any cultural, religious or spiritual considerations to keep in mind?*

What are some other topics you think would be important to discuss when co-creating boundaries?

peer support and social media

Many people use social media as a form of connecting with others today. It's up to you to decide how social media fits into your work and life. In this section we will dig into some of the complexities of social media. You must be aware of any policies for social media in your workplace

boundaries in communication

Not having clearly defined boundaries can affect communication and connection.

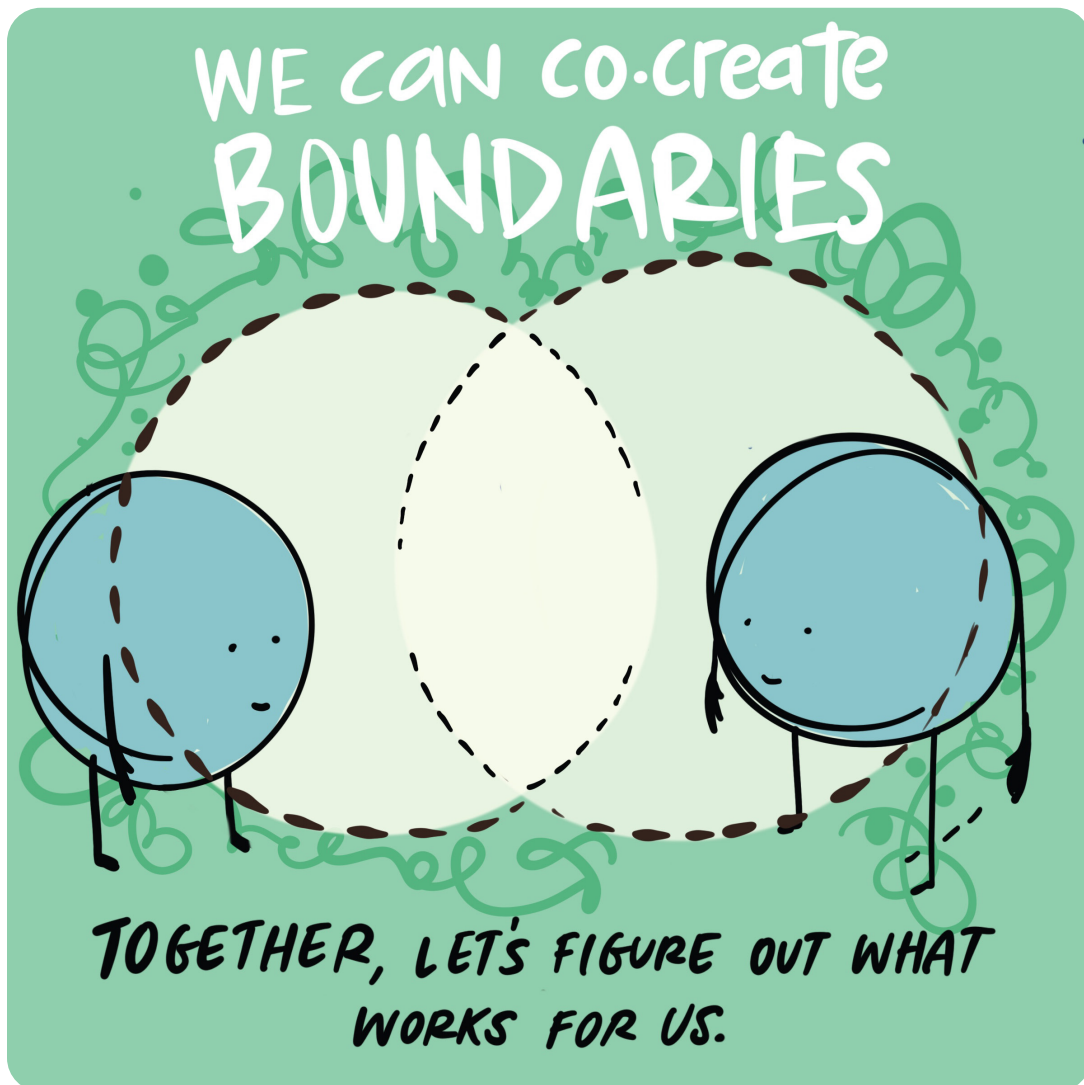
We can't control how the people in your life (including those you will be supporting or working with) will treat you, but you can control your own boundaries.

When boundaries are crossed, there's an opportunity to treat it as a learning opportunity. Most of us have been in relationships where we haven't been clear on our personal boundaries, and the relationship has derailed and fallen apart. Lack of boundaries can show up in things like conflict that can't be managed, disrespectful and rude language,

yelling, or even resentment that comes from doing what we perceive as "too much."

If the relationship isn't working for both people involved, then it's just not working. Boundary clarification is essential to relationships. Talking about boundaries, even if it's awkward, keeps the relationship healthy and on track.

Sometimes we find ourselves working with people who consistently cross or disregard our boundaries, and we begin to feel unsafe. At that point, it may be important to talk to a supervisor and plan to step away from the relationship for a time, or permanently.



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MODULE 7

connection & communication

CORE VALUES HIGHLIGHTED:

(For this module all of the core values are applicable, but we will highlight the top few.)

- **Primary:** Belonging and Community
- Curiosity
- Acknowledgement
- Self-determination

PURPOSE OF MODULE:

As we talked about in the first module, human beings are inextricably interconnected. Yet today our society is hyper-individualistic, and we are facing an epidemic of loneliness.

In this training module, we will focus on cultivating compassion and empathy, listening deeply to understand, and asking powerful questions to increase reflection and connection. These topics are foundational to good communication. We will weave in content from previous modules around worldview, self-determination, cultural humility, co-creation of boundaries and creating safety in connection.

LEARNING OBJECTIVES:

1. You will observe and assess your listening skills, and practice new ways to strengthen your capacity to listen.
2. You will demonstrate the importance of caring, curiosity and mindful presence in communication with others.
3. You will be able to distinguish the differences between compassion and empathy, how they interconnect, and be able to further integrate both into your practice as a peer support worker.
4. You will create and develop a way to share your personal story of struggle and hope in a way that creates connection with the people you support.

MAIN STANDARD OF PRACTICE

ASSOCIATED WITH THIS MODULE:

- **Primary:** D. Facilitating Communication and Connection
- B. Principles of Supporting Wellness, Wholeness, Recovery and Social Belonging

We will look at how to reduce the fear and shame that can come with disconnection and conflict, and what to do when they occur. As human beings we aren't perfect, and conflict and disconnection are bound to happen at some point in all of our relationships. Shifting our mindset to look at those instances as opportunities to connect on a deeper level can be an antidote to shame and deeper disconnection.

We will look at harnessing the electricity of connection. We will tap into the magic that comes when we approach relationship with possibility, compassion and a desire to understand.

Module 7 will include the following topics:

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“Most people do not listen with the intent to understand; they listen with the intent to reply.” ~Stephen R. Covey

“Listening is about being present, not just about being quiet.” ~Krista Tippett

listening to understand

In a conversation where both people are only concerned about what they want to say, and neither make understanding the other person a priority, then both are left feeling unheard and unseen. Deep connection can only happen when we focus on listening. Can you think of a past conversation you had with someone when you walked away still feeling very alone and unheard? When we're listened to, validated and heard, we feel a connection.

This section will include a listening self-assessment.

COMPASSIONATE CURIOSITY – ASKING GOOD QUESTIONS

One of the best things we can do within relationships is foster curiosity. Curiosity is powerful for so much of our well-being, and it definitely plays a role in connection and communication.

Some benefits of cultivating curiosity:

- Curiosity calms the nervous system
- Curiosity supports us to seek out new possibilities
- Curiosity is the antidote to a fixed mindset. It supports us in thinking differently and more mindfully while shifting our perspectives
- Curiosity supports us to challenge our assumptions and biases
- Curiosity encourages us to get to know other people better

Learning to ask powerful questions is important to peer support work. When we ask good questions, we're helping

someone to tap into their inner wisdom and reflect in a new way. When we ask questions rather than give advice, we're acknowledging that we don't in fact have the answers.

When we talk about curiosity, we want to make sure that we're clear on the purpose of our questions. If we're asking to satisfy a self-focused curiosity or our own desire for information, it's best to withhold those types of questions. We need to ask ourselves:

- Who is this benefiting from this question?
- Is this question supporting the person to engage in self-reflection?
- Does this question support connection?

After reflecting a little on these things, we can assess if it's still a good idea to ask the question.

practicing presence

Often, we can find ourselves sharing space with someone, but we're miles away thinking about something else. When this happens, the other person can usually tell, and it creates a disconnect.

In this section we explore what it means to practice presence, and what we can do to prepare ourselves prior to seeing people so that we can be actively present with them.

staying peer and avoiding over-relating

Peer support is all about relationship and building connection through shared lived experience. As we have mentioned before, it's important that peer support workers don't slip into a more clinical role, as that affects the mutuality of peer support.

It is really important to remember that though we have commonalities, none of us will experience life in the same way. We need to create space in our connection for exploring the unknown, without assumptions getting in the way. When we say things like, "I know exactly what you're going through," we negate someone's unique individual experience, and perhaps make them feel unheard and

unknown. While we might say such things thinking they show understanding, we're actually doing the opposite; we are unintentionally choosing not to listen fully to the other person.

Intentionally sharing one's story and experience is an important aspect of peer support work. When doing so, we need to be aware of how much we're sharing, and how that sharing can turn into advice-giving. When we remind ourselves to be aware of our worldview, assumptions and biases, and when we honour the principles of self-determination, we are more apt to stay peer, and avoid advice-giving.

connection, disconnection & reconnection

Connection is the goal of peer support. Earlier, we mentioned the electricity of human connection; we need energy to flow in a circuit between both people for real connection to occur.

Sometimes something gets in the way of that energy flow, and **disconnection** happens. Disconnection can come from a misunderstanding, miscommunication or simply from one person becoming distracted. When this happens it's important that we acknowledge the disconnect, and work towards reconnection.

Reconnection happens when we intentionally address the disconnect and seek connection again.

SAFETY IN COMMUNICATION & CONFLICT

In the trauma-informed care module, we cover the importance of creating a sense of safety. This section will dig into what safety looks like in communication, especially with potential conflict.

We will look at reframing conflict to think of it as working with disconnection. Instead of conflict resolution, we will redefine it as conflict transformation.

CHECKING OUR PERCEPTIONS IN COMMUNICATION

It is very easy to misunderstand each other. Since we all can't help but filter what we hear through our own worldview, we can unknowingly misinterpret the meaning of someone else's words, and our communication gets lost. The goals of peer support are connection and building relationship, so it's essential that we check our perceptions when we communicate with others. When we're mindful of our own perceptions, we reduce the opportunity for disconnection. We can do this through paraphrasing and asking for clarification.

communication basics: OARS & non-verbal communication

In this section, we will look at the OARS method of communication.

This method comes from a book and model for supporting people called Motivational Interviewing: Preparing People for Change by W.R. Miller and S. Rollnick.

OARS stands for:

- O – Open Ended Questions
- A – Affirmation
- R – Reflection
- S – Summaries

We will also look at non-verbal communication to be aware of (and note cultural aspects to non-verbal communication):

- Eye contact
- Body language
- Gestures
- Facial expressions
- Touch
- Personal space

These non-verbal cues are based on the assumption that someone is neurotypical. People who are neurodiverse will have a different non-verbal communication style. Other cultures will also have different non-verbal communication. It's always best to hold this concept lightly, with acceptance, knowing that not everyone fits into the same box.

telling your story to support connection

Why do we share our story and our experiences in peer support? It's always about building connection and relationship.

In this section we will explore:

- Storytelling from the framework of building connection
- The role of hope in sharing our stories
- The need to avoid sharing potentially triggering details of traumatic events
- Discerning what is safe for you to share, and what you would prefer to keep private
- Navigating the risks of over-relating

empathy and compassion

Empathy and compassion often get lumped together. They are similar, and there is some crossover, but they are also different.

EMPATHY

In her book *I Thought It Was Just Me (But It Isn't)* (2008), Brené Brown references nursing scholar Teresa Wiseman's four attributes to empathy:

1. The ability to see the world through another person's perspective
2. Staying out of judgement
3. Paying attention to, and doing our best to understand another person's emotions
4. Communicating your understanding of that person's feelings

COMPASSION

Compassion always involves a desire for action. While we first need to see someone's suffering, compassion is about channeling our empathetic feelings into action. Compassion taps into common humanity and the fact that we all have a deep understanding of what it means to suffer. Since we have an understanding of personal suffering, when we experience compassion we are motivated to reach out to someone in pain or struggle, and to support the alleviation of their suffering.

SELF-COMPASSION

Self-compassion is about choosing to see and acknowledge our own suffering. It's about offering a compassionate response to our suffering, instead of blaming or judging ourselves or letting our inner critic beat us up.

digital communication

Today much of our communication occurs in digital spaces. This section will look at what good communication looks like online, and offer strategies to manage it.

obstacles to communication & strategies to deal with them

When we think of communication, we liken it to connection. Most of what we've covered so far builds connection. However, there are still some potential barriers to consider:

We will spend a bit of time exploring those barriers to building connection:

- Jargon and abbreviations
- Talking too much
- Devices/phones and texting
- External noise
- Your energy level
- Shame/embarrassment/defensiveness
- Lack of focus
- Unspoken expectations or boundaries
- An unsafe environment

having fun together!

Fun, laughter and play are very important parts of the human experience. Experiencing these things with someone else increases connection. Children engage with fun and play very easily, but as we age we often stop prioritizing fun and play.

Also as you know, when one is deep in suffering and despair it's hard to have fun or access a sense of playfulness.

This section will be all about the importance of building moments of fun, laughter and play into our work, and the science that backs this up.



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MODULE 8

healing-centred connection: principles in trauma-informed care

CORE VALUES HIGHLIGHTED:

- **Primary:** Respect, Dignity and Equity
- Acknowledgement

MAIN STANDARD OF PRACTICE ASSOCIATED WITH THIS MODULE:

- **Primary:** Collaboration and Ethical Practice
- B. Principles of Supporting Wellness, Wholeness, Recovery and Social Belonging

PURPOSE OF MODULE:

Trauma is pervasive. As peer support workers, we serve with the assumption that most people are coming to the table with a history of trauma. People are also more likely to experience retraumatization when they feel unsafe. For this reason, it is essential that we create safety and offer predictability and choice when we support people. In this

module we bring together all the learnings from previous modules to support the creation of environments and relationships that are safe and trauma-informed. When we do, we support the calming of the nervous system, which allows people the safety and capacity to heal and grow.

LEARNING OBJECTIVES:

1. You will be able to define and articulate clearly what it means to be trauma-informed and the importance of putting it into practice.
2. You will be able to identify key components of trauma-informed care and their application in clinical and community settings.
3. You will be able to examine and articulate the impact of trauma on health, and learn simple practices that support the calming of the sympathetic nervous system.
4. You will be able to discuss and integrate healing modalities into your practice that support post-traumatic growth and resilience building.

definition of trauma-informed care

When an organization is trauma-informed it means that everyone working there understands the pervasiveness of trauma, and serves everyone as though they have a trauma history.

From SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach* (2014), trauma-informed systems:

- REALIZE the widespread impact of trauma and understand potential paths for healing
- RECOGNIZE the signs and symptoms of trauma in clients, staff, and others involved with the system
- RESPOND by fully integrating knowledge about trauma into policies, procedures, practices and settings
- Actively RESIST RETRAUMATIZATION

Substance Abuse Mental Health Services Administration (SAMHSA) of the USA also identifies the following six principles of a trauma-informed approach:

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical and Gender Issues

trauma and its impact on health

Help.org defines trauma this way:

Traumatic experiences often involve a threat to life or safety, but any situation that leaves you feeling overwhelmed and isolated can result in trauma, even if it doesn't involve physical harm. It's not the objective circumstances that determine whether an event is traumatic, but your subjective emotional experience of

the event. The more frightened and helpless you feel, the more likely you are to be traumatized.

The Adverse Childhood Experiences (ACE) study was a longitudinal study funded by the United States Center for Disease Control, and Kaiser Permanente. They examined the patterns of adverse childhood experiences, and later life well-being. More than 17,000 people were recruited in

the mid-nineties for the study and they have been followed ever since. The study has proven that there is a significant link between adverse childhood experiences and health and social issues in adulthood.

Here, we will examine the parasympathetic and sympathetic nervous systems and the physiology of trauma.

the vagus nerve

The vagus nerve is the longest nerve in your body, and plays an important role in your nervous system function. It runs from the brainstem to the colon. Here is a very simple explanation of a very complex system: the vagus nerve is the main component of the parasympathetic nervous system. The parasympathetic nervous system is in charge of restoring and rebuilding the internal body.

There are things we can do to stimulate the vagus nerve. Stimulating the vagus nerve can support a calming in our body and can shift the body away from a stress response. The following are some things that can stimulate the vagus nerve:

HUM: The vagus nerve passes by the vocal cords, so humming stimulates the nerve.

PRACTICE DEEP BREATHING: The breath is the fastest way to stimulate the nerve.

MOVEMENT: Stretching, yoga and movement tones the vagus nerve.

EXPOSURE TO COLD: Sympathetic nervous activity declines in the cold, so something like a cold shower, splashing cold water on your face stimulates the nerve.

intergenerational trauma

Unprocessed trauma can be passed down from generation to generation. This can occur in families, and it can have a huge collective effect on society as a whole.

We see this very clearly with the impact of colonization on Indigenous people. Today, many people continue to be greatly impacted by this long-standing trauma.

Likewise, the trauma of slavery in the U.S. and Canada has, over centuries, morphed into the trauma of an insidious

systemic racism that the Black Lives Matter movement is working to dismantle.

As we look at intergenerational trauma, we learn how trauma can alter human DNA. Trauma can leave a mark on our genes, which can be passed down from generation to generation.

the importance of safety, predictability and choice in our peer support interactions

In your work as a peer support worker, it is essential that in everything you do and say, you maintain an awareness of the need to create safety for the person you are supporting, and to offer them predictability and choice.

Some specific examples of maintaining this awareness of safety, predictability and choice are:

- Offering options and choices in everything you do
- Staying aware of how safe the person feels – make sure to ask
- Letting people know ahead of time if there is a change with a meeting

resilience & healing: strengthening the roots of well-being

Though the effects of trauma are pervasive, complex and deep, there is much room for healing. Today we know of many modalities that support the deep healing of trauma. **It's important to remember that trauma therapy should only be done by people who are trained in supporting people through trauma. It is a very specialized type of training. It can be dangerous for someone who is untrained to try to counsel someone through unpacking their trauma.*

However, there ARE some things you can share with the people you work with:

1. **Creating safety:** physical and psychological safety is paramount – what can someone do to support feeling safe?
2. **Telling the story:** Getting the story out can be very healing. Provided that both of you feel safe. If you don't feel safe hearing someone's story, be clear on that. If the person you are working with doesn't feel safe sharing, please respect that.
3. **Noticing ineffective coping patterns:** mindfully paying attention to old coping patterns with the intention of deliberately choosing to shift them .

4. **Self-soothing:** in a time of stress actively choosing a wellness tool that engages the senses (*which brings us into the present moment*), such as deep breathing, stretching, drinking a favourite tea or smelling a calming scent (plants, essential oils, etc.).
5. **Cultivating a calm nervous system:** reducing stress through techniques such as mindfulness, deep breathing, yoga, meditation, etc.

In his article *The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement* (2019), Shawn Ginwright says:

...just like the absence of disease doesn't constitute health, nor the absence of violence constitute peace, the reduction pathology (anxiety, anger, fear, sadness, distrust, triggers) doesn't constitute well-being (hope, happiness, imagination, aspirations, trust). Everyone wants to be happy, not just have less misery. The emerging field of positive psychology offers insight into the limits of only "treating" symptoms and focuses on enhancing the conditions that contribute to well-being.

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MODULE 9

social determinants of health

CORE VALUES HIGHLIGHTED:

- **Primary:** Respect, Dignity and Equity
- Belonging and Community

PURPOSE OF MODULE:

As a society we can have a simplistic view of health. However, we know that many complex social factors have a significant impact on a person's overall wellness. Many peer support workers have also been personally affected by social determinants of health.

Understanding the social determinants of health equips peer support workers to understand and have empathy for others, and also serves as a guide in advocacy efforts.

The Government of Canada has listed the following 12 factors as key Social Determinants of Health:

1. Income and social status
2. Employment and working conditions
3. Education and literacy

LEARNING OBJECTIVES:

1. You will be able to recognize and recall the Government of Canada's identified 12 Social Determinants of Health.
2. You will be able to explain how the complex social factors, including but not limited to economic status, social status, culture and gender, affect health outcomes and health disparity.
3. You will be able to demonstrate awareness of how these determinants of health create inequalities in our communities.
4. You will explore and compile effective local strategies that are working towards improving systems and creating equity for people.

MAIN STANDARD OF PRACTICE ASSOCIATED WITH THIS MODULE:

- **Primary:** C. Diversity, Inclusion, and Equity
- Collaboration and Ethical Practice

4. Childhood experiences
5. Physical environments
6. Social supports and coping skills
7. Healthy behaviours
8. Access to health services
9. Biology and genetic endowment
10. Gender
11. Culture
12. Race/Racism

Connection and relationship remain the overarching purpose of peer support. It isn't uncommon, however, for many peer support workers to find themselves sometimes in an advocacy role. This module is particularly useful for these experiences in peer support work.

overview of all 12 Social Determinants of Health (or SDOH)

These determinants come directly from the Government of Canada.

1. INCOME AND SOCIAL STATUS

The higher a person's income and social status, the better their health will be.

2. EMPLOYMENT AND WORKING CONDITIONS

People who are unemployed or underemployed are less likely to be healthy. Also, those who work in environments that are unsafe have extra barriers to health. These situations affect us both mentally and physically.

3. EDUCATION AND LITERACY

People who have a higher socioeconomic status are more likely to have post-secondary educational opportunities, and be able to earn degrees and certifications, which increases their determinants of health.

4. CHILDHOOD EXPERIENCES

Childhood development sets people on a path towards good health or poor health, enhanced or decreased well-being. Consider the ACE study. People who have adverse childhood experiences are at a greater risk for health issues in adulthood.

5. PHYSICAL ENVIRONMENTS

Exposure to unsafe levels of contaminants through water, food and soil can negatively affect health. Housing, transportation and access to resources also have a huge impact on health.

6. SOCIAL SUPPORTS AND COPING SKILLS

High levels of support from family, friends and communities are associated with better health outcomes. Community and belonging are recognized as being important determinants of health. When people have communities that are stable, diverse, safe, and cohesive, one's overall health is enhanced.

Practices that support disease prevention and promote self-care, including coping with adversity and developing self-reliance, all support people's overall health. However, it's important to recognize that personal life "choices" are hugely influenced by the socioeconomic environment; some people do not have options for engaging in these practices.

7. HEALTHY BEHAVIOURS

Our behaviours greatly affect our health. The resources available to us will be drastically different for everyone. Some people who are affected by many of the social determinants of health will have less resources available to them. This affects everything from food choices to leisure and activity options.

8. ACCESS TO HEALTH SERVICES

Those who have access to healthcare services and have the funds to pay for services that are not free, will be healthier than those who can't access services.

9. BIOLOGY AND GENETIC ENDOWMENT

Genetic endowment can predispose people to particular diseases or health problems.

10. GENDER

Society tends to link different personality traits, attitudes, behaviours, values and levels of power and influence to gender. These societal norms have a big impact on one's health in the way the healthcare system offers treatment.

From Chapter 2 of *The Chief Public Health Officer's Report on the State of Public Health in Canada 2012* – Sex, gender and public health:

Socio-economic factors can contribute to inequalities in health outcomes not only between women and men, but among and between different groups of women and men. These factors can influence opportunities for good health and well-being

Consider gender outside of the binary confines of male and female. Life can be increasingly complex for those who are outside of cultural gender norms. Discrimination and prejudice are major issues that affect one's overall health for those who are Two-Spirit, transgender, and non-binary.

11. CULTURE

People who identify with cultures outside of the dominant culture of Canada can feel marginalized. They can often face stigmatization and are not able to receive culturally appropriate services.

12. RACE/RACISM

Many people of colour face barriers due to racism embedded in our healthcare systems. Paying attention to the prevalence of racism and discrimination in our society and our systems today, and doing what we can to challenge them is essential.

From the Canada.ca website, "*Experiences of discrimination, racism and historical trauma are important social determinants of health for certain groups such as Indigenous Peoples, LGBTQ and Black Canadians.*"

What do you think is missing from the list above?

Let's consider the following:

- Indigenous culture, and the Truth and Reconciliation Commission
- Disability and the UN's Convention on the Rights of Persons with Disabilities
- Food insecurity
- Homelessness
- Substance use issues
- Decolonization: Since the dominant society reflects a Eurocentric attitude, it is essential that we dig deeper into these SDOH to understand and decrease discrimination.

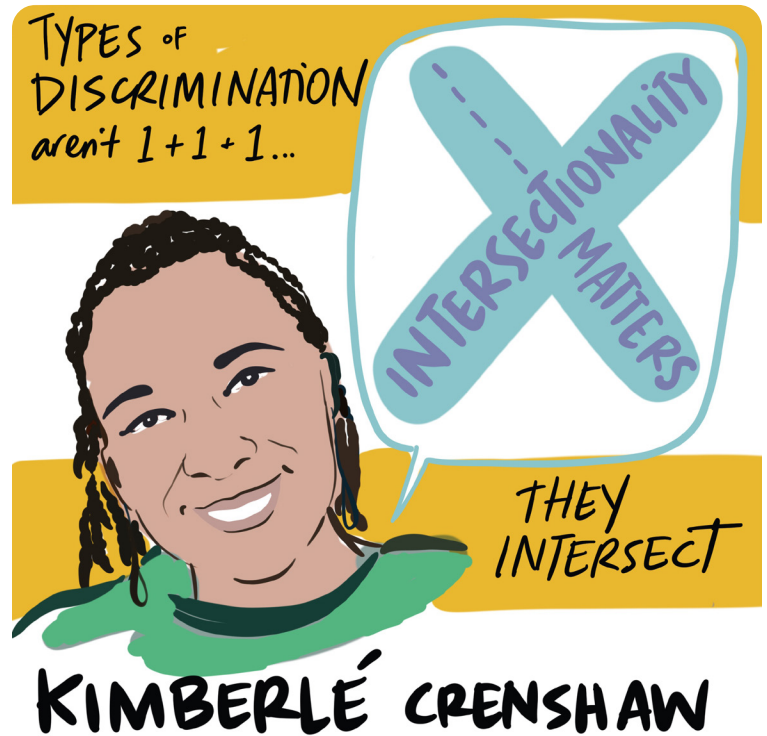


intersectionality

In 1989, lawyer and civil rights activist Kimberlé Crenshaw wrote a legal paper entitled, *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Anti-Racist Politics*.

The term intersectionality came from that paper; the word's meaning can be difficult to define, and has evolved over the years. Crenshaw wanted to explore how people's social identities overlap. In 1989, she coined the term to describe when a black woman faced overlapping systems of oppression and discrimination – to describe the intersection of gender, race and class.

Today the term is used to illustrate intersection overlapping types of oppression and discrimination such as gender, race, age, class, socioeconomic status, physical or mental ability, gender or sexual identity, religion and ethnicity



poverty

We know that a socioeconomic issue like poverty can affect many things in our lives, including:

- A. Housing
- B. Access to food, and food insecurity
- C. Education
- D. Access to non-essential health care (dental & medication)
- E. Child care
- F. Work opportunities

However, wealth and poverty aren't the only social determinants of health. Many other aspects of life affect our overall health.

Many people who are LGBTQ2+ still experience discrimination and stigma. Policies and governance are slowly changing, but many big policy changes have only begun in the last few decades. As a result, many people are experiencing an intersectionality of discrimination that affects their health and wellness. Some still have to fight to have their basic rights met.

Here are some terms defined:

ASSIGNED SEX refers to the biological characteristics used to classify people into the categories of male, female or intersex. It refers to the physical elements of our bodies, including features like genetics, hormones and internal and external sexual anatomy, and is often assigned at birth. Being intersex means that someone has natural variations in their physical sex development, which is different from being trans (related to gender identity).

GENDER EXPRESSION is the way someone expresses their gender to the outside world. This shows up in behaviour, clothing style, hairstyle and sometimes through pronouns and name, etc.

GENDER IDENTITY is a person's internal and individual sense of being a woman, a man, both, neither or something entirely different (as described below). A person's gender identity may also be affected by social, emotional, cultural, spiritual elements of their life. Examples of gender identities include:

- **TRANSGENDER OR TRANS:** when someone's gender identity differs from their assigned sex at birth
- **NON-BINARY:** when someone's gender identity exists beyond, between or outside of "man or woman." Some people may use terms like gender non-conforming, genderfluid, genderqueer, agender, bigender, pangender and many other terms

Remember, there is no one way to "look trans" or "look non-binary" – trans and non-binary people can express their gender in a wide variety of ways, and may or may not seek gender-affirming medical or surgical care.

- **CISGENDER OR CIS** is when someone's gender identity aligns with their assigned sex; not trans. Cis people also express their gender in a wide variety of ways.

SEXUAL ORIENTATION refers to who someone is attracted to sexually, romantically and/or emotionally. Examples of sexual orientations are: queer, asexual, bisexual, pansexual, lesbian, gay and heterosexual/straight, among others.

TWO-SPIRIT: Pre-contact, many Indigenous communities acknowledged more than two genders. Through the residential school system and other colonial practices and institutions (e.g., medicine, language, law, economics, religion, government, etc.) there was an attempted erasure of these genders and of the language that described them, and an enforcement of a Western European patriarchal gender binary. Today, Two-Spirit is a term used by some Indigenous people and communities that can encompass cultural, spiritual, sexual and gender identities. Often, being Two-Spirit is connected to specific roles and responsibilities within a community. While some Indigenous people who hold diverse sexual and gender identities consider themselves Two-Spirit, others may have terms in their own traditional languages, or identify themselves as LGBTQ+ and Indigenous, Indigiqueer, or use multiple terms.

Remember too that some people choose not to label themselves at all, and it is important that we respect that.

PRONOUNS

We want to be respectful of each individual's identity, and part of that means asking them for their pronouns (e.g., she/her, they/them, he/him, etc.). Using pronouns we aren't used to using will require much intentionality and practice, but just like learning a new language, when you put in the time and energy, it will become second nature and will begin to flow more naturally for you.

When you mess up someone's pronoun, simply correct yourself and move on. If you make a big deal of the mix-up by over-apologizing, it centres you. When you centre yourself in situations like these, you could be unintentionally asking for emotional support from the person to whom you are speaking.

stigma, discrimination & prejudice

PREJUDICE IS: A preconceived opinion that is not based on reason or actual experience.

DISCRIMINATION IS: The unjust or prejudicial treatment of different categories of people or things.

STIGMA IS: A mark of disgrace associated with a particular circumstance, quality or person.

TYPES OF STIGMA:

- **Public stigma:** the way the public perceives any mental health/substance use issue
- **Self-stigma:** when someone internalizes the stigma of the dominant culture
- **Stigma by association:** when family members and friends feel the effects of public stigma for their loved one

social justice & advocacy

The role of a peer support worker is to build connection and relationship with the people you support. Often that includes community connections and inclusion. In these settings, you may find yourself advocating for the peer you are supporting. Peer support as a movement often finds itself at the intersection of service, systems change, and social justice.

As a peer support worker, you're in a position to walk alongside those you are supporting, and to assist them in advocating for the services they need. The goal is always to encourage the people we support to self-advocate, but self-advocacy is a skill that must often be learned. It's such a great thing to have a peer walking alongside when one is learning how to self-advocate.

As you engage in this work, you have the opportunity to examine and challenge any biases you have with regards to any of the social determinants of health discussed above.

You also have the opportunity, in partnership with the agency you work for, to advocate on a higher level for overall systems change. That may be within the mental health and substance use systems, or perhaps even pursuing change on a provincial or federal level.

There is much we can do to change the systems that we live and work within when we learn how to use our voices and speak up with and for those who are marginalized.

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MODULE 10

supporting someone who is grieving

CORE VALUES HIGHLIGHTED:

- **Primary:** Acknowledgement
- Self-determination

PURPOSE OF MODULE:

Grief is something that most human beings experience at some point in our lives, yet most of us are ill-equipped to support someone who is grieving. This module will take a broad look at the impact of loss and trauma, and the process of grief that accompanies them. As people in a supporting role, we can't fix someone's grief; there is no magic wand that will take away someone's pain. So we will look at how we can come alongside someone and hold space for them as they navigate their own healing road for themselves.

LEARNING OBJECTIVES:

1. You will be able to explain and express that there is not one right way to manage grief.
2. You will demonstrate recognition, respect and humility for the different ways people process their grief and loss. This includes religious and cultural differences.
3. You will demonstrate an understanding of the importance of holding space together with someone who is grieving.
4. In western culture, most of us are not taught to sit with pain; rather, we often want to fix it and take the pain away. You will be able to see, acknowledge and challenge the desire to "save" someone from their grief, and become equipped to sit with the discomfort.

MAIN STANDARD OF PRACTICE ASSOCIATED WITH THIS MODULE:

- **Primary:** B. Principles of Supporting Wellness, Wholeness, Recovery and Social Belonging
- A. Peer Specialized Proficiencies

We will also explore collective grief and trauma. We experience this in smaller communities, for example, when we face the untimely death of a community member. In mental health and substance use, we see this when people we know and care about die from suicide or overdose. We can also experience grief, loss and trauma on larger scales – nationally or even globally. We see collective trauma and grief in situations like the COVID-19 pandemic as well as global events like the terrorist attacks of 9/11 and the escalating Islamophobia that followed.

understanding loss

Over a lifetime, most human beings experience many losses. The losses can range from minor inconveniences to significant traumas that can impact the rest of one's life. Loss and trauma can certainly intersect. Something is traumatic when we feel a loss of control, a sense of isolation and an overwhelming of our ability to cope; we feel an impact on our physical, emotional, psychological or spiritual health.

Some examples of losses are:

- Diagnosis of an illness
- Death
- Dealing with a chronic disease
- Witnessing a crime
- Experiencing a natural disaster
- Loss of job or career
- Loss of child custody
- Divorce or loss of relationship

A lot of us never learn how to support someone in their grief. It can be very uncomfortable to face the discomfort we feel when we're unable to fix the loss or change the situation that someone we care about is facing. The truth is that we can't fix someone who is grieving. We can't fix the grief or remove the pain. As much as we wish we could, we are unable to change the situation.

When the people we support are experiencing grief and loss, our role as peer support workers is to come alongside and hold space for them.

AMBIGUOUS LOSS

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“Everyone experiences ambiguous loss if only from breaking up with someone, or having aging parents or kids leaving home. As we learn from the people who must cope with the more catastrophic situations of ambiguous loss, we learn how to tolerate the ambiguity in our more common losses in everyday life.” ~Pauline Boss

Ambiguous loss is a term coined by researcher Pauline Boss to describe a kind of loss that lacks certainty or resolution.

Ambiguous loss is complicated; since there is so much unknown in these situations, the grieving process seems to freeze, or get stuck, for many people. It's like being in grief limbo.

In her book *Ambiguous Loss: Learning to Live With Unresolved Grief* (2000), Pauline Boss says:

Ambiguous loss makes us feel incompetent. It erodes our sense of mastery and destroys our belief in the world as a fair, orderly, and manageable place. But if we learn to cope with uncertainty, we must realize that

there are differing views of the world, even when that world is less challenged by ambiguity . . . If we are to turn the corner and cope with uncertain losses, we must first temper our hunger for mastery. This is the paradox.

Ambiguous loss is something that everyone can experience. Within family peer support, ambiguous loss will be very present since many people's loved ones will be in the midst of their struggle, often with no end in sight. One can begin to feel hopeless and lost due to the lack of certainty. We

will explore how we can support family members as they continue to live with this not-knowing.

We will examine the two primary categories of ambiguous loss Boss identified: Physical absence with psychological presence, and psychological absence with physical presence.

We will discuss how we as peer support workers can support others experiencing ambiguous loss.

waves vs. stages: unpacking old paradigms of cycles of grief

Many people today use Elizabeth Kübler-Ross' model of the Five Stages of Grief to support people who are grieving. However, Kübler-Ross originally wrote the five stages of grief for people who were given a terminal diagnosis, as a journey toward acceptance of the diagnosis. It was not written for people who were experiencing grief and loss outside of the journey after receiving a terminal diagnosis.

When she herself was dying, Kübler-Ross acknowledged that the process of grief isn't linear for many people. Instead, grief and healing from loss tend to be processed in waves. There's no standard formula or timeframe for healing, and some losses will always be felt. Some losses change us and we adapt, but we will never be the same.

collective grief

COMMUNITY LOSS

Some losses we face as a community, like when we lose people within our communities whom we care about. There can be an extra element of trauma when the loss stems from a suicide or an overdose.

In community losses, there's a need for the community to come together to process pain collectively. As a peer support worker, you may find yourself in a position of facilitating an opportunity for your community to come

together to grieve. If you feel unable to manage this due to your own grief, you might be in a position to advocate for your employer to offer that support. Often when tragedies impact an organization, counsellors or therapists are brought in to support people affected.

Regardless of the formal support available, it's important to create opportunities to come together, share stories and grieve after community losses; these are key to healing.

GLOBAL LOSS DUE TO THE COVID-19 PANDEMIC

In 2020 onwards, we face another kind of loss and global trauma with the COVID-19 pandemic. Every human in the world is facing a loss that is affecting them in one way or another. It's important to talk collectively about the various losses people are facing.

Throughout the pandemic we have seen an increase in overdose deaths. Due to ongoing isolation, many people are struggling with increased anxiety and depression. Not to mention the psychological effects on people who are directly dealing with the COVID-19 virus itself.

TRAUMATIC GLOBAL EVENTS

In addition to the collective losses listed above, we also experience global events that are traumatizing. Natural disasters bring collective loss – such as the wildfires in Fort McMurray or the Thailand tsunami.

The terrorist attacks of September 11, 2001 had a huge impact on many people. It was a pivotal moment in the world, and much tragedy and loss stemmed from that event. In situations like that, it's so essential that we grieve together as a society. When we pause and take the time to grieve, we're able to proceed in a more thoughtful way. When we don't allow ourselves time or space to feel our feelings of loss, sadness, and grief we are more likely to move forward in a way that is fueled by anger and a desire for vengeance.

In her book *See No Stranger: A Memoir and Manifesto of Revolutionary Love* (2020), Valarie Kaur talks about collective grief in regards to the events of September 11, and the aftermath of racist attacks that followed:

We come to know people when we grieve with them through stories and rituals. It is how we can build real solidarity, the kind that points us to the world we want to live in—and our role in fighting for it. . . . America's greatest social movements—for civil rights, immigrants'

There can be a tendency to tell people to “pull themselves up by their bootstraps,” however those kinds of platitudes are never helpful or effective. It's important to feel our feelings, as that's the only way to process them. Coming together to process the pain, support each other and brainstorm coping strategies are all helpful for individuals and communities.

rights, women's rights, union organizing, queer and trans rights, farmworkers' rights, indigenous sovereignty, and black lives—were rooted in the solidarity that came from shared grieving. First people grieved together. Then they organized together. . . . When people who have no obvious reason to love each other come together to grieve, they can give birth to new relationships, even revolutions. (Kaur 2020)

Canada's Truth and Reconciliation Commission existed with the purpose of acknowledging the truth of Canada's terrible history through the sharing of people's stories and experiences. The goal of the Commission was to support the ongoing need to tell and hear the truth about the horrible acts of colonization in order to create opportunities for reconciliation. Acknowledging the pain that was caused is always the first step in any reconciliation process.

The consumer/survivor movement, which birthed the grassroots peer support movement, also began as an opportunity for people to come together to grieve and support others who had experienced the same systemic oppression. Those early gatherings were the birth of a movement that has essentially made this training and work possible.

supporting someone who's grieving

In her book *It's Okay That You're Not Okay: Meeting Grief and Loss in a Culture That Doesn't Understand* (2018), Megan Devine says:

The reality of grief is far different from what others see from the outside. There is pain in this world that you can't be cheered out of. You don't need solutions. You don't need to move on from your grief. You need someone to see your grief, to acknowledge it. You need someone to hold your hands while you stand there in blinking horror, staring at the hole that was your life. Some things cannot be fixed. They can only be carried.

We can feel helpless and lost when we're supporting someone who's grieving.

That sense of helplessness can sometimes fuel a felt need within us to do something to alleviate the person's suffering. This desperation within us can cause us to say things that come from a good place, but can be hurtful to the person experiencing grief.

Our role is not to be a cheerleader.
We are there simply to be a support.
Don't try to fix that which can't be fixed.
Don't try to cheer someone out of a
grief that must be felt.

We humans tend to be quite uncomfortable with pain. We can especially have a very hard time sitting with someone else's pain. We want to fix it, provide some relief for them. As a result of our discomfort we find ourselves trying to push people along in their grief before they're ready. We can feel a desire to be a "cheerleader."

Being a cheerleader means that we aren't necessarily engaged with the person, but instead are focused on cheering them up or cheering them on from the sidelines, like an observer. We can find ourselves offering platitudes and cheers, thinking that we're supporting someone to move forward. However, when we're really honest with ourselves, the desire to fix comes from a need to ease our own discomfort. Sharing a platitude like "everything

happens for a reason" does more to dismiss someone's pain, than to alleviate it or support them through it. The truth is that pain from grief and loss is not fixable by someone else, especially from someone simply cheering another person on. Some pain is just not fixable, and we need to do our own work to deal with that discomfort.

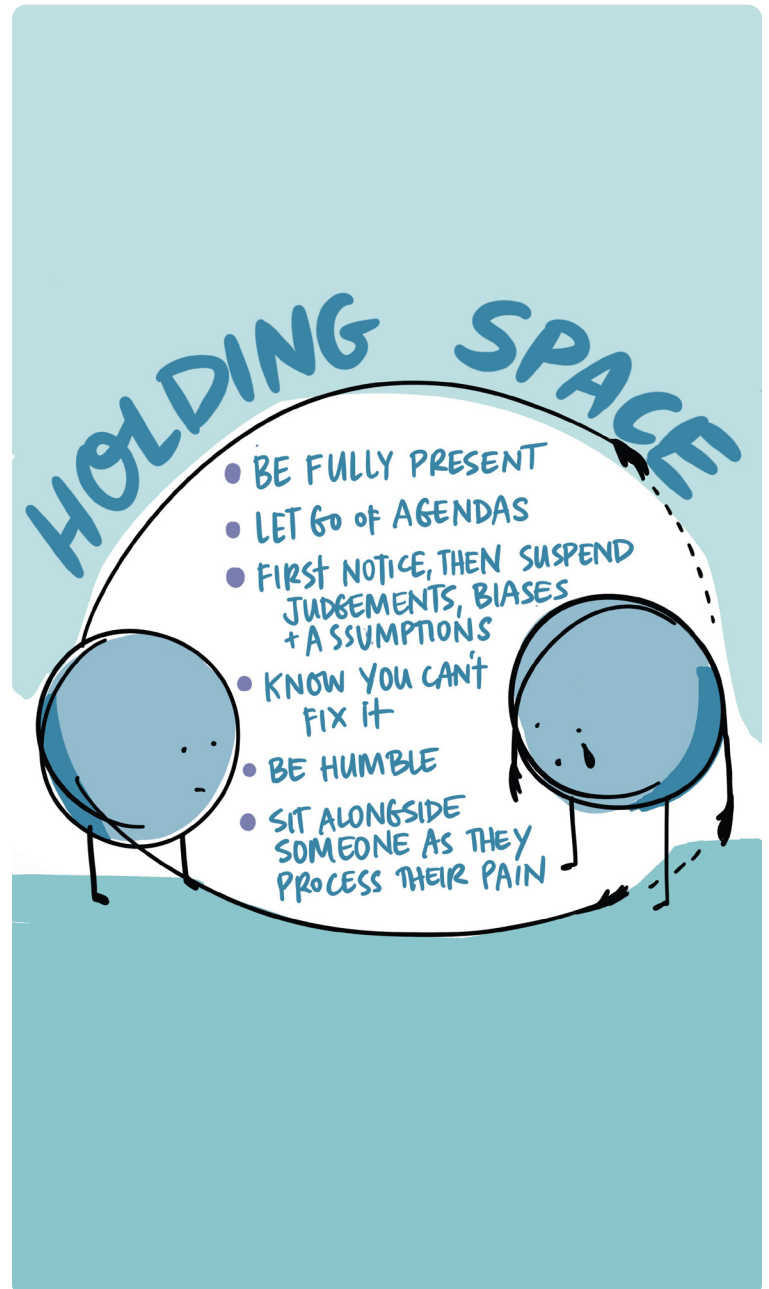
It's essential that we deal with our own discomfort around pain, and let go of our desire to fix someone's pain.

A cultural humility mindset is also very important when supporting someone in grief. Many cultures and religions have specific traditions and practices around grief and loss. We must humbly respect those practices.

holding space

Holding space means that we stand with someone and intentionally make room for them to process their pain in a way that works for them. The following are some ways we can practice holding space:

- Come alongside someone and bring our full presence
- Let go of any agendas we might have
- Don't fill the sacred space with advice, too much talking or anything that's not welcomed by the person, especially if our motivation for filling the space is about masking our own discomfort
- Notice – and then suspend – any judgements, biases or assumptions we might have. It's not for us to judge the way the person is processing their situation. Remember that we're seeing the situation from our own perspectives
- Listen and engage with empathy
- Don't try to fix the person – trust their inner wisdom
- Don't take someone's power away by doing too much for them or by making decisions for them that aren't for us to make
- Let go of our ego and the need to see a particular outcome. The growth or lack of growth the person is experiencing is not reflective of the support we're offering
- Be humble
- Create a safe space at all times



“

“The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing... not healing, not curing... that is a friend who cares.” ~Henri Nouwen

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MODULE II

supporting someone who uses substances

CORE VALUES HIGHLIGHTED:

- **Primary:** Respect, Dignity and Equity
- Self-determination

MAIN STANDARD OF PRACTICE ASSOCIATED WITH THIS MODULE:

- **Primary:** C. Diversity, Inclusion and Equity
- A. Peer Specialized Proficiencies

PURPOSE OF MODULE:

The province of British Columbia takes a harm reduction approach to substance use. However, there are many layers of complexity within our conversations around substance use. With our provincial history going back to prohibition, the War on Drugs, and the criminalization of people who use drugs, dehumanizing and judging those who struggle with substances became entrenched in so much of our

language and culture. It's essential that people who use substances are treated with the deep respect that they deserve.

This module will walk you through some of B.C.'s history in this area, and will cover some of the principles and methodologies around the evidence-based harm reduction approach we use today. We will also share some other modalities from which people have benefited.

LEARNING OBJECTIVES:

1. You will be able to explain the principles of harm reduction and why B.C. has adopted this approach.
2. You will apply the knowledge from past modules to deconstruct the oppression that people who use substances often encounter.
3. You will be able to dispute and challenge the myths around substance use, substance use disorders and dependence.

what is harm reduction?

Let's first demystify the term "harm reduction."

A very simple way to look at harm reduction is to think of it in terms of reducing the potential harm of injury or death from things that are preventable.

Most of us practice this basic principle every day. For example, when we choose to use seatbelts in a car, we're reducing the harm that can come from a car accident. When we wear sunscreen, we're reducing our potential harm from the effects of sun. When we wear a helmet on a bike ride, we're reducing the potential for brain injury or death in the case of an accident. We accept that some degree of risk exists in our day-to-day activities. Harm reduction is the act of mitigating that risk to create better outcomes for individuals and communities alike.

Between January 1 and June 30, 2020, 728 people died in B.C. from drug overdoses. B.C. has been in a state of public health emergency for nearly five years now, and overdose numbers continue to rise. Let's be clear: dying from overdose

is preventable. Harm reduction aims to meet people where they're at, promoting safety and support that's free from judgement.

The foundational premise of harm reduction is that there has never been a drug-free society. Strategies that reduce the potential harm that can come from drug use ask that we suspend judgement around drug use and work instead to reduce the damage.

Harm reduction can involve many different modalities and supports. These supports can include needle exchange programs (NEP), safe disposal, supervised consumption services (SCS) and overdose prevention sites (OPS), medication-assisted treatment, safe supply, and overdose treatments like naloxone.

The above list includes some ways in which harm reduction is manifested in services, but it isn't exhaustive. In fact, harm reduction isn't a set of services, but rather an underlying philosophy of care that belongs in every care setting.

PRINCIPLES OF HARM REDUCTION

From Harm Reduction: A British Columbia Community Guide:

- *Pragmatism*
- *Human Rights*
- *Focus on Harms*
- *Maximize Intervening Options*
- *Priority of Immediate Goals*
- *Drug User Involvement*

The International Harm Reduction Association (2002) describes harm reduction as:

Policies and programs which attempt primarily to reduce the adverse health, social and economic consequences of mood altering substances to individual drug users, their families and communities, without requiring decrease in drug use.

From Healthlink B.C. Understanding Harm Reduction: Substance Use, Healthlink B.C. (file number102a) (2020):

Harm reduction is a public health approach that aims to reduce harms related to substance use. Harm reduction includes many options and approaches. It may include abstinence, or not using substances at all. Stopping all substance use isn't required before receiving care. It meets people wherever they are in their substance use journey. Evidence shows that harm reduction does not increase or encourage substance use.

Harm reduction strategies and services can lessen the consequences associated with substance use. The consequences include social, physical, emotional and/or spiritual concerns. It may include access to safer sex and safer substance use supplies and/or take home naloxone. It also involves

outreach and support programs and referrals to health and support services. Harm reduction helps ensure services are non-judgmental and available to all.

Harm reduction treats people with respect. It helps people connect with others and develop healthy

relationships. It involves working directly with people and their communities. The service helps individuals; families and friends learn harm reduction skills. People can learn about the resources and supports in their communities.

history of prohibition, the War on Drugs & criminalization of people who use drugs

(Note: Included in our training repository is “History of Prohibition” from BCCDC Compassion Inclusion and Engagement)

In the past, practices such as prohibition and criminalization of people who use substances have been used by governments with the goal of reducing illicit substance use. Instead, such practices have consistently yielded the opposite results and have increased both substances use and overdose deaths.

Prohibition is a zero-tolerance approach to illegal drug use and law enforcement. We know these policies don't reduce substances use, and that the “War on Drugs” mindset hinders the evidence-based approach of reducing the harm caused by drug use.

The following is an excerpt from a speech by Dr. Bonnie Henry, B.C. Provincial Health Officer (CBC News Feb 7, 2019)

We need to find the ways to provide safer alternatives to the unregulated and highly toxic drug supply and to end the stigmas associated with criminalization of people who use drugs...we need to connect people who use drugs with the supports they need rather than sending them to the criminal justice system.

person-first language and anti-oppressive practice

From the Standards of Practice document: Simply put, person-first language acknowledges the person as having inextricable value. It's about honouring and respecting people outside of boxes and labels that are imposed on them by others.

When we think of person-first language with respect to substance use, it means challenging some old ways of

speaking. We say “a person who uses drugs” as opposed to calling someone “an addict,” which is a dehumanizing term.

It's essential that we acknowledge and challenge any oppressive worldviews, judgements and biases when we support people with substance use issues.

the importance of self-compassion within substance use

We will dive deep into self-compassion in module 14 (building personal resiliency). But it merits attention here in the context of substance use. Self-compassion can be defined briefly as the practice of offering compassion, kindness and tenderness towards oneself.

When we practice self-compassion, we become more keenly aware of the common humanity that unites us all. We see struggle and failure as a part of the human condition, and when we mess up, we respond in kindness, rather than choosing to beat ourselves up. The practice also invites us to be mindful of our pain. Ignoring our pain, or fixating on our pain and getting caught in self-pity, can keep us stuck. The only way out of our pain is through it.

One of the misconceptions about self-compassion is that it “lets us off the hook” – that somehow by choosing compassion for ourselves, we are taking the easy way out. However, there has been extensive research done around self-compassion that says otherwise. Researcher Dr. Kristin Neff notes that people who practice self-compassion are actually more likely to practice personal responsibility.

In *Does Self-Compassion Mean Letting Yourself Off the Hook?* (2015), Dr. Kristin Neff says:

Another study by Mark Leary and colleagues [3] found that when participants were instructed to be self-

compassionate when thinking about a past mistake, humiliation or failure, **they were more likely to accept personal responsibility for what happened rather than blaming things on outside people or events.** Other studies have found that self-compassionate people are more likely to feel guilt (a sense of remorse and the desire to make amends) rather than shame (a negative evaluation of one’s worth as a person) about past offenses [4], and are also more likely to apologize for their mistakes.

Consider how “all or nothing” thinking regarding substance use can actually create a cycle of stuck-ness. When someone has a setback and their “fall off the wagon” so to speak is viewed as a major failure that all but erases their progress, that can derail all of the good work the person has done to support their wellness and recovery, sending them into cycles of shame. However, if one is practicing self-compassion, they can offer themselves kindness and tenderness through the ups and downs that happen in regular life. In the event of a bigger setback, they will be far more likely to exercise personal responsibility, which empowers them to continue their growth journey rather than become stuck in shame.

Self-compassion is at the root of the philosophy of harm reduction.

Naloxone

Naloxone is an opioid antagonist. This means that in the event of an opioid overdose, it will temporarily block the body’s opioid receptors, reversing the overdose and saving a life. It is encouraged that peer support workers receive training in how to administer Naloxone, and carry the treatment with them in the event their peer experiences an overdose.

recovery with the lens of harm reduction

The term recovery in substance use doesn't have the same meaning as it does in mental health. It's important to address that dissonance. The term "recovery" has a long history and has often been associated with a more abstinence-based paradigm.

For this training, while we choose to use the word recovery, we have redefined it to align with a harm reduction approach.

From the Standards of Practice (SOP) document:

It's very important to highlight that recovery doesn't mean the absence of pain, struggle or setbacks. The B.C. peer support project takes a harm reduction approach to substance use. That means that recovery isn't dependent on the absence of using substances. People can use substances and be engaged in recovery. Also, people can use substances and still provide peer support services.

other substance use perspectives & programs

We acknowledge the importance of each person discovering their own path to wellness. There are several different peer-based programs out there that people have found work for them. Within peer support services, we create space for people to engage in modalities that resonate for them. Even if the people we support engage in programs that don't work for us, we choose to suspend our worldview and support them in their self-determined journey.



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MODULE 12

mental health & supporting those in crisis

CORE VALUES HIGHLIGHTED:

- **Primary:** Acknowledgement
- Belonging and Community

MAIN STANDARD OF PRACTICE ASSOCIATED WITH THIS MODULE:

- **Primary:** A. Peer Specialized Proficiencies & E. Collaboration & Ethical Practice
- B. Principles of Supporting Wellness, Wholeness, Recovery and Social Belonging

PURPOSE OF MODULE:

The path towards healing, wellness and recovery is not a linear journey. Setbacks (or blips and dips) are part of the process. In this module we will explore a mindset shift when supporting someone through a crisis. By normalizing setbacks as a regular part of healing, we're able to better support ourselves as we support others. Peer support is all about relationship grounded in mutuality, so we'll approach this topic from that perspective.

LEARNING OBJECTIVES:

1. You will be able to demonstrate an understanding of what to do when the people you support are in a crisis.
2. You will be able to recognize and identify signs that someone is experiencing suicidal ideation, and understand what you can do to support them.
3. You will be able to formulate a peer support-based response to supporting someone through a crisis.
4. You will be able to assess your own window of tolerance for supporting someone in crisis, and have the tools to create a plan to support yourself from vicarious traumatization.

“

“When people are willing to listen to each other’s stories without providing analysis, and at the same time compare and contrast experiences, possibilities for transfiguring meaning are endless. When we become part of each other’s narratives, we not only offer possibility for alternate (mutually enriching) interpretations, our new shared story becomes a way to negotiate future challenges and crises while building real communities.” ~ From *Crisis and Connection*, Shery Mead & David Hilton, 2002

approaching crisis as an opportunity for growth

The recovery movement encourages a shift in perception about crisis. When we embrace hope, we welcome the possibility that a crisis can be viewed as a setback along our journey. When we understand that setbacks are part of the process of growth, and they come with being human, then we’re able to get back on our feet quicker. Reframing our thinking about crisis means that the

progress we have made in our recovery does not have to be derailed.

Though a setback can be serious, we can get back on our feet faster than we may have in the past when we have support, determination and a plan.

Shery Mead’s article *Crisis as an Opportunity for Growth and Change* shares a new perspective for us.

Peer support is a culture of healing. As people practice new ways of “being” through even the most difficult times, possibilities for breaking old patterns and creating new opportunities are endless. Crisis then just becomes another word for redefining our experience and ourselves so that instead of needing to be locked up, we can begin to break free.

the role of peer support worker in crisis support

As we have covered, peer support is about mutuality, connection and relationship. Peer support offers an amazing opportunity to provide deeply needed human connection when someone is in the midst of a crisis.

Your role is not to fix anything, although you will surely have an impact when you’re supporting someone through a crisis experience. Having someone who really cares by our side during a crisis is a very significant gift.

Your compassion towards the person you’re supporting, especially when they are experiencing a crisis, is essential and invaluable.



YOUR ORGANIZATION'S POLICIES

As a peer support worker, it's essential that you are aware of your agency's crisis policies, and that you follow them when the person you're supporting is in a crisis. We will cover other things to consider when supporting someone, but please learn and follow your organizational policies first.

resilience

Setbacks are a part of the journey of recovery. We can choose to see them as learning opportunities rather than something that will kick us back to square one. Taking the shame and blame out of a setback supports us to hold onto hope and see the experience as a teacher. Part of healing is allowing ourselves to feel all our feelings, including pain, and remembering that bumps in the road are a part of the process. When we believe this, we can get back up more easily.

As we cultivate resilience while practicing self-compassion*, our capacity for taking personal responsibility expands. We begin to understand that imperfection is a non-negotiable

piece of the human condition, and that guarantees that we will make mistakes in life. We will have moments when we either intentionally or unintentionally hurt people around us. However, when we're able to let go of our shame and offer kindness to ourselves, then we can own our mistakes. We can feel equipped to actively repair our damaged relationships.

Human beings are resilient. Believing that fact makes us even more resilient.

**Read more about self-compassion in the "Substance Use & Peer Support" as well as the "Building Personal Resilience" modules.*

self-harm

Self-harm is a reaction to other overwhelming problems in a person's life – problems such as low self-worth, trauma, loss, overwhelming emotions, extreme stress, bullying or many other issues. Many people who self-harm have expressed feeling numb and a loss of control of their life, and discuss self-harm as a coping tool to help release the pain.

It's important to know that people who self-harm most often keep it secret, and can feel ashamed about it. A myth around self-harming is that the person wants to die. That's not the case. People tend to self-harm as a way to cope with their deep pain. Extending kindness, love and compassion is an important way we can support someone who self-harms.

suicide

When someone tells us that they are contemplating suicide, it feels terrifying and overwhelming. It can be easy to slip into an intense panic mode, which makes us focus on the symptoms we see rather than the person as a whole.

The following chart is shared from Shery Mead's *Intentional Peer Support* work:

HOPE RESPONSE	FEAR RESPONSE
Sitting with the discomfort of the situation	Trying to calm things down: stabilization
Staying connected to the person	Taking care of, helper/helpee
Unpredictability = Possibility	Predictability: things go back to the way they were

Both you and the person you are supporting will benefit from calm presence rather than panicked reactions.

First thing – take a moment to calm your nervous system. Breathe a bit deeper to help regulate your body and emotions. (Consider using some of the relaxation techniques we explore in this training.)

As long as you are with the person, they are safe. This gives you some time to just be present with them. Know that you're able to call 911 if things escalate, then take your time and maintain a sense of calm.

Don't worry about time; take all the time needed to listen to them share about what's happening for them and how they're feeling. Human connection, empathy and shared experience – that's what it's all about.

SOME WARNING SIGNS OF SUICIDE:

- Long-term unrelenting anxiety or depression
- Increased agitation
- Giving away belongings – especially possessions that are meaningful to the person
- Stockpiling medications
- Previous suicide attempts
- Talking about suicide
- Reckless behaviour
- Hopelessness
- Inappropriately saying goodbye
- Increased use of drugs or alcohol
- Withdrawing more than usual from others
- Increased emotional display, such as rage or sadness
- Verbal behaviour that is ambiguous or indirect (e.g., "I'm going away on a real long trip," or "I don't want to be a burden on others").
- A sudden, unexpected state of calm

LANGUAGE AND SUICIDE

Words matter. The way we speak about suicide matters greatly. It's important to be hopeful and respectful when speaking about suicide, as words have great power.

INSTEAD OF SAYING THIS...	SAY THIS...	WHY?
Commit/committed suicide	Died by suicide, death by suicide, lost their life to suicide	The word “commit” comes from a time when suicide was considered a crime. It reinforces a stigma around suicide being an illegal and selfish act.
Completed suicide or successful suicide	Died by suicide, death by suicide, lost their life to suicide	Using either the words “successful” or “completed” is inappropriate because suicide is tragic. Those two words are not congruent with suicide. It's better to take a direct approach; suicide is fatal or it isn't.
(person's name) is suicidal	(name) is thinking of suicide/is or has experienced suicidal thoughts/is facing suicide	As with all person-first language, we never want to define someone by an illness or struggle. They are more than their suicidal thoughts.

**The above information was sourced from CAMH Foundation's document "Words matter. Learning how to talk about suicide in a hopeful, respectful way has the power to save lives" and "Language Matters: Committed Suicide vs. Completed Suicide vs. Died by Suicide" from the Speaking of Suicide website.*

supporting yourself

Any time you're working with people, it's important to be aware of where you are at with your our well-being. Self-awareness and self-nourishment are essential in this work. This is especially relevant if you're supporting someone who's in the midst of a crisis. There is a real risk of you experiencing retraumatization if you have been through

something similar. Please support yourself and reach out for support when you need it. If you need to pass the baton, please do. If you need to take some time off for yourself, please advocate for that. Working when you're unwell can be potentially damaging to both you and the person you are supporting.

hope

Let's look again at this quote that we referenced at the beginning of this module. It's from *Crisis and Connection* (Mead, Hilton 2002):

When people are willing to listen to each other's stories without providing analysis, and at the same time compare and contrast experiences, possibilities for transfiguring meaning are endless. When we become part of each other's narratives, we not only offer possibility for alternate (mutually enriching) interpretations, our new shared story becomes a way to negotiate future challenges and crises while building real communities.

When we learn to reframe crisis, and are able to support someone through crisis with a lens of hope, we are able to create new shared meaning. This way of being supports interconnection, hope building and resilience. We can learn to reframe our approach and find hope and possibility in crisis.



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MODULE 13

goal planning

CORE VALUES HIGHLIGHTED:

- **Primary:** Self-determination
- Strength-based

MAIN STANDARD OF PRACTICE ASSOCIATED WITH THIS MODULE:

- **Primary:** A. Peer Specialized Proficiencies
- B. Principles of Supporting Wellness, Wholeness, Recovery and Social Belonging

PURPOSE OF MODULE:

Many peer support relationships focus on creating goals and then working together to meet them. In this module we will take a broad look at supporting someone to dream and create a vision that will serve as a guidepost for goal planning. Foundational to peer support are mutuality, connection and a strengths approach – all grounded in self-determination. In this module we will apply all of those principles in supporting someone in the process of goal planning.

LEARNING OBJECTIVES:

1. You will generate some personal goals, based on exploring your personal vision, hopes and dreams.
2. You will recognize the importance of supporting someone to explore their hopes and dreams with a strength-based approach.
3. You will be able to illustrate and apply the principle of self-determination to goal planning when supporting others.
4. You will be equipped to support someone in assessing their barriers to meeting goals, and support them in creating a plan to address their barriers and resistance.

recovery plans

Many people you serve will already have a recovery plan in place when you begin work together. Or you may support them to create a recovery plan specifically for your work together. Some peer support programs find that meeting together for a few visits to intentionally explore goals and hopes, prior to any formal goal planning, has helped program participants create meaningful goals. Some peer support programs call this phase the “rapport period.”

facilitating the discovery of hopes and dreams

Many programs include goal planning and related support as a component of service delivery. It can be very easy to get stuck on short-term, easy-to-achieve goals so that the program can provide outcomes. Sharing outcomes with funders is a way to secure ongoing funding for our programs. However, when someone only identifies and pursues short-term goals, they aren't tapping into the deeper intrinsic motivation needed to move them towards the life that they want.

Any conversation about goal planning must include exploration of those bigger picture hopes and dreams.

However, the truth is that when we're deep in the pain, struggle, despair and trauma that can come with a mental health or substance use issue, it can feel nearly impossible to imagine a different life.

personal goal-planning exercise

In this section, we will look at supporting you as a peer support worker to dream bigger. The idea is to help you look at the process of goal planning for yourself. Through that process, you'll become more equipped to support others in planning and pursuing their goals.

This is where we see the need for hope in this work. Possibility always begins with hope. Hope is the tiny spark that suggests life might have the potential for new possibilities. Hope can show up in a poem, a cup of coffee, a warm word from a stranger, a recovery story or a good laugh.

When we fan the spark of hope, it grows and is contagious. It can spread.

As a peer support worker, you might find yourself helping someone fan that little spark of hope for a long, long time. Eventually, after time and consistency, the person you're supporting will be ready to dream bigger.

And when they're ready, that's the time to support them to dream.

We encourage you to consider a paradigm for goal planning that begins with developing a mission or vision statement for your own life. This kind of clarity can support you with decision making throughout your life.

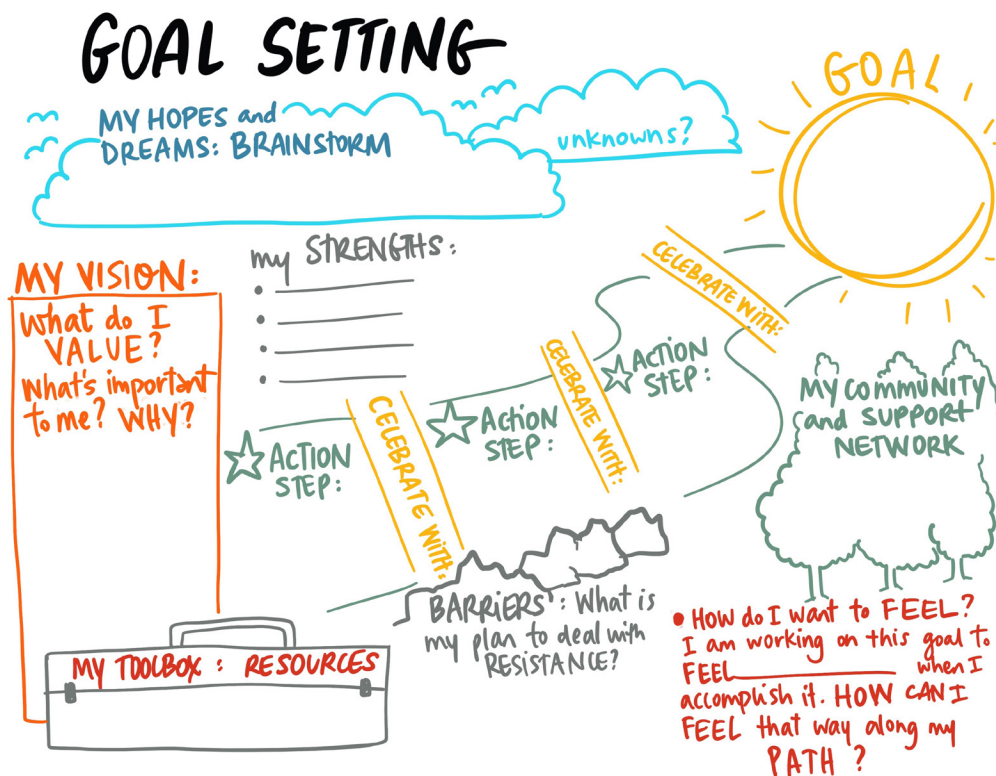
A good mission statement provides us with a yardstick that we can use to make choices that align with our values.

Let's look at some examples. Consider the Disney mission statement: "The mission of The Walt Disney Company is to entertain, inform and inspire people around the globe through the power of unparalleled storytelling, reflecting the iconic brands, creative minds and innovative technologies that make

ours the world's premier entertainment company." (<https://thewaltdisneycompany.com/about/>)

Whatever you feel about the Disney brand, you can see that their mission statement is broad and motivating.

A vision statement provides us with a GPS of where we want to go. Many people write their own personal vision statement.



As you consider your own, here are some questions to consider:

- What makes you feel good when you think about what your life might be like in 10 years?
- What are the things in life that are important to you?
- What are the non-negotiable things that you value? What are you unwilling to compromise? For example: connection with friends and family, work, creativity or serving others.
- What would you love to accomplish within this next year? Why?
- What are some basic steps you can take to make those dreams a reality?

how do you want to feel?

We are highly emotional beings, yet we don't often talk about our feelings. We certainly don't often reflect on our feelings when we're creating goals.

When we are in pain, we can become detached from our feelings and emotions. Many people experience numbness when they're in emotional pain. Sometimes, if the pain is very strong, many people engage in behaviours or consume substances that help distract from the pain or numb it.

These patterns can be very hard to change, even when we find ourselves in a place of growth and healing.

It can be very easy to avoid our feelings or become detached from them. Getting in touch with our feelings can be very hard work, and we might need the support of a therapist along the way.

However, when it feels more possible to investigate your feelings, identifying how you want to feel can be a very helpful tool to incorporate into your goal planning. Those feeling word(s) you identify can become guides in your decision making. Some examples of feeling words that can support goal planning are: peace, joy, delight, contentment, adventure, magic, fun, hope, harmony, clarity, serene, safe, vibrant, etc.

What feeling words resonate with you, that can provide you with some support when you begin to set goals?

Consider any goal you might make. Most of us create a goal at least in part because we want to feel a certain way when

we accomplish the goal. When we do meet that goal, the satisfied and happy feeling can be quite fleeting, because as soon as we accomplish it we often make a new one! Don't forget to celebrate your successes!

In her book *The Desire Map: A Guide to Creating Goals With Soul* (2014), Danielle LaPorte talks about naming a goal down to the feeling we desire to feel when we achieve it. Instead of focusing only on creating big lofty goals, LaPorte suggests naming how we want to feel and using that feeling as a guidepost for daily living. Basically, the desired feeling becomes a GPS for informing our daily choices.

FOR EXAMPLE:

Goal: You want to save your pennies so you can travel Europe, learn about history and see all the beautiful art and architecture of bygone eras.

What if it takes eight years to save up enough money to be able to take the trip? That's an awfully long time to wait for a trip that might last just a month.

So, what if we distill that goal down to how you hope to feel when you are on that trip? Imagine that you are craving adventure. Perhaps you want to learn and explore new things, and you want the freedom and excitement that comes with exploring a place you have never been.

Then I can break it down even further. I want to feel:

- ADVENTUROUS
- FREE
- EXCITED
- I want to learn, and feel ILLUMINATED

In *The Desire Map* (2014), LaPorte calls these "Core Desired Feelings." When we have clarity about how we want to feel, we can make choices to feel "adventurous" every day in simple ways. Maybe you can't go to Europe, but you can explore a new part of your neighbourhood, and choose to see something you've never seen before. You can order a dish you've never tried off the menu of a restaurant you're trying for the first time.

Or perhaps you can use that feeling to support you when picking your new goals.

When we as peer support workers support others in goal planning, we can encourage them to consider their feelings. Those desired feelings can then serve as the catalyst for them to explore hopes and dreams. Those hopes and dreams can then be distilled down to an achievable goal.

For more learning about goals and feelings, consider reading LaPorte's book *The Desire Map: A Guide to Creating Goals With Soul*.

self-determination, worldview & goal planning

As we work with people on goal planning, it's essential we remember the importance of supporting their self-determination. Remember that your experiences make up your own personal view of the world, and your worldview will be different than anyone else's.

Remember how your views and perspectives can affect someone else. It's important to be mindful of your own thoughts, assumptions and biases and how they can influence someone else's goals. During goal planning, be consistently mindful to check your own biases and support their self-determination.

moving towards using a strength-based approach

Language has power. The words we choose are actually forming the reality in which we live. The first step in creating the life we want is to become intentional about the language we use at all times. This is especially so when setting goals. Using strength-based language when goal planning is essential.

If we create goals that are centred on problem-solving rather than on moving towards a bigger hope and dream, we can actually stay tied to the problem. A “moving towards” approach opens us up to much more possibility.

HERE'S AN EXAMPLE:

Problem-focused goal: I currently spend too much time alone playing video games, and it makes me feel lonely. I will limit my video game time to 2 hours maximum a day.

Moving towards goal: I want to find a community and a place where I belong. I want to develop some good friendships and feel connected. I also want to exercise my creativity and love for music. I will join the music group that meets at the clubhouse on Wednesdays.

barriers and resistance

Barriers and resistance are normal on the road to meeting goals. Most people experience them. Normalizing these makes them easier to address. Some questions to ask when we are feeling resistance to meeting a goal are:

- *Is this really a goal that I want to achieve?*
- *Is there some natural resistance popping up? Is some part of me resisting this goal? If so, why is that? Where does the resistance stem from?*

In her training manual *Intentional Peer Support: An Alternative Approach* (2014), Shery Mead talks about the task of “Moving Towards.”

Rather than helping each other move away from what isn't working (problems and solutions), we help each other move towards what we want (vision and action). In traditional mental health, the focus has been developing solutions or strategies to deal with problems. Most of our conversations are about what's not working. BUT when we're moving away from what's not working, we stay tied to the problem. When we're moving towards what we want, we can create the beliefs and the actions that we'll need to get there. Believe it or not, this is a radical shift in thinking, and one that challenges our traditional assumptions about help. (Mead, 2014)

IDENTIFYING BARRIERS AND SUPPORTING SOMEONE THROUGH RESISTANCE TO MEETING GOALS

We know that most of us experience barriers or resistance at some point when working to reach a goal. One of the ways we work with barriers is through gathering resources and creating a network of support.

In your role as a peer support worker, when you support someone in goal planning, you will likely also help them as they identify and gather the tools they need to challenge

their barriers. Sometimes this will require the skill of self-advocacy. In Mary Ellen Copeland's Wellness Recovery Action Plan (WRAP), one of the Key Concepts of Recovery is self-advocacy. It may be useful for someone to attend a WRAP class so that they can approach goal planning with some effective tools.

RESISTANCE IS OFTEN INTERNAL

We can find ourselves feeling resistance when working towards a goal for many different reasons. Reflecting on why we are feeling resistance is important. Sometimes it might be that the goal was handed to us by someone else and we don't really care about it. Or perhaps we have some fear around the goal that we need to unpack. When we are supporting someone with goal planning we might need to support them through unpacking their own internal resistance.

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MODULE 14

building personal resilience

CORE VALUES HIGHLIGHTED:

- **Primary:** Acknowledgement
- Belonging and Community

MAIN STANDARD OF PRACTICE ASSOCIATED WITH THIS MODULE:

- B. Principles of Supporting Wellness, Wholeness, Recovery and Social Belonging

PURPOSE OF MODULE:

An important aspect of this work is prioritizing our own self-nourishment. When supporting others, it can be easy to put one's own wellness on the back burner. However, if we don't give our own well-being the attention it deserves, we can find ourselves slipping into burnout. In this module we will talk about building resiliency, creating wellness plans and practicing self-compassion.

LEARNING OBJECTIVES:

1. You will be able to recognize the importance of creating a self-nourishment plan to help manage workplace stress.
2. You will be able to apply principles of wellness through the creation of personal boundaries around work issues.
3. You will be able to assess your situation and how to create wellness plans to support yourself when struggling.
4. You will learn the concept of self-compassion and have tools to apply the practice to your life.

“

“Remember, we are all affecting the world every moment, whether we mean to or not. Our actions and states of mind matter, because we’re so deeply interconnected with one another. Working on our own consciousness is the most important thing that we are doing at any moment, and being love is the supreme creative act.” ~Ram Dass

self-care with a lens of connection & interconnection

Self-care can sometimes sound selfish. When we see so much pain in the world and we feel an intense compassionate desire to alleviate the suffering, taking time out for oneself can seem selfish.

What if we redefine the word self-care? Honestly, self-care in pop culture has begun to be seen as spa days, yoga, hiking or drinking green smoothies. When we look at it that way, we’re really trivializing something that’s actually essential to our well-being.

Let’s create a paradigm shift: instead of the current understanding of “self-care,” let’s redefine it as supporting our well-being with compassionate intention. After all, caring for one’s well-being is much more than green smoothies. It includes doing some hard work around healing, feeling our feelings and discomfort, setting boundaries, taking personal responsibility, owning our mistakes and offering ourselves grace and self-compassion in our own struggles and sufferings.

When we identify our own needs and create intention to meet them, we’re actually supporting others in the process. As mentioned throughout this curriculum, we believe in interconnection; through that lens, when each of us supports our own well-being, we understand that we’re ultimately supporting the whole.

defining the term “resiliency”

In the Canadian Journal of Psychiatry article Rethinking Resilience From Indigenous Perspectives (2011) the authors talk about the resiliency of nature.

In psychology, resilience is commonly framed as an individual trait or process rather than emphasizing its systemic or ecological roots. Resilience has been associated with individual psychological characteristics including hardiness, flexibility, problem-solving ability, intelligence, sense of humour, and social skills. Although resilience tends to be framed as an individual characteristic, it may also have systemic, collective,

or communal dimensions. At the level of family and community, resilience may reside in the durability of interpersonal relationships in the extended family and wider social networks of support. What is needed then are alternative frameworks that take into account the dynamic processes on many levels that may confer on the individual, communities, and whole peoples better prospects for survival and positive development.

(Rethinking Resilience From Indigenous Perspectives, The Canadian Journal of Psychiatry, Vol 56, No 2, February 2011)

Defining the Term “Resiliency” cont.

A common definition of “resiliency” is the ability to spring back to shape after adversity.

We can, however, look to nature to support a deeper understanding of resiliency. When we think of adversity in nature, it tends to show up as a disturbance to the ecology, such as a fire, storm, flood or other extreme weather event. As discussed in the self-determination module, living things are designed for and have a deep need to flourish and thrive. When impacted by adversity, our resiliency might not be about springing back to “normal” but about adapting and creating something new.

When we consider adversity in the forest, we look at the interconnection of all living things. Nothing in nature exists in isolation. Nature is dynamic, always changing and growing. Even after a devastating wildfire, nature adapts, heals and regrows over time.

Resiliency looks more like this ability to adapt and change in the midst of adversity. For example when a tree is damaged

and loses a large branch, that branch doesn’t grow back as it was. The bark seals, and sometimes a new branch is formed.

Consider the similarity of a tree’s resiliency to our own emotional resiliency. When we experience extreme adversity or loss in our own lives, we won’t ever be exactly the same as we were before. Our resilience then is not in becoming what we were before, but in adapting and creating new ways to thrive and grow.

As with the diversity within a forest, it’s important for us to consider the value and impact of our loved ones and communities on our adaptability. If we don’t have a strong community, how can we begin to develop one?

Following adversity, we will heal and grow in new ways, but we’ll be forever changed. Perhaps stronger and more able to face adversity in the future.

post-traumatic growth

As we have shared throughout this curriculum, hope has an essential role in healing. Following a crisis, integrating hope into our well-being supports post-traumatic growth.

Similar to the tree mentioned above, post-traumatic growth for humans refers to the positive adaptability and transformation we experience following a trauma.

wellness tools

Many peer support programs in B.C. offer Wellness Recovery Action Plan (WRAP) workshops.

WRAP was developed by Mary Ellen Copeland, who developed it to support her own mental health journey. It’s a program that’s built on the key concepts of wellness and recovery: hope, personal responsibility, education, self-advocacy and support. It is offered in a workshop setting, and the goal is for people to create their own wellness plan.

Wellness tools are basically anything and everything we can do or use to stay well. Wellness tools can be simple, safe and free.

Creating intentionality and building wellness tools into our life shifts us away from the status quo of living on autopilot and toward an intentional life focused on thriving. Think of incorporating wellness tools as a way to shift gears. It’s about deliberately choosing to find sunshine on a grey day.

Others have listed these things as wellness tools: deep-breathing, going for walks, exercise, meditation, eating healthy, visiting with a friend, watching a movie, yoga, creating art and enjoying music.

Consider some of your wellness tools. What can you do to support your well-being?

self-compassion – a simple overview

Wikipedia says that self-compassion is “extending compassion to one’s self in instances of perceived inadequacy, failure, or general suffering.”

Kristin Neff, a leading researcher on the topic of self-compassion, describes self-compassion as having three components – self-kindness, common humanity & mindfulness.

Many people, especially those in the mental health and substance use field, can find it much easier to offer compassion to others than to themselves.

When we build a practice of self-compassion, we become aware when we are self-flagellating, judging and criticizing ourselves. We learn to pay attention to it, and then very consciously shift that judgement to kindness.

We can think that the effects of trauma, pain and struggle only live in our psyche. However, there is significant research that shows trauma also has a significant impact on our bodies, right down to our cells.

Our mind and body are interconnected; when we don’t process those difficult

situations or pay attention to how the feelings are sitting in our bodies, it can most certainly affect our physical health.

The practice of self-compassion encourages us to process those difficult feelings. We all benefit when we receive tenderness and a gentle approach. We know that we need this from others, but the person we need tenderness from the most is ourselves.

my window of tolerance

When we speak about our window of tolerance, we must refer back to the learning we did around the nervous system in the Trauma-informed Care module. When our sympathetic nervous system is engaged, that’s when our stress hormones are activated. When this system is engaged for longer periods of time, it’s a stress on our overall health and well-being.

Trauma expert Dr. Dan Siegel coined the term “window of tolerance.” It refers to the window in our zone of arousal where we are able to function and cope effectively. When we move outside the zone, we become essentially dysregulated until we’re able to calm ourselves down.

Stress and stimulation within the window of tolerance can actually be motivating and healthy. Getting used to a little bit of activation can support us to take risks and sit with discomfort that’s necessary for growth.

With time and practice, we can widen our window of tolerance.

What are some calming practices you can do for yourself when you find your nervous system activated in what feels like an uncontrollable way?

protection from vicarious traumatization

Since having lived experience is necessary for peer support work, you likely come to the table with your own traumas and stressors. It is essential that you are aware of your own limits when you're supporting someone else. We can experience a retriggering of our own trauma when we observe someone going through something similar to what we have gone through.

If we get activated beyond our window of tolerance, we'll lose our ability to support someone else.

This means that it is essential to be aware of our own limits and boundaries around our past trauma when we are supporting others. Sometimes respecting and honouring our limits means that we need to step away from working with someone and match them with another peer support worker who's not experiencing retraumatization.

mindfulness and self-soothing

Being mindful simply means having your attention in the present moment. It's the opposite of running on autopilot. Mindfulness is an awareness of your body, your thoughts and your environment in the present moment. In the completed training, we plan to include mindfulness practices that participants of the training can access.

As adults we benefit from self-soothing, just like children do. As we grow older we can feel like those behaviours aren't important or that perhaps we shouldn't need them anymore. However, they are hugely important for our emotional health. When we self-soothe, we naturally extend kindness to ourselves.

Consider adopting some practices that support your senses.



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MODULE 15

family peer support

CORE VALUES HIGHLIGHTED:

- **Primary:** Acknowledgement
- This module will touch on all of the core values

MAIN STANDARD OF PRACTICE ASSOCIATED WITH THIS MODULE:

- **Primary:** A. Peer Specialized Proficiencies
- D. Facilitating Communication and Connection

PURPOSE OF MODULE:

Supporting a loved one through a mental health or substance use issue can be very challenging for one's own mental health. Many family members experience difficulties including loneliness and frustration as they support their loved one to navigate the system. Many families find themselves and their loved ones falling through the cracks of the system.

Family peer support workers have the lived experience of supporting a family member through a mental health and/

or substance use issue. They come alongside family members to provide needed compassionate, empathetic emotional support. They support the family to reduce the isolation, shame and blame that family members can experience when supporting a loved one. Family peer supporters often support families with navigating the system as well.

All the other modules in this training are also applicable to family peer supporters. In this module we will dig into the unique aspects of the family peer supporter role.

LEARNING OBJECTIVES:

1. You will be able to define the role of a family peer supporter and the application of peer support in supporting families.
2. You will be able to discuss the value of family peer support to people struggling to support their loved ones while dealing with their own mental health challenges that have arisen because of it.
3. You will be able to juxtapose the content of all the other modules and apply it to family peer support.

who are family peer supporters?

A family peer supporter is anyone who has been through the journey of supporting a loved one through a mental health and/or substance use issue. The loved one (of the peer supporter) can be at any stage of their wellness journey.

A family peer supporter may be any family member of someone who is experiencing or has experienced a mental health and/or substance use issue, including:

- Parent
- Spouse
- Partner
- Sibling
- Adult child
- Extended family member



who can receive family peer support services?

Recipients of family peer support services are available to any family member, including all those mentioned above. Some peer support programs focus only on supporting parents of adult children who are struggling, but in B.C. we have chosen to expand that to all family members.

It can be extremely challenging and all-consuming when someone finds themselves supporting a loved one through a mental health and/or substance use issue. Families experience a huge burden, and there is often little or no support available for them.

Day-to-day activities can be extremely stressful and unpredictable for families who have a loved one who is struggling. Family members can experience a particularly heavy burden when they're the primary caregiver for their loved one, which is especially hard when they don't get time away.

All of this can have a huge health impact on the family members. They can find themselves dealing with anxiety, depression, and other mental and physical health issues. Many family members have a hard time creating space for their own self-care, as they are so occupied with supporting their loved one. This is where family peer support steps in.

defining the role of family peer support worker

Family peer support workers (also called family peer supporters) support families with the following:

- **EMOTIONAL SUPPORT:**

A family peer supporter comes alongside to provide a listening ear, acknowledgement and validation to family members who are struggling. This emotional support goes a long way in alleviating some of the stress of feeling isolated and alone. Many people find it hard to find a neutral person to support them, as most friends know their loved one and are not neutral. Having a peer supporter – someone who has also been there – listen and understand goes a long way.

- **PRACTICAL TOOLS:**

A family peer supporter can share educational information about self-care and other resources that will be supportive to a family member.

- **NAVIGATING THE SYSTEM:**

When healthcare systems are so complex and have many different facets, it can be easy to get lost and fall through the cracks. A family peer supporter can support the family with navigating the system and learning what steps they can take to support both themselves and their loved one.

- **CRISIS INTERVENTION:**

Some family members might have very few other supports. This could be quite different than traditional peer support. A family peer supporter may find themselves having a central role in supporting their peers through a crisis. It's very important to be aware of your window of tolerance, and to what feels okay to you and what doesn't. Knowing outside resources you can refer people to is very important.

PSYCHOSOCIAL REHABILITATION & THE IMPORTANCE OF FAMILY INVOLVEMENT

Over the past several years, the involvement of family has been recognized as an important aspect of recovery. It has been valued for a long time within child and youth work. However, in adult services, family involvement is often overlooked, and family members feel marginalized and left out of the recovery process. We must always respect confidentiality and people's choice in the level of family members' involvement in their recovery. There is still always a place for family, and always a need for family peer support; the specifics will be unique to each situation.

Family involvement is an important aspect of Psychosocial Rehabilitation (PSR). PSR is a recovery-oriented paradigm for service providers.

The British Columbia Psychosocial Rehabilitation Advanced Practice website says this about PSR and families:

Psychosocial rehabilitation (also termed psychiatric rehabilitation or PSR) promotes personal recovery, successful community integration and satisfactory quality of life for persons who have a mental illness or mental

health concern (including substance use). Psychosocial rehabilitation services and supports are collaborative, person directed, and individualized, and an essential element of the human services spectrum. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning and social environments of their choice and include a wide continuum of services and supports.

PSR approaches are evidence-based best and promising practices in the key life domains of Employment, Education, Leisure, Wellness and Basic Living Skills as

well as Family Involvement and Peer Support and Peer Delivered services. Because of their demonstrated effectiveness and recovery orientation, these approaches should be widely available to people living with long term mental illness and/or substance use problems.

This focus on family importance within recovery-oriented systems is paving the way for services such as family peer support. More and more, we're seeing family members included in policy-making boards and committees. It's important that family members are represented in all aspects of care within the system, including implementation.

identifying what is unique to families

Family peer supporters are in a position to provide support to caregivers of people struggling with mental health and/or substance use issues in a way that other practitioners aren't. They understand personally the struggles of caregivers and family members in a way that other practitioners may not.

Family peer supporters:

- Walk side by side with family members
- Support with coping and adaptation
- Educate
- Provide grief support
- Assist with advocacy and action
- Advocate for trauma-informed support for families
- Support unpacking stigma

how family peer support works

In this section of the module we will share some ideas on how family peer support can be implemented, as well as recommendations for establishing a community of practice.

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MODULE 16

working with youth & young adults

CORE VALUES HIGHLIGHTED:

- **Primary:** Acknowledgement
- This module will touch on all of the core values

MAIN STANDARD OF PRACTICE ASSOCIATED WITH THIS MODULE:

- B. Principles of Supporting Wellness, Wholeness, Recovery and Social Belonging
- All of the Standards of Practice competencies will apply to this module.

PURPOSE OF MODULE:

This module will dig into the unique application of peer support principles to working with youth and young adults. The concepts of all the other modules are at play in working with youth, but there will be a bit of a paradigm shift in how we apply those concepts. Specifically, throughout the training we've talked about creating safe, trauma-informed environments that encourage growth, connection and self-determination. We will look at applying those principles in a way that is accessible for youth and young adults. The goal is to create connections with young people that support healing-centred growth and engagement.

LEARNING OBJECTIVES:

1. You will be able to express ideas and plans around engaging with youth and young adults in a way that supports possibility and belonging.
2. You will be able to distinguish the unique needs of youth and young adults when engaging in peer support work.
3. You will be able to create a framework of practice that will support safety, self-empowerment, and will be engaging and resonant with young people.

what is youth and young adult peer support?

Organizations manage youth and young adult peer support differently. The ages of people served can range between 12 and 24 (with some agencies considering young adults to be 19 to 29). That's a vast spectrum of life stages and development. Peer support will look different depending on the agency and the age of people served. Still, most of what we have covered in the rest of this training will be applicable to peer supporters who work with youth.

A youth peer supporter may be in the same age range as the person they're supporting or they may also be older.

Regardless of the age of the peer supporter, they must be able to tap into the experiences and feelings they had when they were young

resiliency and the developing brain

The human brain doesn't finish developing until about age 24 or 25. Adolescence is a challenging time during which the brain is growing and maturing while young people are simultaneously trying to find and make sense of their place in the world.

Young adults are influenced by so many factors: their earlier childhood experiences, the environments where they live and spend their days, their family unit, heredity, sleep patterns, access to healthy food, friend and peer groups, education and work expectations, stigma and prejudice issues, hormones and of course everything we covered in the social determinants of health section.

Adolescence can be a really hard season for many youth and young adults. Navigating the season between childhood

and adulthood can feel complex and scary. It's devastating when a young person's life trajectory is derailed by a mental health or substance use issue. We know that early intervention and the right supports can help young people reclaim their lives.

In peer support, we focus on relationship building and connection, with a focus on possibility.

We know that positive experiences for youth and young adults can go a very long way in building the resiliency they will take with them into adulthood. Real connection and relationship is very important for every life stage, and it's especially important for young people who are struggling with the challenges of adolescence. Peer support can be an amazing opportunity for fostering this kind of connection.

the need for a trauma-informed lens

In this section of the module, we will look at how we can apply the principles from the trauma-informed care module to support youth and young adults.

Substance Abuse Mental Health Services Administration of the USA (SAMHSA) identifies the following six principles of a trauma-informed approach:

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical and Gender Issues

SUPPORTING YOUTH & YOUNG PEOPLE WITH A LENS OF POSSIBILITY

Application of a strength-based approach is essential with youth and young adults. We must never treat youth as “problems to be solved.” Instead, we must always view them as people who need support and a kind, trauma-informed approach so that they can be equipped to seek growth and new opportunities.

Adolescence can be challenging for anyone, and when someone is also struggling with a mental health or substance use issue, it can be even harder.

One of the most devastating things that can happen to someone – especially in the midst of a struggle – is to hear

intersectionality

Think back to the module on social determinants of health. We talked about the term “intersectionality,” which means there can be experiences of overlapping types of discrimination. We need to consider the diverse experiences of youth and young adults who are outside of the dominant culture. Many experience oppression and prejudice based on their gender, race and socioeconomic issues.

It is also important to remember the topics we covered in module 3 (Categories & Containers). No two people have the exact same worldview. In doing this work, we must always consider the diverse and broad experiences people have. As a peer, we always approach supporting others with a horizontal, mutual approach, but we must take care

dire predictions about their future. That can keep people stuck, and is anything but inspiring or supportive. As someone with lived experience yourself, you likely understand how debilitating this approach can be.

Instead, hope and possibility must be at the heart of everything we do. Being trauma-informed is also essential. Remembering to make sure that the support we are giving is safe, predictable and always offers choice. Try tapping into some memories from your past when someone listened to you, and shared encouragement and hope. How did that affect you?



to remember that everyone has a different experience. Our experience was and is different than the people we're supporting, and we have a different lens through which we see the world. We are always seeking to understand.

connection and communication

Everything we covered in the connection & communication module is applicable with youth and young adults. In this section we want to examine some aspects of connection that are needed for working specifically with younger people.

Here are some things to keep in mind when working with youth and young adults:

BE GENUINE. Always be yourself. Don't try to put on an act or pretend to be someone you're not. Don't try to be too cool; being real and relatable is way more important. Authenticity is always important – it's especially important when working with youth and young adults.

BE CURIOUS. Ask questions, but be aware of when the questions cross the line to being too personal or to your feeling entitled to a response. When we show genuine interest in someone and the conversation flows and feels easy, a person is more likely to open up. Listen deeply and actively.

POINT OUT STRENGTHS YOU SEE IN THEM. It can be hard for anyone to learn to identify their own strengths. It's especially hard for younger people who have had to deal with mental health and substance use issues. Learning to identify and point out their strengths is needed.

HORIZONTAL RELATIONSHIP. Remember that you are equals.

RECOGNIZE THAT THEY ARE THE EXPERTS ON THEMSELVES. Honour their experience and inner wisdom. Young people tend to close off when people are dismissive of their experiences.

HUMOUR. Remember to always look for opportunities to laugh and have fun together.

DO FUN THINGS TOGETHER. Young people can feel an awkward pressure to perform when meeting in traditional office settings. This can even be the case when meeting in coffee shops. When you choose to do activities together, it's easier for them to relax and get comfortable. A non-intimidating environment supports casual conversations that can lead to more

in-depth conversation and relationship building. Some ideas for activities are hikes, walks, trampoline parks, water activities, shopping, crafting, cooking, board games or sports.

GET OUTSIDE. Being outdoors is very therapeutic. Getting outside, moving the body and breathing in fresh air can be very healing.

SELF-DISCLOSURE. Share success stories. As this is peer support, sharing is an important piece. When we share our experiences with young people, it builds trust and connection. Hearing personal stories that are grounded in hope are very inspiring when someone is struggling.

LET THEM SET THE TONE for the relationship.

CELEBRATE WINS!

YOUTH AND GROUP WORK

Many youth and young adult peer support programs create opportunities for group work or activities. Group work could be a workshop or study group, or a group activity or community event. It's a fantastic opportunity for people to get to connect with their peers and build their support system.



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thank you

FOR READING