

Washington State Certified Peer Counselor Training Manual

Revised July 2009

**Prepared for
Washington State's Division of Behavioral Health & Recovery**

**By the
Washington Institute
for Mental Health Research & Training**



PURPOSE OF THE CURRICULUM

This curriculum is a training guide for instructors and a resource guide for students of peer counseling. The training objectives of this 40-hour course of instruction and interaction are:

OBJECTIVE ONE: THE PUBLIC MENTAL HEALTH SYSTEM

REGIONAL SUPPORT NETWORKS (RSNS)

COMMUNITY MENTAL HEALTH AGENCIES

OUTPATIENT, CRISIS, AND INPATIENT SERVICES (ACUTE, LONG-TERM AND INVOLUNTARY TREATMENT)

WASHINGTON ADMINISTRATIVE CODES (WACS) ON PEER COUNSELOR, PEER SUPPORT SERVICES, AND CONSUMER RIGHTS

OBJECTIVE TWO: RESILIENCE AND STRENGTHS-BASED MODELS, HIGHLIGHTING THE IMPORTANCE OF

PARTICIPATION IN MEANINGFUL ACTIVITIES

FOCUS ON FUNCTIONING

CONSUMER-DRIVEN SERVICES

CULTURAL AND SPIRITUAL CONSIDERATIONS

INCLUSION OF OTHERS DETERMINED BY CONSUMER

EMPOWERMENT

IMPROVED SELF ESTEEM

HOPE

NATURAL ENVIRONMENT

COMMUNITY RE-INTEGRATION

MANAGEMENT OF SETBACKS AND RELAPSE

UTILIZING STRENGTHS, ASSETS AND CAPABILITIES

RECOVERY AND RESILIENCE

BARRIERS TO RECOVERY AND RESILIENCY

TELLING YOUR STORY

OBJECTIVE THREE: THE ROLES AND RESPONSIBILITIES OF CONSUMER PEER COUNSELORS IN WASHINGTON STATE

THE CORE JOB DESCRIPTION

EFFECTIVE LISTENING

THE ART OF ASKING QUESTIONS

ADVOCACY

SUPPORT

SELF-CARE

TRIGGERS

ESTABLISHING A PEER RELATIONSHIP

AVOIDING GETTING IN OVER YOUR HEAD

KNOWING WHEN TO MAKE A REFERRAL

PERSONAL SAFETY

ROLE OF SUPERVISION

COLLABORATION AND BUILDING EFFECTIVE RELATIONSHIPS WITH COWORKERS

LETTING GO AT THE RIGHT TIME – WHOSE NEEDS ARE REALLY BEING MET?

OBJECTIVE FOUR: RECOVERY PLAN DEVELOPMENT

WRAP AROUND (INDIVIDUALIZED AND TAILORED CARE) PLAN

DEVELOPING MEASURABLE GOALS (ALSO DETERMINING WHEN A GOAL IS MET)

OBJECTIVE FIVE: WORKING WITH GROUPS

STARTING AND SUSTAINING SELF-HELP/MUTUAL SUPPORT GROUPS

THE ART OF USING GROUP PROBLEM SOLVING

FACILITATION SKILLS

USING GROUPS TO ADDRESS RECOVERY AND RESILIENCE

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PROGRESS NOTES

RECORD KEEPING

SUGGESTED FORMS

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SELF-DISCLOSURE

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DAY ONE

Overview of Certified Peer Counseling Principles of Recovery & Resilience

LEARNING GOALS FOR TODAY

Overview

Today we will discuss the fundamental concepts of recovery, resilience, and the practice of certified peer counseling.

By the end of today, you will learn and understand:

- The roles and responsibilities of a certified peer counselor in Washington State;
 - The history of the consumer and family movements
 - The various levels within the Washington State mental health system
 - How to help people navigate the mental health system
 - The core principles of recovery and resilience
 - How the Recovery Model differs from other models of mental health service; and,
 - How to encourage empowerment and hope.
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INTRODUCTION

A Message of Hope- Recovery Happens!

"Recovery provides the essential and motivating message of a better future— that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process. Mental health recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life. America reaps the benefits of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and healthier Nation."

- a selection from the Substance Abuse Mental Health Services Administration's National Consensus Statement on Mental Health Recovery

This statement expresses the values and principles of recovery that are at the very heart of Washington's Certified Peer Counselor program and this training. Throughout this state many people with psychiatric disabilities have experienced significant recovery from the impacts and losses frequently associated with mental illness. As they found their way, they inspired others, proving that 'getting better' was not just a possibility, but given the right support, to be expected.

Examples of recovery in practice can be found throughout Washington State. Your presence in this classroom today is a place to start. Recovery happens. It has happened and is happening with each of you. Certified peer counselors working in the field are helping both peers and other professionals understand that recovery can occur through sharing their experiences.

Awareness and understanding of recovery also grow via the number of certified peer counselors who enter public sector mental health services after completing this course, passing the examination, and receiving this credential. Public sector

mental health services are profoundly enriched by witnessing the transformation of people with psychiatric disabilities. Certified peer counselors' faith in their work is strengthened as expectations of people with psychiatric disabilities shift to include a belief in their competence to counsel and support their peers as well as work in a highly professional manner.

Recovery Defined

Recovery has been cited as the “single most important goal” for the mental health service delivery system.¹ You may still wonder, what exactly are we talking about when we say “recovery”? To clearly define recovery, the Substance Abuse and Mental Health Services Administration (SAMHSA) in partnership with the Interagency Committee on Disability Research, along with six other Federal agencies, convened the National Consensus Conference on Mental Health Recovery and Mental Health Systems Transformation on December 16-17, 2004. Included in this group were consumers and family leaders. This group developed the following consensus statement:

“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.”

SAMHSA went on to identify the following 10 elements of recovery, which are addressed in more detail in a later section in this manual:

¹ Substance Abuse and Mental Health Services Administration (SAMHSA) (2009). Transforming Mental Health Care in America, Federal Action Agenda: First Steps. http://www.samhsa.gov/Federalactionagenda/NFC_TOC.aspx

Self-Direction

Strengths-Based

Individualized & Person-Centered

Peer Support

Empowerment

Respect

Holistic

Responsibility

Non-Linear

Hope

Additionally, when we talk about recovery and resilience, we should be clear about what we mean by resilience. According to the Revised Code of Washington 71.24.025 (24) "Resilience" means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses, and to live productive lives. Another way to say this is the ability to bounce back or regain stability after loss, trauma or other distress. Resilience is an important concept to understand as it plays a critical role in supporting and sustaining one's mental health recovery. A good resource on steps to take to build resilience is located at:

<http://www.apahelpcenter.org/featuredtopics/feature.php?id=6&ch=4>



OVERVIEW OF TRAINING

This forty-hour training is designed to give you the basic preparation to be a certified peer counselor. Certified peer counselors work to help other consumers or families (referred to collectively as “peers”) with skill building, recovery and life goal setting, problem solving, establishing self-help groups, and using self-help recovery tools. Certified peer counselors also serve as models for personal recovery.

The curriculum is designed with recovery and resilience as the core values. We will be learning the core philosophies, attitudes and skills necessary to work as a successful certified peer counselor. Training sessions are designed with hands-on practice sessions. The sessions work to solidify learning by connecting the principles and skills to your personal experience of recovery.

You will:

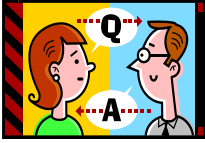
- Gain new knowledge
- Develop new skills
- Increase personal awareness; and
- Enhance personal recovery and support personal and family resilience.



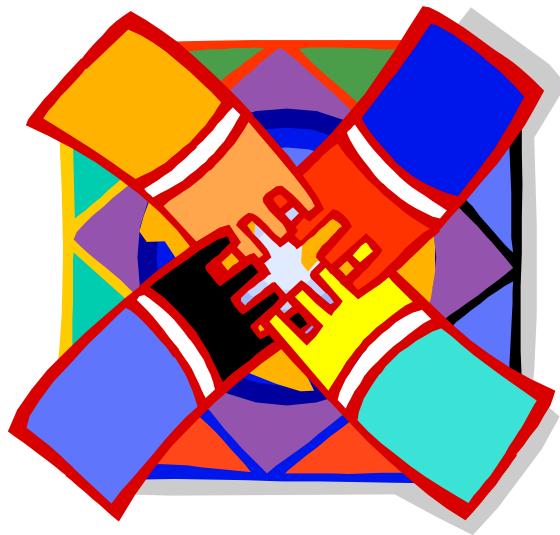
Representatives of the Washington State Division of Behavioral Health & Recovery wish to express their appreciation for your desire to serve the community; we are invested in your successful completion of the course work and test.

Please note: We have provided a glossary of terms in the appendices.

LET'S PRACTICE!



Exercise: As a group, we need to determine how we will function in a way that will best allow us all to learn and to successfully complete this course. Your course facilitator will assist you in writing your “ground rules” that you will operate by. As this week progresses, it is important that you help each other stick with these agreements so that everyone can fully gain from what this course has to offer.



MODULE 1: OVERVIEW OF CERTIFIED PEER COUNSELING

The History of the Recovery and the Consumer and Family Movements²

Peer counseling has its origins in the consumer movement. The consumer movement is also known by some as the self-determination movement. It has a similar component that involves families as consumers. In the past, family members of those with psychiatric disabilities were often just as disempowered in approaches to mental illness. This sense of disempowerment eventually created a movement of people who wanted to take charge of their lives.

The roots of the consumer movement go back as far as the 19th century, when a handful of individuals wrote about their experiences. These early pioneers brought to light their outrage at the indignities and abuses they had experienced inside psychiatric hospitals. With the start of deinstitutionalization in the 1950s, increasing numbers of individuals released from psychiatric hospitals began to create informal relationships in the community. By the 1960s, the civil rights movement inspired these former patients to become better organized into what was then coined the mental patients' liberation movement (Chamberlin 1995). Groups of consumers saw themselves as having been rejected by society and robbed of power and control over their lives. To overcome what they saw as persecution, they began to advocate for self-determination and basic rights (Chamberlin, 1990; Frese & Davis, 1997). The posture of these early groups was decidedly militant against psychiatry, against laws favoring involuntary commitment, and often against interventions such as electroconvulsive therapy (shock treatment) and antipsychotic medications (Lefley, 1996; Frese, 1998).

² This material was adapted from Mental Health: A Report of the Surgeon General- Chapter 2

Many users of mental health services refer to themselves as “consumers”, although the term is not uniformly accepted. Many people prefer it over the term “patient” or “client”, however others choose to refer to themselves as “survivors” or “ex-patients” to indicate that they have survived what they regarded as oppression by the mental health system.

The book *On Our Own* (1978) by former patient Judi Chamberlin was a benchmark in the history of the consumer movement. Consumers and others were able to read in the mainstream press what it was like to have experienced the mental health system. For many people, reading this book was the beginning of their involvement in consumer organizations (Van Tosh & del Vecchio, in press).

One of the approaches favored by the consumer movement is self-help, which refers to groups led by peers to promote mutual support, education and growth (Lefley, 1996). Self-help is based on the belief that individuals who share the same health problem can help themselves and each other to cope with their condition. The self-help approach enjoys a long history, most notably with the formation of Alcoholics Anonymous in 1935 (IOM, 1990). Over time, the self-help approach has been used to support individuals with virtually every conceivable health condition.

Another way consumers have adopted a self-help approach is through consumer operated programs and services (COPSs). COPSs generally offer mutual support, community-building, services, and advocacy. COPSs provide participants with opportunities to “tell one’s story,” engage in formal and informal peer support, be mentored and become a mentor, learn self-management and problem solving strategies, practice skills for employment and everyday life, express oneself creatively, and to advocate for oneself or other peers.

Family Advocacy



The family movement has experienced spectacular growth and influence since its beginnings in the late 1970s (Lefley, 1996). The family movement is principally represented by three large organizations. They are the National Alliance on Mental Illness (NAMI), the Federation of Families for Children's Mental Health (FFCMH), and the Mental Health Association (MHA). NAMI primarily serves families of adults with a psychiatric disability, whereas the Federation serves families, children, and youth with emotional, behavioral, or mental disorders. It has supported a fledgling national youth organization Youth Motivating Others through Voices of Experience (Youth M.O.V.E.). The MHA serves a broad base of family members and other supporters of children and adults with psychiatric disabilities through lobbying and advocacy at the federal level and within many states. There is not currently a chapter in Washington state.

Splintered services and a lack of availability of services were motivating forces behind the establishment of the family movement. NAMI was created as a grassroots organization in 1979 by a small group of families in Madison, Wisconsin. Families in Washington state were part of this pioneering effort to create a national organization. Since then, its membership has skyrocketed to 208,000 in all 50 states (NAMI, 1999). Over 30% of NAMI members are now mental health consumers. NAMI's principal goal is to advocate for improved services for people with psychiatric disabilities. Advocacy by parents on behalf of children with serious emotional or behavioral disturbances has had a driving impact. Through the efforts of these groups and individuals, the most noteworthy accomplishments of the family movement has been the rise of family participation in decision-making about care for children. This is one of the most decisive historical shifts in service delivery in the past 20 years.

Washington state has a statewide NAMI program with affiliates in most parts of the state. The statewide youth-run organization, Youth 'N Action serves youth from 14-24. There are also other groups that are consumer sponsored throughout our state and more are emerging. However, as of today there is no statewide adult consumer network.

As a certified peer counselor, you may want to tap into the activities of these groups. Oftentimes when resources are scarce, these programs supplement more traditional programs by offering support groups and socialization.

The Certified Peer Counselor Program in Washington State

Peer counselors are also known by several other terms in other states and communities, including “peer support counselors,” “peer specialists,” and “recovery specialists,” to name a few. To be clear—in our training and in this manual, we refer to peer counselors as “certified peer counselors” and we refer to the adult consumers and parents that they serve as “peers.”

Several state and community agencies operate peer counselor services, and Washington state includes certified peer counselor services within the State Medicaid Plan. In Washington State, certified peer counselors may be paid for by Medicaid, as provided under the consultation and supervision of a mental health professional (MHP) who understands rehabilitation and recovery.

Certified peer counselor services include scheduled activities that promote:

- Socialization
 - Recovery
-

- Self-advocacy
- Development of natural, informal and formal supports
- Maintenance and/or increase in community living skills
- Self-help support groups
- Telephone support lines
- Engaging activities in locations where consumers are known to gather

Services provided by certified peer counselors are noted in the peer's service plan and are spelled out with specific goals that are flexible, tailored to the individual and/or family, and are often designed to utilize community and natural supports. Progress notes document progress relative to goals identified in the service plan.

Who can be a certified peer counselor?

In order to become a certified peer counselor, individuals must self identify as a mental health consumer. This includes both individuals with a history of psychiatric disability as well as parents who have raised a child with a psychiatric disability.

To be specific, here is the WAC definition of consumer:

WAC 388-865-0150

- “Consumer” means:
 - A person who has applied for, is eligible for or who has received mental health services.
 - For a child, under the age of thirteen, or for a child age thirteen or older whose parents or legal guardians are involved in
-

the treatment plan, the definition of consumer includes parents or legal guardians.

Roles and Responsibilities

Each agency defines the roles, responsibilities and activities of certified peer counselors who work with them, ensuring that they are in alignment with the Washington Administrative Code (WAC). Certified peer counselor jobs occur in different forms—for instance, individual peer support, peer support groups, in-person activities or on the telephone. Peer support happens in different settings too—in the community, in the agency, or in the peer's home. Some peers work on crisis telephone lines and some work in residential centers. The focus of the work differs according to the needs of the peers. What those needs might be and how peers respond to them is the content of most of this week's training.

We have assembled a panel of individuals who are currently working as certified peer counselors to join us and speak about the work they perform and the settings in which they perform it.

LET'S PRACTICE!



Exercise: Potential Jobs in the Community

Now we will break up into small groups, each group will include 1 panel member. Each group will generate a list of potential jobs for certified peer counselors working in agencies or locations affiliated with agencies. This list will begin to create a mental map for you about how you might use the principles of recovery and resilience to support other peers. We will provide you with a typed list of what the group comes up with to add to your manual.



MODULE 2: THE WASHINGTON STATE MENTAL HEALTH SYSTEM OVERVIEW

System Overview

There are primarily four levels of administrative oversight in the public mental health system:

- Federal (Centers for Medicaid and Medicare)
- State (Washington State Division of Behavioral Health & Recovery)
- Regional (Regional Support Networks)
- Local (community mental health agencies)

We will review each level of oversight and explain how they fit together to deliver mental health services in Washington State.

The Federal Level: Centers for Medicaid and Medicare Services (CMS)

The Centers for Medicare & Medicaid Services (CMS) administers the Medicare and the Medicaid programs and works in partnership with the state to administer them. Medicaid is the principal funder of public sector mental health services in Washington. It is made up of federal dollars and dollars from the State of Washington. Because of the state's reliance on Medicaid to fund mental health services, most of the persons served in the public sector must be Medicaid eligible. Medicaid only funds services to those who have Medicaid as their health insurance.

The State Level: The State Division of Behavioral Health & Recovery

The mental health services provided under the direction of the State Division of Behavioral Health & Recovery are the full range of community mental health rehabilitation services offered under the Medicaid State Plan and the services outlined in the Revised Code of Washington (RCW). The mental health services stress ongoing community support to provide individuals with tailored services that are responsive to their individualized needs. We will describe these services a little further on. The State Division of Behavioral Health & Recovery is part of the Department of Social and Health Services and is located in Olympia. It does not provide any mental health services directly other than the operation of state hospitals. Rather it contracts with regional administrators to provide the mental health services on the local level.

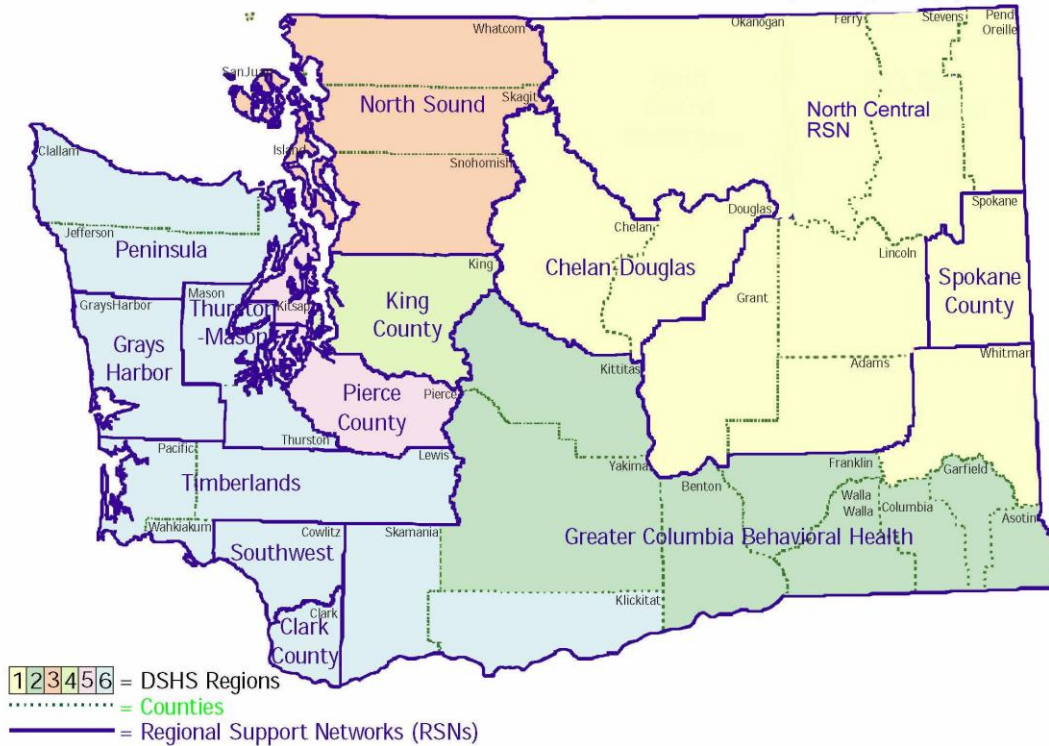
The Regional Level: Regional Support Networks (RSNs)

The Regional Support Networks vary in size and configuration across the state. Some are comprised of a single county and others are made up of a number of counties organized together. Under the State's Community Mental Health Services Act (RCW 71.24), the RSNs administer all community mental health services funded by the state. The RSNs contract with local licensed community mental health agencies (CMHAs) and other entities to provide mental health services.

Go to the next page to find your county and Regional Support Network.

Washington State DSHS Regions

DSHS/DDD & DSHS/MHD RSNs With County Boundaries as of September 2006



The Local Level: Community Mental Health Agencies (CMHA)

Funds for service provision flow through the RSNs to these licensed community mental health agencies.

The rules that the State Division of Behavioral Health & Recovery, the Regional Support Networks, and the community health centers operate under are called the Washington Administrative Code (WAC) which are based on the laws of the state which are called RCWs (Revised Code of Washington). RSNs contract with CMHAs for specific services as required in the WAC.

Service Descriptions

The following services are available in the public mental health system. The peers you work with may receive some or a combination of them.

Outpatient Services

Outpatient services are designed to support consumers and families in their own homes or other residential settings in the community. As in all of health care, community based, outpatient services are generally the first and most desirable set of services for dealing with health conditions.

Washington's State Plan Amendment for outpatient mental health services lists all of the services types which can be provided through Washington's public mental health system. The services are:

- Brief Intervention Treatment
 - Crisis Services
 - Day Support
 - Family Treatment
 - Free Standing Evaluation and Treatment
 - Group Treatment Services
 - High Intensity Treatment
 - Individual Treatment Services
 - Intake Evaluation
 - Medication Management
 - Medication Monitoring
 - Mental Health Services Provided in Residential Settings
 - Peer Support
 - Psychological Assessment
 - Rehabilitation Case Management
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Special Population Evaluation
Stabilization Services
Therapeutic Psychoeducation

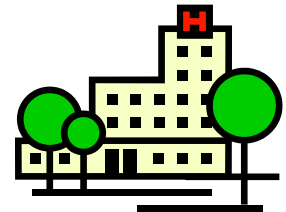
The definitions for these services may be found in the Appendices.

Crisis Services

Crisis services are available in all communities of the state twenty-four hours per day, seven days a week. Crisis services include a 24-hour crisis line and face-to-face evaluations for people presenting with mental health crises. Crises are to be resolved in the least restrictive manner possible and should include family members and significant others as appropriate to the situation. Crisis Services are intended to stabilize the person in crisis, prevent their condition from becoming worse, and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.

Inpatient Services

When acute situations arise that prohibit an individual from being treated safely in an outpatient setting, inpatient hospital care may become necessary. There are essentially two types of hospitalization. They are referred to as involuntary hospitalization and voluntary hospitalization.



Other Inpatient Services

Free Standing Evaluation and Treatment Facilities (E&Ts) provide services in free-standing inpatient residential facilities that are licensed by the Department of Health and certified by the State Division of Behavioral Health & Recovery.

The E&T provides medically necessary evaluation and treatment to Medicaid enrolled individuals who would otherwise meet hospital admission criteria as described above. An E&T cannot provide care for individuals with serious or significant medical complications. These services can be either voluntary or involuntary. Not all communities have E&Ts.

Children's Long-Term Inpatient Program (CLIP)

For an individual under the age of 18, the RSN will work with the family and the community mental health agency to determine if long-term inpatient care is indicated. If long-term inpatient care is needed, the RSN will send an application to the statewide CLIP Administration for consideration.

Long-term inpatient care for children is provided in four residential facilities referred to as the Children's Long-Term Inpatient Programs (CLIP). These facilities include:

- Tamarack in Spokane
- McGraw Center in Seattle
- Pearl Street Center in Tacoma
- Child Study and Treatment Center (CSTC) in Lakewood

CSTC operates on the grounds of Western State Hospital in a separate and distinct part of the campus. In addition to CLIP, CSTC functions as the state hospital for children. As such, CSTC accepts individuals who are medically compromised and also provides evaluations for those who are court ordered for evaluation and/or treatment.

Avenues for Consumer & Family Input in Washington's Mental Health System

As we have described earlier in the manual, the recovery movement and peer counseling came about because those who thought there was a better way to deliver mental health services spoke up. Washington's mental health system continues to evolve and improve due in part to the feedback provided by those that it has served. We will describe a number of channels for consumers and family members to provide this valuable input.

Consumers and families are represented on the **Mental Health Planning and Advisory Council (MHPAC)** to the State Division of Behavioral Health & Recovery. This advisory board must include at least 51% mental health consumers and family members. It is the role of MHPAC to advise the State Division of Behavioral Health & Recovery regarding regional proposals for Federal Block Grant funding, which is one source of funding for mental health services in Washington state.

The **Office of Consumer Partnerships** (or OCP) in the State Division of Behavioral Health & Recovery promotes programs to increase consumer service and rights. The mission of the Office of Consumer Partnerships is to promote recovery for all people in the public mental health system. Activities include: creation of a communication feedback loop to foster consumer voice to the State Division of Behavioral Health & Recovery, development of a strategic plan, and efforts reduce stigma. For more information on how you can contribute to the vision, mission, and goals of the OCP, please call 1-800-446-0259, push 7, and ask for the OCP. We have provided further information about the Office of Consumer Partnership in the Appendices.

A route for assistance with problems or complaints about mental health services can occur through your local **Ombuds**. The ombudsperson can meet with the

individual or family to discuss the problem and then work with them and the RSN or mental health agency to solve the problem. The complaint may be filed with a community mental health agency, the **Regional Support Network**/prepaid inpatient health plan or the **Ombuds services**. The goal is to bring resolution to the complaint at the lowest possible level. The Regional Support Network must encourage resolution of complaints at the lowest possible level. Appendix 5 lists the current Ombuds and their telephone numbers. Let us make the connection between where you live and who is your mental health Ombuds now.

One more level of involvement and voice for consumers is the **Quality Review Teams**. These are volunteers or paid staff who review the delivery of services through surveys or other methods and report their findings to their RSN.

The Ombuds, Quality Review Teams, MHPAC, and Office of Consumer Partnerships are watchful that service providers honor consumer rights.

MODULE 3: CORE PRINCIPLES OF RECOVERY AND RESILIENCE

Previous Models of Mental Health Services

The Medical Model

The medical model describes the dominant approach to illness in *Western medicine*. It aims to find medical treatments for diagnosed diseases and treats the human body as a very complex machine. The medical model drives research and theory about physical or mental problems on a basis of cause and cure.

For many years, mental health care was driven by the medical model. Clinicians diagnosed and treated the illness. The emphasis was often on the illness and limitations. Medication was often a primary tool as more pharmaceuticals appeared on the market. The recovery movement grew out of the desire of people with disabilities to obtain a better quality of life when it was clear that the medical model was often focused on simply maintaining or coping. A medical approach to mental illness has its place and is not necessarily inconsistent with a recovery approach. The American Association of Community Psychiatry has developed a concept of recovery oriented services.³

Early pioneers in the consumer movement had a vision that they could do more than just survive, maintain, or cope. They had a dream of equality, of a place at the table in work places and finding their own powerful voice. They recognized that they had strengths and abilities. Grassroots consumer groups took their lead from other disability rights organizations and began to organize a new vision of living beyond their diagnosis.

³ More information about this is available at www.comm.psych.pitt.edu/finds?ROSMenu.html

Ridgway offers a comparison of the pre-recovery mental health system and a recovery enhancing mental health system.⁴

Pre-Recovery Mental Health System	Recovery Enhancing System
Message is: "you'll never recover" – illness is a lifelong condition	Message is: "recovery is likely" you can and will attain both symptom relief and social recovery
Minimal attention to basic needs	Attention to basic needs, including housing, human and civil rights, income, healthcare, transportation
Focus is on person as patient, client, service recipient	Focus is on success in social roles: parent, worker, tenant. Activities to reclaim and support a variety of social roles are emphasized
Treatment plan and goals are primarily set by staff with minimal input by individual or family. Plans often generic and focus on illness/medical necessity of treatment	Personalized recovery plan is mandated based on person's individual goals and dreams. Plan is broad and ranging across many domains. Often includes services and resources that are not directly affiliated or controlled by mental health service system
People lack access to the most effective or research validated services	There is ready access to research validated practices and on-going innovation and research on promising approaches
Peer support is discouraged, lacking, or under funded	Peer support is actively encouraged, readily available, adequately funded and supported.
Coercion and involuntary treatment are common. Staff act "in locus parentae", over use of guardianships, representative payee and conservatorships	Coercion and involuntary treatment are avoided. People are treated as adults. Temporary substitute decision makers used only when necessary. Advanced directives and other means are used to ensure people have say even in crisis
Crisis services emphasize coercion and involuntary treatment, often use seclusion and restraint which can be (re)traumatizing	Crisis alternatives such as warm lines and respite are available. Staff has been trained to avoid seclusion and restraint and is skilled in alternative approaches

⁴ Adapted from Ridgway, P. (2004). *Research Findings: Key factors and elements of a recovery-enhancing mental health system*. Document prepared for "Recovery in Action: Identifying Factors and Trends of Transformational Systems" meeting sponsored by CONTAC and NCSTAC. Indianapolis, IN.

The recovery approach deviates from the traditional ways of delivering mental health care that have been around a long time. While we are not “there” yet, we are all helping to move “the system” in that direction. We all have roles to play in helping it along. Offering peer counseling is a significant step towards moving our mental health system into alignment with recovery principles.

Language Matters

When we talk about mental illness, the words we choose are very important. Respectful language can promote recovery and reduce stigma. A poor choice of words can have the opposite effect. Consider the following word choices.

Person instead of *patient*

Challenge instead of *failure*

Opportunity instead of *crisis*

Life experience instead of *history of illness*

Strengths instead of *weaknesses*

Recovery path instead of *cure*

Acceptance instead of *blame*



The words on the left are positive and have a sense of power to them. They engender hope and possibility. The words on the right are negative. Words can go a long way in facilitating someone's recovery and combating stigma within and outside of the mental health system.

Additional Examples of Language that Promotes Recovery:

- Use terms like service/resource coordination rather than case management. People are not cases, and should not be managed.
- Certified peer counselors promote a partnership, which means that terms such as compliance (a metaphor of force), are to be avoided, since compliance suggests mindless conformity. Other words seem loaded with judgment—consider the implications of words like refuse and resistant. Terms like involvement, adherence, partnership, and cooperation are less passive, and more suggestive of someone taking active responsibility for his or her own recovery.

Person First Language

“Words have power. They have the power to teach, the power to wound, the power to shape the way people think, feel, and act toward others.” -Otto Wahl

Person first language refers to the practice of putting the person first when writing or talking about a person with a disability. Using person first language emphasizes the person rather than his or her symptoms or diagnosis. For example, it is preferable to say “the person with mental illness,” rather than “the mentally ill man” or “the schizophrenic.” We do not want to lose sight of the person just because a psychiatric label has been attached to them. Referring to a person simply by his or her diagnosis is on some level dehumanizing, even if this is not what the speaker or writer intends.

It is the hope of many in the consumer movement that print and online documents will use person-first language, which refers to people in a way that focuses attention on their humanity, rather than on the existence of a disability, illness, condition, or characteristic. Groups and individuals are to be referred to by their roles and personal achievements, rather than their diagnoses or labels.

Person First Language Examples:

- Person: Use person alone when the person's role (e.g., psychiatrist) or diagnosis is irrelevant. For example: The sentence "People succeed at work when they have adequate skills and supports." is true whether we are talking about someone who is returning to work after receiving supported employment services or about someone who has landed a first professional job following graduate school.
- Someone with a history of depression, not suffering from depression. Suffering is a self-descriptive concept, to be used only by the person who is experiencing the suffering.
- Person who uses services at this agency, not my client, which implies possession or a controlling attitude.

Psychiatric Disability

In general, the term psychiatric disability is preferred to both the phrase mental illness, and the use of specific diagnoses. **This term will be used in the manual but we do not prescribe any particular term.** People have the right to refer to themselves as they choose, for example, a person might not believe that his/her psychiatric condition is disabling, and might prefer a term other than disability.

Some acceptable terms are:

- Person living with a psychiatric disability
 - People living with psychiatric disabilities
 - Psychiatric illnesses
-

Unacceptable language includes dehumanizing words or phrases, such as:

- The mentally ill
- Schizophrenics
- Chronic

We also recognize that certified peer counselors have a responsibility to educate. For example, while effective communication with the medical community might, at times, make medical terminology useful, certified peer counselors are urged to avoid the most medically oriented terms, such as patient or illness, and to assist the medical community in transitioning from a system that “does to” into a system that “does with.” In other words, we want to encourage partnerships between the people who use services and the people who provide them.

When necessary, specific diagnoses are preferred to more global terms, and are to be used in a person-first format, as in using the term “a person living with schizophrenia.” Since many forms of psychiatric disorder exist, the term psychiatric disability should be specified as clearly singular (e.g., a person diagnosed with a psychiatric disability) or plural (e.g., people who have been diagnosed with a variety of disorders). Emphasizing the existence of a variety of psychiatric disorders corrects the description of psychiatric disorder as a single entity.

Language Guidelines⁵

- Psychiatric disability implies something a person has (not is), while emphasizing ability, and is comparable to physical disability.
- The term “mental illness” implies a medical perspective, with an emphasis on diagnosis and symptoms, and is comparable to a physical illness.

⁵ Language Guidelines (2003). United States Psychiatric Rehabilitation Association.,.

- Mental health implies wellness and successful cognitive and interpersonal behaviors, and is comparable to physical health, in the sense that someone can be basically healthy while still experiencing occasional periods of illness or symptoms.
- Terms like serious, significant, severe, and persistent provide an image of a long-term (potentially life-long) difficulty, and are better than chronic, which implies hopelessness. Even for the most severe and long-term psychiatric disorders, however, we must all believe in the possibility of recovery.
- A description of specific strengths and weaknesses in relation to a desired goal is preferable to an overly general and pejorative term such as “low functioning.”

Exercise: Together with the rest of the class, continue to build the language of

LET'S PRACTICE!



Recovery and Resilience. Make a list of positive language concepts and compare them with the negative language concepts they are replacing.



Hope: A Cornerstone of Recovery⁶

"The capacity for hope is the most significant fact of life. It provides human beings with a sense of destination and the energy to get started." - Norman Cousins

We start the discussion of hope with a quote by Norman Cousins. Norman Cousins was an important political journalist, professor, and world peace advocate. After being diagnosed with heart disease and being told he had little chance of surviving, Cousins developed a recovery program that included such things as a positive attitude, love, faith, hope, and laughter induced by Marx brothers films. Cousins lived 26 years after his doctors first diagnosed his heart disease.

Defining Hope

As a group let's work together to define hope. You may take notes, if you wish.

⁶ Adapted from material provided by Jill San Jule.

Here are some additional ways of thinking about hope:

- Hope is the belief that a positive outcome lies ahead.
- It is a way of thinking, feeling, and acting that can help ease overwhelming doubts and fears, and help one move through difficult situations.
- Hope is being honest with yourself about your situation in life while still looking forward to possible positive outcomes in your future.

Hope- A Critical Component

And why is hope so important for individuals dealing with a diagnosis of mental illness?

“There is no other area of healthcare where people come for help with overwhelming amounts of hopelessness, fear, shame, and guilt.”

The above quote came out of the Well-Being Project—which was a landmark effort by the California Department of Mental Health in 1989 to identify factors which promoted and hindered the well-being of individuals with mental illness. What they found is that people were just as harmed by the internalization of stigma and the feelings of helplessness and hopelessness as they were by their own symptoms of mental illness. There are common experiences that often accompany receiving a diagnosis of a mental illness, these include:

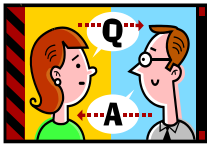
- Experiencing major losses
- Becoming socially disconnected
- Losing economic status
- Experiencing stigma from society
- Becoming demoralized by “the system”

On the surface, this list sounds pretty hopeless, fortunately it's not the whole picture. More often than not, when individuals are asked, “What helped you to begin your recovery journey?” they reply “There was this one person...this one person who I came in contact with who didn't treat me like an incapable sick

person—who looked beyond my symptoms and realized that I had many strengths and skills and abilities. This person helped me re-discover my true self and helped me begin to put the pieces of my life back together. This person held the hope for me when I believed there was no reason to go on.”

Hope, then is the turning point or the moment when one’s desire is accompanied by the belief in the fulfillment of something better, perhaps when one takes that first step and dares to dream again...

LET'S PRACTICE!



Exercise: Your instructor will give you a half sheet of paper. Write down when you first encountered hope. What inspired you to think you had options? Do not put your name on the paper. The instructor will collect

the sheets and redistribute them for reading to the class. You will be reading someone else’s encounter with hope.

Supporting a Hopeful Outlook

Certified peer counselors use their relationships with the peers they support as the primary means for providing interventions. This gives certified peer counselors the opportunity to be that “one person” who offers the possibility of improvement and who holds the hope that recovery is not only possible, but probable. One of the certified peer counselor’s most powerful tools to support hope is their own recovery story which we will look at closer later on in the training.

Ways to support hope:

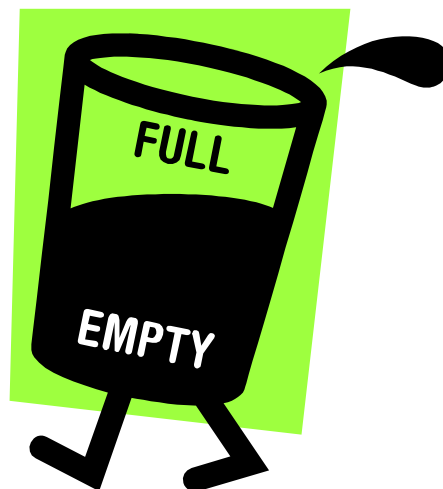
- Share personal accounts of inspiration
- Give reassurance and provide encouragement
- Allow individuals and/or families to lead his/her/their own recovery plan
- Help the person and/or their family, when appropriate, find what he/she/they might like to try
- Create opportunities for peers to meet, interact with, and learn from others further along in their recovery who serve as champions of hope!



Imagine a world where a youth or young adult is diagnosed with mental illness and is offered hope rather than the common experiences described earlier.

Learned Optimism

Martin Seligman is known for his research on “learned helplessness,” which describes what can occur when animals or human beings learn that their behavior has no effect on the environment. In 1998, after being elected the President of the American Psychological Association, he decided to change the focus of his research and instead began looking at “learned optimism” and “positive psychology,” intent on focusing on those things that lead to mental wellness. This represented a huge shift. Certified peer counselors should begin to teach the skills of optimistic thinking, to help move peers from a place of learned helplessness to learned optimism. If the certified peer counselor by nature has difficulty with optimism he or she may be encouraged to know that optimism is a skill that can be learned. We often say and hear others say “it’s just my nature” to be pessimistic. Some of us may believe that pessimism is a family trait and that family characteristics are set in cement. They are not. As Abraham Lincoln once said, “Most people are as happy as they make up their minds to be.”



A psychology student who was writing a paper about hope asked individuals online to define hope and what it meant to them—one of the individuals who responded wrote this poem:

What HOPE means to me...

It's magic and its free
It's not in a prescription
It's not in an IV.

It's pushing past impossible
It's pounding at the door,
It's questioning the Answers,
It's always seeking more.

It punctuates laughter,
It sparkles in our tears,
It simmers under sorrows,
And dissipates our fears.

It's rumors of a breakthrough,
It's whispers of a cure,
A roller coaster ride
Of remedies, unsure.

Do you know what Hope is?
It's reaching past today,
It's dreaming of tomorrow,
It's trying a new way,

Do you know what Hope is?
It's candy for the soul,
It's perfume for the spirit,
To share it, make you Whole.

The Role of Language

The health of every human body is greatly influenced by the state of its mind. This means that people with an optimistic outlook are less likely to be ill, both mentally and physically. Once people are ill, the course of their illness can be strongly influenced by the way they think about it. Personal empowerment requires that individuals overcome all the pessimistic expectations that are associated with receiving a diagnosis. Moving away from language that is self-stigmatizing is a huge step certified peer counselors can take in empowering individuals to believe in themselves, to have the ability to determine their destiny, and to look optimistically about their future.

Empowerment⁷

Empowerment Defined

Modern use of the term originated during the Civil Rights Movement, which sought political *empowerment* for its followers. It was then taken up by the Women's Movement and then finally adopted by the Disabilities and Mental Health Consumer Movements as they migrated out of political arenas. What all of these groups had in common was a need for a word that made individuals feel that they were or were about to become *more in control of their destinies*.

Empowerment is central to recovery and resilience. Peers are empowered when they participate in their own services and are involved in self-help with a mind-set of consumer rights. Peer participation in their own services, self-help, and embracing consumer rights are key strategies for promoting empowerment. In practical terms, for the certified peer counselor, this means:

- focusing on the strengths of an individual and/or family
- supporting active participation in the helping process by the individual and/or the family
- approaching the use of resources in a way that relies on the entire community rather than relying solely on formal services
- reconnecting and strengthening informal and social networks and support systems.

We will talk more about some of these strategies later, here we will focus on empowerment and what that looks like with the individual and/or family.

⁷ Adapted from material provided by Jill San Jule.

Elements of Empowerment

While working at the Center for Psychiatric Rehabilitation, Judi Chamberlin, a very effective consumer/survivor activist, brought together a group of the country's leading consumer/survivor self-help leaders in order to define empowerment. After much discussion, this group determined that this was no easy feat—that empowerment is a complex concept that occurs on multiple dimensions rather than an event. They went on to identify some of the elements of empowerment in depth:

- **Having Decision-Making Power**

People must be encouraged and allowed to practice making decisions. Everyone learns through trial and error. Without the opportunity to make important decisions about one's life, people can remain stuck in long-term dependent relationships.



- **Having Access to Information and Resources**

When people have access to resources and information, they have the tools they need to act with more autonomy. Certified peer counselors promote psycho-education and encourage problem-solving techniques. Aids such as medication logs and mood charts may help individuals who will then go on to manage their needs more independently, increasing their level of empowerment. Encourage the use of self-help aids, such as workbooks. There are a number of excellent workbooks available that teach peers how to identify and manage symptoms.

Certified Peer Counselors can also support the use of Advance Directives. Advance Directives are legally binding documents that empower people to make their treatment preferences known prior to going into crisis. There are

Advance Directives for both physical and mental health, we encourage the use of both. Templates for Advance Directives can be easily obtained online at <http://www1.dshs.wa.gov/Mentalhealth/advdirectives.shtml>

- **Learning to Think Critically; Seeing Things Differently**

The empowerment process includes a reclaiming of one's sense of competence and recognition of the often-hidden power relationships inherent in the treatment environment. As peers become empowered, they may want a more collaborative relationship with their treatment providers than they previously had.

- **Learning About and Expressing Anger**

Individuals should learn to safely express their anger. People need to understand how anger can be used constructively and to recognize its limits. For some, the expression of anger has been restricted in part due to fear and an overestimation of its destructive power. Anger can be destructive—however it can also be a legitimate expression that is handled both safely and constructively.

- **Not Feeling Alone- Feeling Part of a Group**

It is important to recognize that empowerment does not occur to the individual alone, but has to do with experiencing a sense of connectedness with other people.

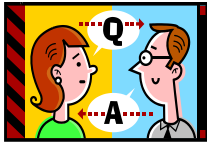
- **Effecting Change in One's Life and Community**

Empowerment is more than a feeling or a sense—these feelings are a precursor to action. Making change in one's life increases feelings of mastery and control—which in turn leads to further and more effective change.

- **Changing Others' Perceptions of Our Competency and Capacity to Act**

Sometimes people set low expectations for an individual due to a psychiatric disability, however when people take control of their lives and demonstrate competency these false expectations are disproved. As individuals earn the respect of others, their self confidence increases and this helps them to act with increasing empowerment—which further changes the perceptions of others.

LET'S PRACTICE!



Exercise: Now that we've reviewed some of the key elements of empowerment, let's break into partners to discuss our personal experiences with empowerment. Which elements did you relate with? Choose a part of your recovery story that relates to one of the elements to share with your partner. We will come back together as a group and report generally about our discussions.



Personal Responsibility

As we reveal more of ourselves to the peers we work with, we are role modeling recovery and resiliency. It is important that we continue to work on our own wellness and encourage the same for peers. One of the ways we model recovery and resilience is to take personal responsibility for our best health.

"You are the expert on yourself. You know what you need and want. It is up to you to take personal responsibility for your own wellness and your own life. Sometimes this means taking back control that you have lost in the past. Those of us who take back this control and accept this responsibility achieve the highest levels of wellness, happiness, and life satisfaction."⁸



Personal responsibility also means that individuals have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Individuals must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness. The role of the certified peer counselor is to support individuals in doing so.

⁸ Copeland, M.E. (2002). Wellness Recovery Action Plan.

WRAP- A Tool You Should Know About

Part of being responsible for ourselves and our wellness may include developing a plan to ensure that our needs are being met. There are different tools available for doing this, one example is the WRAP or the *Wellness Recovery Action Plan* (WRAP) by Mary Ellen Copeland. Prior to this training we provided you with the WRAP book with the hope that you could take the time to read it and create your own WRAP plan. We do not have time this week to teach and certify you to develop WRAP plans with the peers you will serve, however because these tools are so valuable we want you to be aware of them.

WRAP lays out an organized way of creating a self-help recovery plan for how you can meet your needs on a day to day basis and in times of crisis. This can be useful to you in your own recovery which you can model to peers. It is also a significant tool that you can learn to teach to peers.



"The beauty of WRAP is the fact it is completely individualized to what each of us needs for our recovery. For some peers, like me, WRAP training provided the first opportunity to really think about our lives and not feel victimized by illnesses we felt we had no control over. We learned that we could have some control and that we could learn to identify what we were like when we were doing well, what we were like when we weren't. By labeling our experiences we could dig further and find those key individual elements that were present in our good times. We found we had the power with a

little training to incorporate positive, health imparting things into our lives. This moved us to self empowerment and the ability to take control of our mental health. We became more confident and began to believe we had it in us to recover and we had a path marked for ourselves to get there. The tools gave us a sense of hope that we could identify triggers or flags if our mental health was deteriorating and by recognizing the triggers we could put limits on them"

- a peer counselor trained in WRAP

There are a series of WRAP courses that certify individuals to work with others to teach WRAP. As a certified peer counselor, you may want to take the 3-day WRAP course that will certify you to work one-on-one with others, teaching WRAP. There is an additional 5-day WRAP course that can certify you to teach WRAP to groups. WRAP courses are often taught on a regional level so the best way to know about them is to be connected to your regional, recovery-oriented partners and these vary for different areas. You can also learn more about WRAP at: <http://www.mentalhealthrecovery.com/>

MODULE 4: THE RECOVERY PROCESS

Stages and Barriers

As we said earlier, mental health recovery is a journey. If we take this idea further, we can look at it as a pathway, recognizing that each individual has their own unique path. Each person is in a different place on the recovery pathway. People move at their own pace. The recovery approach views setbacks in recovery as part of the human process and as opportunities for learning rather than regarding a relapse as a permanent and stigmatizing event. The word relapse is laden with negative emotions and judgment from the past. Because this model recognizes that growth can occur from setbacks in recovery, the pathway does not necessary look like a straightforward arrow.

Some possible signs of recovery you can see in another are:

Self awareness

Hope

Positive language

Having positive self-regard instead of stigma against mental illness

Connection with peers, friends, and family

Connections in the community

Helping others

Self-advocacy

Involvement in one's spirituality or spiritual tradition

Awareness of the cultural differences within family and community

Having a support network

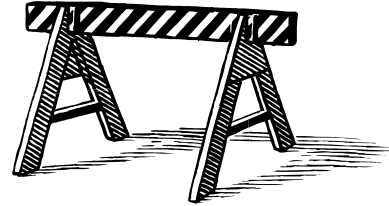
Having a WRAP plan

Having a crisis plan

Barriers to Recovery and Resilience

Most people experience barriers in their recovery path. The barriers may include:

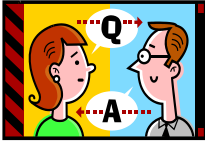
- Stigma
- Discrimination
- Misinformation
- System Barriers
 - Lack of services, programs, and/or resources
 - Lack of individual care plans
 - Lack of certified peer counselors for positive role models in the system
 - Lack of options to allow for individual choice in the care plan
- Poor self-care
- Isolation due to fear or rejection
- Substance abuse/misuse of medications
- Finding the right medication
- Blame
- Getting stuck in anger
- Negative self-talk
- Poverty and lack of resources
- Homelessness
- Domestic violence
- Dependence on an abusive partner or family member



If any of these are current issues in a peer's life, their WRAP plan and/or their Individual Service Plan may have strategies to counteract these barriers. We will talk more about Individual Service Plans on Day 5 when we discuss documenta-

tion. What we are referring to is the formal plan the peer has developed in partnership with their primary clinician at their community mental health agency. This plan describes their short-term goals and how they will work to achieve them.

LET'S PRACTICE!



Exercise: Choose three of the above barriers and, with a partner from the class, develop strategies that you, as the certified peer counselor, could use to overcome them.

One of you should act as a hypothetical person dealing with the barriers. You will be reporting briefly back with the class about the brief role play.

END OF DAY ONE



DAY TWO

Core Tools of a Certified Peer Counselor: Interpersonal Skills

LEARNING GOALS FOR TODAY

Overview

Today we will be discussing some of the tools we use in our work. This will include an overview of *interpersonal skills*.

By the end of today, you will learn and understand how to:

- Get to know someone
 - Communicate more effectively
 - Validate feelings and thoughts
 - Help someone identify strengths to meet their needs
 - Know when and how to share pieces of your recovery story
 - How to work more effectively with groups
-

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OVERVIEW OF INTERPERSONAL SKILLS

“The foundation of genuine helping lies in being ordinary. We can only offer ourselves, neither more nor less, to others—we have in fact nothing else to give. Anything more is conceit; anything less is robbing those in distress.”⁹

Certified peer counselors have the opportunity to develop a unique, trusting relationship with each peer they work with. As a certified peer counselor, your role is one of *partnering*. Today we will discuss tools geared toward developing and sustaining a relationship with the people we may work with every day.

- We begin by first *establishing a relationship* with those that we work with.
- We will also develop a clear understanding of the importance and power of *effective communication*. Through discussion and class exercises, our listening skills will be sharpened.
- You will learn how to help fellow peers to identify and capitalize on their *strengths*.
- *Sharing one’s story*, or self disclosure, as it is also known, can be an important and helpful tool in serving others. It can also be counter-productive if carelessly used.

⁹ Brandon, D. (1982). *The Trick of Being Ordinary: Notes for Volunteers & Students*, London: Mind.

MODULE 5: ESTABLISHING A RELATIONSHIP

Relationship as the Core of the Helping Process

The core of the helping process is the development and maintenance of a positive relationship between the helper and the person being helped. All of our relationships contain forces that influence us to change or to modify our feelings and attitudes. Throughout an individual's life, he or she is influenced by the nature and the quality of his or her relationships with others.

It is no different in the work of a certified peer counselor. In order for the relationship between the certified peer counselor and the peer to be productive and positive it must have certain characteristics:

- There must be **acceptance** and **trust**. If a person feels judged, they will not speak freely, and may be defensive.
- The peer must **feel understood** and **valued** as a person.
- The certified peer counselor must be **interested, genuinely concerned** and **encouraging**, and at the same time, **objective**.

As a certified peer counselor, you must work to accept and understand the peer's problems, recognize the demands and the requirements of the situation, and assist them to examine alternatives and their potential consequences. You must avoid telling the person what he or she *should* do. Only the individual can and will decide as he or she acts upon his or her feelings, insights, and/or understanding of self and the problem. The element of empowerment can only occur when people are supported in making their own decisions.

The relationship between any helper and the person being helped is expressed through **interaction**. We may tend to think of this interaction in terms of **verbal** communication, which is, of course, natural because the greater part of communication consists of talking. However, **nonverbal** behavior is also very important. Body posture, gestures, facial expressions, eye movements, and other reactions often express feelings and attitudes more clearly than do spoken words. It is often for this reason that certified peer counselors must be aware of their own feelings, attitudes, and responses as well as to those of the person being helped if he or she is to understand what is taking place and be of assistance.

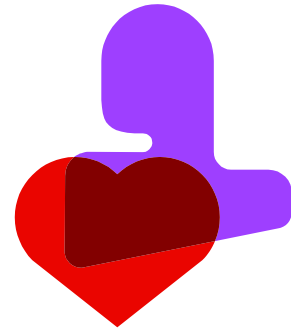
“Relationship is a human being’s feeling or sense of emotional bonding with another. It leaps into being like an electric current, or it emerges and develops cautiously when emotion is aroused by and invested in someone or something and that someone or something ‘connects back’ responsively. We feel ‘related’ when we feel at one with another (person or object) in some heartfelt way.”¹⁰

When we begin a friendship or a working relationship, we begin with asking and answering questions. Our unique qualifications as certified peer counselors include the ability to empathize with some of the experiences other peers have encountered. We can provide a natural, authentic, comfortable style of getting to know one another.

¹⁰ Perlman, H. H. (1979) *Relationship. The heart of helping people*, Chicago: University of Chicago Press

“Foundation Skills”

Caring is what may have brought many of you to become certified peer counselors, but caring is not enough. Caring must be paired with knowing enough to make it work. The foundation skills that will help you include:



Being present and in the moment. In order to show interest in another person and establish a trusting relationship, we must focus our attention on that person. This is sometimes referred to as being “other-centered” in our conversation. This process is about the person and her or his needs, not about our own needs.

The joy of any counseling task is that when you are truly interested in another person, you are open to having them teach you about who they are. You invite them to tell you and you are privileged to learn about them. You initially find them to be interesting and are moved by their story and find yourself caring for them. It is in this process that the “electricity” of connecting to another happens.

Treating all with respect & dignity. We know from our own experience how important it is to be treated with respect and dignity. The peer relationship is an equal relationship. We are partnering with peers as he or she discovers her or his best self. We appreciate the value of that human being to which we are connecting. We make no judgments about who that person is, but meet the person on common ground.

Remembering how far we have come. The peer we are working with may not be on the same recovery path with which we are familiar. This person may be in a different place. It is essential that we remember how far we have come from the days when we may have felt wounded, hopeless, or in a much more difficult position than we are in now.

Believing and living recovery. In our own hearts and minds, we believe that all people have the capacity to recover. Human resiliency is an amazing quality, and we all know that we can bounce back to a different level of wellness.

“Hope is like a road in the country; there was never a road, but when many people walk on it, the road comes into existence.”

~Lin Yutang

Appreciating others’ courage. It is an important step to seek help. The peers we work with are showing great courage when they agree to meet with us. We can honor this courage and acknowledge it as a strong step on that recovery path.

Making empowerment and personal responsibility a top priority. The goal of our time spent with peers is to see them discover their own power again. Once a peer realizes they have a voice and a choice, tremendous progress happens on the wellness path. Simple steps to empowerment include:

- Start from where you are and take one step at a time.
 - Examine your resistance points (Those things that irritate you, limit you, and cause you to react).
 - Recognize that whatever you are experiencing at this very moment is appropriate to your need to grow.
 - Stop worrying about whether others are getting theirs!
 - Realize that while it matters what happened to you, what matters most is how you choose to respond to the rest of your life.
 - Learn to operate holistically by opening up to the other possibilities. Be open to other possibilities and choices you can make for your life.
 - When faced with an apparently hopeless situation, take action, ANY action! (Logjam theory: When logs in a stream become all jammed up, moving ANY ONE log frees the others to move).
-

Using Open-Ended Questions

One way we get to know the peers we work with and what they would like to accomplish is by asking open-ended questions. These questions cannot be answered with a simple “yes” or “no.” Here are a few examples:

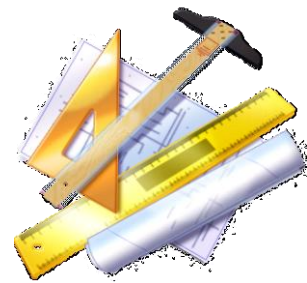
- Who is important to you? Tell me a little more about them. Why are they important to you?
- What is your typical day like? Is there anything you'd like to change about your daily routine?
- What was/is your favorite thing about school (work)?
- If you had your choice of any one thing to do right now, what would it be?
- What do you like about yourself?
- What activities or things help you relax?
- What new activities would you like to try?

Some people have great difficulty in responding to questions, they answer “I don't know” and appear overburdened with having to give a response. In this case one can try forming questions as comments that invite a response but don't demand one, for instance:

- I bet you have some people in your life that are important to you and could tell me stories about them.
 - We all have to get up sometime in the day and get to our routines, sometimes it gets to be a hassle.
 - I hear you've spent some time in school, lots of interesting stuff you can get into in school.
-

- Lots of people get to where they wish they could do one thing to get themselves moving, they know just what it would be but can't get to a place to just do it.
- I'll bet there's some things you like about yourself...could do to relax...would like to try, etc.

Your role as a certified peer counselor is to partner with the individual and possibly the family. Partnerships are built with the following tools:



- Listening.
 - Identifying commonalities or common interests.
 - Understanding and respecting the individual's culture, values, and spiritual beliefs.
 - Building rapport. It is important to "meet" the person/family member where they are and not where you think they should be.
 - Presenting all options and possible consequences. Do not give advice. No one likes to be told what to do or how to do it. If you hear yourself saying "you should," this is a good indication that you are giving advice which may not be very helpful.
 - Telling your story when it can be helpful and when you are comfortable with doing so.
-

MODULE 6: EFFECTIVE COMMUNICATION¹¹

In the last module we discussed tools you can use to help develop a relationship with a peer. Your ability to communicate effectively is another one of these tools. In this module we will discuss techniques you can use to be a more effective communicator, including and maybe most importantly, how to be a better listener.

Active Listening



“Listening in dialogue is listening more to meaning than to words...In true listening, we reach behind the words, see through them, to find the person who is being revealed. Listening is a search to find the treasure of the true person as revealed verbally and nonverbally. There is the semantic problem, of course. The words bear a different connotation for you than they do for me. Consequently, I can never tell you what you said, but only what I heard. I will have to rephrase what you have said, and check it out with you to make sure that what left your mind and heart arrived in my mind and heart intact and without distortion.” - John Powell, theologian

Active listening can be defined as a method of listening in which the listener places their entire focus on the speaker and confirms the message and feelings of the speaker.

¹¹ Adapted from “Collaborative Problem Solving and Dispute Resolution in Special Education” by Rod Windle, Ph.D. and Suzanne Warren, M.S., September 1999

In active listening, hearing what is being said is not enough. Active listening requires attentive engagement and active response to what is being said. Active listening (1) emphasizes to the peer that the certified peer counselor is listening, and (2) improves the mutual communication in the helping relationship.

When empathizing with others, consider their needs and feelings. Expressing empathy helps people to feel understood. To demonstrate empathy, listen actively. Active listening involves keeping your awareness on the other person.

Giving Full Physical Attention to the Speaker

Active listening includes appropriate body movement, eye contact, facial expressions, and posture. These indicate to the speaker that (1) what he or she is saying is important and (2) we are totally present and intent on understanding him or her. Some of the techniques to use include:

- ♦ Leaning gently toward the speaker
- ♦ Facing the other person directly
- ♦ Maintaining an open posture with arms and legs uncrossed
- ♦ Maintaining an appropriate distance
- ♦ Gentle head nodding or responsive facial expressions



Being Aware of Nonverbal Messages

When we pay attention to a speaker's body language we gain insight into how that person is feeling as well as the intensity of the feeling. Through careful attention to body language and paraverbal messages, we are able to develop ideas about what the speaker (or listener) is communicating. We can then, through our reflective listening skills, check the accuracy of those ideas by expressing in our own words, our impression of what is being communicated.

Paraverbal Messages

Paraverbal communication refers to the messages that we transmit through the tone, pitch, and pacing of our voices. It is *how* we say something, not *what* we say. A sentence can convey entirely different meanings depending on the emphasis on words and the tone of voice. For example, the statement, "I didn't say you were stupid" has six different meanings, depending on which word is emphasized.

"I didn't **SAY** you were stupid."
"I didn't say **YOU** were stupid."
"I didn't say you were **STUPID**."

Some points to remember about our paraverbal communication:

- When we are angry or excited, our speech tends to become more rapid and higher pitched.
 - When we are bored or feeling down, our speech tends to slow and take on a monotone quality.
 - When we are feeling defensive, our speech is often abrupt.
-

Paraverbal Messages:

1. Account for about 38% of what is perceived and understood by others.
2. Include the tone, pitch, and pacing of our voice.

Reflective Listening

Reflective listening is the process of restating, in our words, the feeling and/or content that is being expressed. It is part of the verbal component of sending and receiving messages. By reflecting back to the speaker what we believe we understand, we validate that person by helping them feel heard and acknowledged. We can also ask clarifying questions about the accuracy of our perceptions, thereby increasing the effectiveness of our overall communication.

Paraphrasing: This is a compact statement of the content of the speaker's message. The paraphrase should be in the listener's own words rather than "parrotting back," using the speaker's words.

"You believe that your son is too young to go to the movies without an adult present."

Reflecting Feeling: The listener concentrates on the feeling words and asks herself, "How would I be feeling if I was having that experience?" She then restates or paraphrases the feeling of what she has heard in a manner that conveys understanding.

"It sounds like you're upset because you haven't been able to get in touch with me when I'm at work."

Summarizing: The listener pulls together the main ideas and feelings of the speaker to show understanding. This skill is used after a considerable amount of information sharing has gone on and shows that the listener grasps the total

meaning of the message. It also helps the speaker gain an integrated picture of what she has been saying.

"You're frustrated and angry that the assessment has taken so long and confused about why the referral wasn't made earlier since that is what you thought had happened. You are also willing to consider additional evaluation if you can choose the provider and the school district will pay for it."

Questioning: The listener asks open-ended questions (questions which can't be answered with a yes or a no) to get information and clarification. This helps focus the speaker on the topic, encourages the speaker to talk, and provides the speaker the opportunity to give feedback.

I'm confused - are you worried that the testing may mean time out of the classroom for Jim or is there something else?"

"How would you describe a 'good day'?"

Paying Attention to the Words and Feelings

In order to understand the total meaning of a message, we must be able to gain understanding about both the *feeling* and the *content* of the message. Our tendency is to try and ignore the emotional aspect of the message and/or conflict and move directly to the substance of the issues.



This can lead to a rise of intense emotions. It may be necessary to deal directly with the emotions by openly acknowledging and naming the feelings and hav-

ing an honest discussion about them prior to moving into a problem solving mode. If we leave the emotional aspect unaddressed, we risk missing important information about the problem as well as disrupting the communication process.

LET'S PRACTICE!

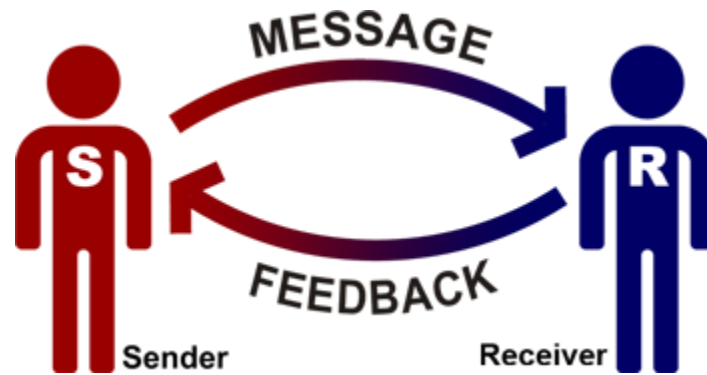


Exercise: Break into partners. Each person should pick a real situation that is *small* in nature that they don't mind sharing with the group. For example: you might be deciding what color to paint a room. Take

turns discussing each person's situation with the other person using the active listening skills, open-ended questions. Practice validating the other person's feelings without jumping into problem-solving mode. Report back to the class how this felt to you.

Typical Communication Barriers

Psychologists and others who study human communication have developed tools for "categorizing" a person's communication style. While these can be useful in understanding communication that is unfamiliar to us, it is important to remember to treat each person individually and with unconditional, positive regard. It is more to our advantage not to place individuals in a box, but to learn more about them as people.



All communication involves a sender, a receiver, a message, and feedback. Sometimes we get our communications garbled because of common barriers to effective communication such as:

Emotions: Strong emotions can distort communication for either the sender or the receiver or both. When you are communicating with someone who is upset, there is a greater chance that your message may be misunderstood. Likewise, if you are upset or angry your ability to communicate clearly may be compromised. It is not possible to always avoid communication when strong emotions are involved, however it is important to be aware that the potential for misunderstandings is higher and to try to control your feelings and communication.

Filtering: Filtering occurs when the sender controls the information communicated to the receiver for the purpose of making it sound more favorable to the receiver. It can mislead the receiver, which can then lead to disappointment when discovered. Filtering can ruin the establishment of trust and the relationship itself.

Information Overload: The human brain can process a limited amount of information effectively at one time. Do not overload others with information that exceeds their processing capacity or information will not be absorbed. You can

avoid this by checking in with the receiver to see if you are overwhelming them with information.

Defensiveness: Human beings often attempt to exclude unacceptable thoughts, urges, threats, and impulses from awareness for fear of disapproval, punishment, or other negative outcomes. Defensiveness can take the form of attacking what the sender tells you, putting out sarcastic remarks, questioning their motives or being overly judgmental about the subject matter.

Cultural Differences: Cultural differences include obvious things such as race, religion and ethnic origin. Cultural differences also include other issues such as gender, class, sexual identity or orientation.

In order for a certified peer counselor to successfully communicate with an individual from a different cultural background, the certified peer counselor should possess:

- self-awareness about one's own attitudes and values
- self-awareness about one's beliefs about cultural differences
- a willingness to acknowledge racial/cultural differences

This will foster effective communication and productive relationships. The certified peer counselor is responsible for bringing up and addressing issues of cultural difference with the peer and is also ethically responsible for being a culturally competent provider of services by obtaining the appropriate knowledge, skills, and experience. Cultural competence means an ability to interact effectively

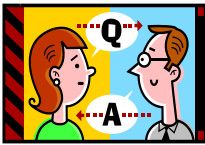
“The words *heart* and *listen* provide hints about the art of listening deeply. *Heart* contains within it the word *hear*, and *listen* contains the exact same letters as *silent*. In order to hear what is being said and felt, we need to be silent and listen from our hearts; we must close our mouths and give undivided attention to others when they open theirs.”

~ Sue Patton Thoele

with people of different cultures. We will discuss cultural sensitivity and awareness more in depth later on Day 4.

Jargon: Jargon includes words that others may not understand, such as acronyms, clinical terminology, or words that are usually only understood by people who work in the same field. These words are not usually understood by everyone and they should be avoided. Examples of jargon we've used so far in this training manual would be: "NAMI," "WIMHRT," and "antipsychotic medication."

LET'S PRACTICE!



Exercise: Sometimes when a person feels symptomatic, their ability to express themselves is impaired. It can affect the way a person speaks, their body language, and how much they choose to talk. Many people

have experienced communication challenges such as having less facial expression, speaking in a more monotone voice or lower volume, having less to say to others, or as some have described, feeling like they were a "prisoner in a cage." As a group, let's discuss what this experience feels like and what techniques might be helpful for a certified peer counselor to try.



Tips for Improving Communication

Monitor and Respond Appropriately to Emotions: Remember that sometimes the best way to demonstrate acceptance of someone's feelings is to simply listen to them. Merely *being* with someone who is in pain can be more powerful than anything you might say. Relationships can be made by careful observance here. At times, this may present an opportunity for the certified peer counselor to skillfully share his or her story. Make sure that the peer has been provided with ample opportunity to express emotion. Then, if appropriate, a skillful sharing can take place.

Provide Feedback: Repeating back what has been said in the same or slightly different words confirms that a message has been sent and accurately received. Sometimes people repeat stories over and over when they do not feel heard. When you repeat back their words to them, it will affirm to them that they have indeed been heard.



MODULE 7: DISCOVERING STRENGTHS

Where to Begin?

The peers you work with may not always recognize their strengths. When people feel especially bad, they do not always see their own greatest qualities. One of the skills certified peer counselors use in promoting empowerment is to help the peers they work with to identify their own strengths.



Certified peer counselors know that those with a psychiatric disability find strategies for coping with symptoms and disabilities imposed by their illness and these are valuable strengths worth exploring.

The strength identification process should be more of a chat than a formal assessment process. It can occur over several meetings, in a variety of locations such as a coffee shop, home, or in public meeting places such as a park. The certified peer counselor needs to become acquainted with the individual or family member from a strengths-based perspective.

What are Strengths?

Strengths are the positive attributes that all individuals, families, and communities possess. Sometimes on the surface they may not appear to be a strength, but they can be used as a resource to help the person move toward their own recovery and resilience. For example, the way in which a person has dealt with trouble in the past can be viewed as a strength. Sometimes it is helpful to break strengths down into categories to facilitate building a plan. We should consider the idea of strengths broadly in order to capture all the available skills and resources that might be used to address the peer's or family's needs.

Attitudes and values: This includes cultural and family beliefs and rituals. This category could also include what people have learned about themselves, others, and the world around them and from their successes and failures. Examples: An example of a value is the belief that “parents need to be there for their children.”

Skills and abilities: This can include social and special skills, talents, interests, and hobbies. Examples: Interest in writing poetry, being a great cook, a great runner, or the ability to put together a computer.

Attributes and features: These are descriptive statements about the individual or family including personal qualities. This could include relationships with other individuals or entities, including systems. Community strengths could be included here. Examples: Ability to handle stress well, family works well together on outdoor projects, peacemaker.

Preferences: These are person or family member’s likes and choices that can be utilized in a plan or intervention. This can include likes and dislikes in subjects such as entertainment, food, clothing or statements about choices in service delivery. Voice and choices are maximized in service planning and delivery. Examples: Meeting in a park instead of an office for a planning session, using a team approach.

How to Identify Strengths

Imagine you are at a social activity among people you have never met. You usually begin a dialogue by sharing common sorts of information back and forth. The same technique works well when getting to know a peer. Remember, you are trying to see and to get to know the whole person.



1. At the first meeting, introduce yourself and explain your role. Keep in mind you are a peer with a common background and history rather than an expert with all the answers.
 2. Take cues from the person or family and the setting to begin your conversation. If you're meeting at their residence, look around their home for clues that help you to know more about him or her. Are there plants that may show that they are interested in gardening? Are there any craft items displayed in the home? Family pictures may also be a good starting point. A meeting in a park could spark a conversation on outdoor interests. A person's jewelry or clothing could start a conversation on hobbies, or a story behind the item.
 3. Model information sharing by talking about some of your own experiences, hobbies, traits or preferences. This may spark their own discussion about similar interests or other interests or experiences.
 4. Listen and take your cues from the peer. Prompt them if necessary using what they have said or parts of your story.
-

5. Listen for strengths of the peer, their community, and others involved with the family.
6. Build on strengths. The strengths list is dynamic, meaning it can change over time. Add to list of strengths and utilize the newly acquired strengths in your work with the individual or family.
7. Reframing challenges to strengths is also a positive. So if you see this opportunity, take it.
8. When documenting, try to remember what is said and outline the strengths later. If this is impossible, ask permission to take notes. Keep your notes visible to the peer or family so what you are writing can be seen. Share your notes before leaving and check with the individual for accuracy. It is also a good idea to use carbon paper and offer a copy.

Why Use Strengths?

1. Strengths are necessary to get a truly balanced picture.
 2. Strengths pull people through life's crises.
 3. To begin establishing trust, building rapport and a relationship.
 4. Strengths of the individual are the most useful element in building a viable plan towards their goals.
 5. To discover motivational factors.
 6. To counterbalance negative cultural messages based in stigma.
 7. ...What else?
-

LET'S PRACTICE!



Exercise: Begin a conversation with one of your classmates in this course. Listen for strengths as he/she describes herself or her daily activities. Write down at least 10 strengths you hear as you begin to get to know this

person.



MODULE 8: MODELING RECOVERY & RESILIENCY

How and When to Share Your Story

One major difference between certified peer counselors and other mental health providers is that certified peer counselors have chosen to make their personal experiences as consumers or family members public. In this module we will explore when you may choose to share your personal experiences and how to choose which part of your personal story to tell.

It is important that certified peer counselors know when, how, and what parts of their stories to tell in different situations and environments. In deciding when, how and what part of their story to tell, certified peer counselors must first determine the reason for telling their stories.

All providers of mental health services must deal with the issue of self disclosure. It is not unique to certified peer counselors. Everyone has had experiences that may (or may not) resonate with those of someone we are serving. When you are thinking about self disclosing, check yourself by asking this question. "Whose interests are being served or whose needs are being met by this self disclosure?" Make sure that the answer to that question is "the peer's" before self disclosing. If it is not, then it is probably more about your interests being served or your needs being met. If this is the case, avoid the self disclosure as it may be self serving or self indulgent. It is important to remain self aware of why you are choosing to disclose so that you can avoid being self indulgent. This is the professional and accepted way of approaching and managing self disclosure.

Sharing Who We Are

It is important that certified peer counselors know when, how, and what parts of their stories to tell in different situations and environments. In deciding this, certified peer counselors must first determine the reason for telling their stories. Is your personal story meant to:

- ◆ Build a relationship with the individual or family?
- ◆ Break stigma and biases or change attitudes others may have?
- ◆ Inspire hope?
- ◆ Advocate for change?
- ◆ Something else?



Certified peer counselors tell their stories to benefit individuals and families. As certified peer counselors, you need to be able to assess the situation to decide whether self-disclosure would be advantageous or beneficial. You must be careful not to tell your story too often or at inappropriate times. If an individual is distressed and is trying to find a source to help pay the electrical bill because his power is due to be disconnected in two days, it might not be beneficial for you to talk about your experience in a similar situation. Instead, it might be more advantageous to assist the individual or family member in finding resources that will help with the bill.

When deciding what parts of your story to tell, you need to consider the purpose of these stories. The purpose will determine what parts of the personal story need to be stressed. In relationship building, shared experiences are helpful to break down barriers, inspire rather than remind, encourage, and address similarities. It is important to tell only relevant pieces of the story. It is not appropriate to tell more than needed. The result could be the reverse effect; the focus ending up on the certified peer counselor and not on the peer we are trying to help.

After deciding *what* parts of your stories to tell, you need to determine *how* to tell the story. By stressing different parts of your story, using different information, and a different presentation, you can use their same story in different situations with different audiences.

In your role as a certified peer counselor, you may have more freedom to allow emotions to show when sharing a story with a peer. Perhaps you might choose to talk about some of the issues that you had at a time when you were more involved with services. You might choose to point out how your personal strengths were identified and utilized and how empowering it was when challenges were reframed into strengths. When telling your story as an advocate, you might choose to use more factual information and show less emotion.

To inspire hope and establish rapport with individuals or family members:

- ◆ Use common experiences and issues.

To help identify strengths in an individual or family:

- ◆ Demonstrate how you used your strengths in your recovery and building resilience.
- ◆ If you are comfortable doing so, demonstrate how one of your challenges was turned into a strength.

To break stigma and change attitudes:

- ◆ Use your experiences and yourselves as role models.
- ◆ Identify what was helpful to you in your recovery.

To advocate for the individual or family member:

*“The thing
always
happens
that you
really be-
lieve in;
and the
belief in a
thing
makes it
happen.”*

*~ Frank Lloyd
Wright*

- ◆ Use experiences, issues, strengths, or needs you have or had in common with the individual or family member.
- ◆ Tell personal stories in a way others can learn from and apply the learning in a positive way to benefit the individual or family member.

To advocate for system change:

- ◆ Be more informational, factual and less emotional.
- ◆ Be concise and to the point.

Finally, it is important to know that while certified peer counselors have much in common with the people they work with, one can never truly enter anyone else's pain or fully know their experience. You can always say, "Tell me more about that" or "What was that like for you?" If you can keep these questions in mind, it will likely help you to facilitate more open and genuine communication as well as more help for that person.

LET'S PRACTICE!



Exercise: Pair up with someone you do not know. Have one person play the peer and tell his or her story. The certified peer counselor will interact with the peer in deciding when, how, and what parts of his/her

story to share to establish rapport and build a relationship. After ten minutes, change roles and repeat the exercise. Then answer the following questions, and share the results with your partner:

1. *Did the certified peer counselor share enough of his or her story to build rapport or did the focus change to the certified peer counselor?*
 2. *What parts of the certified peer counselor's story were helpful? Was any part of it not helpful? Why?*
 3. *What commonalities were there in the stories?*
 4. *How difficult was it to listen to the peer's story while determining when and how you should share your story and what parts would be appropriate?*
-

MODULE 9: WORKING WITH GROUPS

There are a number of different types of groups certified peer counselors typically may be asked to facilitate. Examples include educational, socialization, and mutual support/self-help groups.

- **Educational groups** tend to be focused on a specific topic, such as the recovery process, and the facilitator has the role of educator. These groups are structured and require the facilitator to present information that the group members then will learn and discuss together. Often the facilitator includes exercises for the group.
- **Socialization groups** focus on increasing the social skills of their members. The role of the facilitator with these groups is to assist with the development of the members social skills by helping them to interact and planning events where these opportunities will occur.
- **Mutual support/self-help groups**, also referred to as mutual support groups or self-help groups. A mutual support group is where people who have had common experiences come together to share experiences. In doing so they are able to gain support, encouragement, and wisdom to move forward and find meaning and purpose in their lives.

In this chapter, we will focus primarily on self-help/mutual support groups. We would also like to point out that when a certified peer counselor is new to facilitating groups, it is appropriate to seek supervision and mentorship from one's supervisor, or other available staff, as these skills can take time to learn. Many skilled group facilitators find it helpful to have a co-facilitator.

Starting and Sustaining Self-Help/Mutual Support Groups

The success of a mutual support group rests on the role and skills of the group's facilitator. It is the facilitator's responsibility to create an air of acceptance and safety, to keep the discussion focused on the common experiences of the group members, to include all group members in the discussion, and to make sure the group honors and operates by the guidelines it has created. The facilitator should ask for member input in the agenda and group ground rules in order to create group ownership. It is important that the group facilitator encourages member to member communication rather than leader to member communication in group as it is the support and common experiences the members share with each other that truly creates the group experience.

Considerations for Starting a New Group

As a certified peer counselor, we may be asked to begin a new group, facilitate an existing group, or coach a group of peers who express a desire to begin their own group.

Some thoughts to consider:

- What is it that brings us together?
- What do we hope to accomplish with this group?
- Theme or common interest?
- Book or workbook?
- Guest speakers?
- Guidelines/code of conduct?
- Facilitation method?
- Frequency?
- Time of day, day of week, duration?



The First Meeting: Important Agreements

- Agree to Content- what it is that the group will focus on
- Agree to Process- this includes the group ground rules that the facilitator will help the group to create
- Agree to Times and Places

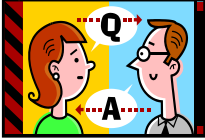
We will discuss and practice today in order to better our skills in group facilitating and group communication.

Content:

For the purposes of our discussion and learning, deciding the content of the group will include the following:

- Shared experiences?
- Learning new things? Workbook?
- Group brainstorming?
- Goals?
- Reporting progress?
- Support?



LET'S PRACTICE!

Exercise: Now, let's break the class up into groups of five people each and decide which of the following scenarios you would like to practice today:

1. One of you is a certified peer counselor in a family support program. You have been asked to facilitate a group for parents with children in the juvenile justice system.
2. All of you are certified peer counselors. You are forming a support group for yourselves.
3. One of you is a certified peer counselor working in a co-occurring disorders program. A co-occurring disorders program serves those with both a mental health diagnosis and a substance abuse issue. You are forming a group with some of your peers.
4. One of you is a certified peer counselor working with people who want to go to work, or are working. You are forming a "job club."

We will report back to the entire class what the name of our group is, what kind of group it is, and what the content of the group will be.



Process:

In terms of process we might discuss among the group members, the following questions:

1. What *facilitation method* will we use?

- Rotating from group member to group member
- Time-specific- for a certain period of time
- Co-facilitating- where more than one person facilitates the group

2. What will our *code of conduct or group guidelines* be?

Examples: confidentiality, mutual respect, no labels, taking turns, silence ok, no crosstalk (members directly addressing what another member said)

3. What will be the general *structure of our meetings*?

Examples: welcome, announcements, roundtable discussion, time for wrap-up, duration, updates

4. How will *membership* be decided?

- How many in the group?
 - How long will someone be a member?
 - Will we recruit new members? If so, how?
-

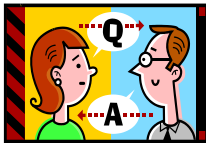
Group Facilitation Skills

The success of a mutual support group depends largely on the group's ability to think through and articulate its operational guidelines and its willingness to let a facilitator hold the group to those guidelines.

Some examples of facilitation skills might be:

- help group stay on track
- redirect
- open and close meetings
- enforce time limits
- know and reiterate guidelines
- spark ideas and interaction
- making sure everyone gets to speak and be heard

LET'S PRACTICE!



Exercise: Our class will again break up into the same groups of five people each and have a practice meeting. We will test our group guidelines, meeting structure, and facilitation skills. We will then report

back to the class.

Group Problem-Solving

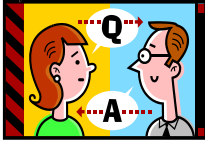
Problem-solving in a group may take the same form as it does when working with someone on an individual basis. In a group, everyone must understand that they may not try to solve someone's problem *for them* or *give advice*. A good practice is to engage the group early on about how they will problem-solve. The facilitator may need to remind people from time to time. Active listening, clarifying what the person is saying, asking questions related to what the person is saying so that the problem becomes clearer and then helping the person think of options to solve the problem only when asked, is a straightforward process that most people can understand.

It is helpful to have the steps posted, as a reminder, in the room. Many people are not accustomed to using good listening and effective problem-solving skills with others. It is most critical that the person states what he or she wants, whether that includes just wanting the group to listen or whether it includes actually finding some solutions. The facilitator should remind the person raising an issue that she or he needs to tell the group whether listening or listening and helping are preferred.

Challenges to Group Process:

- One person dominates the discussion
 - The group gets off-track/people talk about other things
 - Someone tries to tell people what they "should" do
 - People aren't participating
 - Someone gets very upset and needs one-on-one help
 - Two members are arguing
 - People are not using "I statements"
-

LET'S PRACTICE!



How will your group handle challenges to group process?

Exercise: Our class will break up into the same groups of five people and have a practice meeting. We will test our group with challenges to group process. We will then report back to the class.

END OF DAY TWO



DAY THREE

More Tools of a Certified Peer Counselor:

Concrete Skills

LEARNING GOALS FOR TODAY

Overview

Today we will discuss wellness tools we can use for ourselves as well as with the consumers and family members we work with every day.

By the end of today, you will:

- Know how to assist a peer with self-advocacy and personal problem-solving
 - Know how to identify and develop natural and formal supports
 - Know when to ask about goals
 - Discern what interests a person wishes to pursue
 - Know how to help peers set personal and employment goals
 - Understand the importance of spirituality
 - Understand how and when to let a peer move on
-

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MODULE 10: PROMOTING SELF-ADVOCACY

Once a person has learned how to manage their own wellness—including life-style, habits, attitudes, and emotions—it is time to move outside themselves. A key aspect to recovery is recognizing that everyone has needs that they can't meet on their own, and taking responsibility to get those needs met through the practice of **self-advocacy**.

Possibly *the most important* part of your job as a certified peer counselor is to teach and encourage peers to advocate for themselves. Part of the reason that you are where you are today is because somewhere along the line, you learned to stick up for yourself. You came to understand that you would never get to where you wanted to go if someone else made the decisions and did the work for you.

Many peers aren't in the habit of self-advocacy, because they're used to someone in the mental health system advocating for them. The idea of taking responsibility for one's own needs can be frightening and overwhelming. Others may have had to fight so hard to get their own needs met that they lose perspective on what certain people can or can't realistically do to help them.

When it comes to self-advocacy, your role can be a delicate balance. It is tempting to just take over and do the work *for* someone. Instead, you need to be able to:

- Model self-advocacy
 - Assist in identifying personal strengths the person can use in self-advocacy
 - Assist with brainstorming and planning
 - Support the person as they begin to advocate for themselves
-

Let's go over each of these roles in detail.

Model Self-Advocacy

This could mean that you model self-advocacy in your own life or work. Occasionally, it might be appropriate to share parts of your story where you were successful in getting a personal need met.

Modeling self-advocacy could also mean that you advocate on the person's behalf in the very beginning, so he or she can see your approach. You should make it clear that you are only showing an example of what the person can do for him or herself, and soon you will help him or her to take that step.

Assist in Identifying Personal Strengths

There are as many different ways to self-advocate as there are people. Not everyone will be successful with the same approach. One person could be very effective using an assertive approach, but another person who is uncomfortable being so assertive may initially come across as awkward and unconvincing. Of course, often people need to practice stepping out of their comfort zones and trying new approaches, but you should also encourage people to rely on the strengths they already possess. You learned how to identify strengths in a previous section. Now, think about ways some of those strengths could be utilized to help someone get his or her needs met.

LET'S PRACTICE!



Exercise: Each time a need or desire is identified, the form below can be completed by the individual to guide them through self-advocacy steps. This can be a

guide to use with the person at first, and then have them use it a few times on their own. Sit down with a partner and take turns completing the Self-Advocacy Guidance Form together.

Self-Advocacy Guidance Form	
Questions to Ask Myself	My Answers
1. What is it I need or want?	
2. What information do I need, if any?	
3. If I need some information, where can I find it?	
4. Do I need to talk with someone about this?	
5. What do I need to ask?	
6. Is there someone I need to ask for this?	

Self-Advocacy Guidance Form	
Questions to Ask Myself	My Answers
7. If so, who?	
8. When will I do this?	
9. Where and how do I need to make contact?	
10. What will I say?	<p>I want (or need)</p> <p>_____</p> <p>_____</p> <p>because _____</p> <p>by _____ (date).</p>
11. What tone will I use to ask?	

Self-Advocacy Guidance Form	
Questions to Ask Myself	My Answers
12. Is there anything else I feel I need to say?	
13. If I get a no answer, I will say:	<i>No? Why? How can I get this accomplished?</i>
14. If no, will I follow this advice or go to # 15 next?	<p><i>I will follow this advice.</i></p> <p>Yes __ No__</p> <p><i>I will continue to number 15.</i></p> <p>Yes __ No __</p>

Self-Advocacy Guidance Form	
Questions to Ask Myself	My Answers
<p>15. If my need or desire is not met, I believe what I am asking is a reasonable request and I've gone to</p> <p>the person or entity I believe I should have, I can decide to try:</p> <p>Talking to someone who is a step up in the organization or who has influence on the person</p> <p>A friend, family member, Peer Counselor, Job Coach, Mental Health Care Provider or another person</p> <p>for their opinion or assistance</p> <p>Filing a grievance, if appropriate:</p> <p>A different approach with the person</p> <p>An Ombuds person for help;</p> <p>or Other: _____.</p>	

Self-Advocacy Guidance Form	
Questions to Ask Myself	My Answers
Who, of these, makes the most sense to talk with?	
<p>16. What's my plan? (Go to new blank guide form, if you think that will help with your new plan.)</p> <p><i>If you need or want it, and believe it is a reasonable request, be persistent!</i></p> <p>Be clear at what point the issue is less important than maintaining peace of mind and balance.</p>	

Planning Ahead



Planning ahead is one of the most important things you can do to make any sort of planning successful. There are several steps to the planning process that you can help a peer with:

1. **Clearly identify the need.** One of the most common reasons advocacy efforts fail is because the person who needs help doesn't know, or can't say what it is they need. If you don't know what you need, how do you know who to talk to or what to ask for? Remember *identifying a problem is not the same as identifying a need*. It is just the first step.
 2. **Identify the target audience.** Now that you know the need, who can meet that need? Do some *brainstorming with the person* about people and organizations to approach for help.
 3. **Do the research.** This means *helping them to make* phone calls, use the Internet, or ask around. When they go in to talk to someone, it is helpful to know the background information. Are they eligible for the program or benefit they want? Will it really meet their needs? Is there someone in particular they should be talking to? In many cases, by the time they've gotten to this step, the work is almost done. They might find the solution they need without needing to advocate for themselves at all!
 4. **Identify the gatekeeper...and the people beyond the gatekeeper.** A gatekeeper is the first person the individual has to talk to in order to get something accomplished, although they may not always be the one to make the ultimate decision. For example, it may be a lower-level supervisor who must first approve a request for an additional resource the person is seeking, however there may be another individual who has the final au-
-

thorizing authority. Or maybe this supervisor can approve the individual's request. In either case, if the individual has to get this person on-board with the plan, they are in the gatekeeper role.

It's best to start by following the rules—not following the proper channels often just makes people angry or irritated. However, if it is possible, ask around and find out exactly how much leeway that person has to make decisions independently. If the rules are hard and fast, or if that person has no authority to make a decision, you will be wasting your time reasoning with them.

5. **Role-play the interaction.** The first few times an individual takes the step of advocating for themselves, it can be reassuring to role play the interaction first with a trusted person (you!). Try to anticipate possible responses or questions from the gatekeeper, and have the individual's responses worked out in advance.
6. **Repeat as necessary.** Because of all of the individual's advance planning work, there are a number of options one can consider if the first one doesn't work out. Work backwards. If the gatekeeper identified can't do anything, see if the individual can talk to their supervisor or someone who has more control. If the agency is firm in its rules, go back and try one of the other options identified in the initial brainstorming session.

LET'S PRACTICE!



Exercise: Sarah cannot get to her appointments because her car keeps breaking down. As a class, identify several possible solutions. Then break into groups. Each

group will work out a plan to try one of the solutions. Identify the target audience. Think through all the angles you should research. Think of who the gate-

keeper would be. Make up a list of possible questions and answers that Sarah will need to practice in order to be well-prepared for the first meeting.

Supporting the Person

When you are working with someone who is attempting to grow their self-advocacy skills, you will likely find that they require some support, especially when they are in the midst of practicing these skills. Different people appreciate different forms of support. For example,



for some people it is helpful for their certified peer counselor to sit next to them during an important meeting, while others would benefit from encouragement prior to the meeting and then a check-in appointment scheduled after the meeting takes place. The support you provide depends upon the needs of each peer. It is up to you to establish a relationship with each individual so that you understand how much and what type of support they need.

Supporting people means not just before and during an event, but after as well. If things went well and the person accomplished their goal, congratulate them and point out the strengths they used to make it happen. If things did not go well, talk about the event as a learning experience. Talk about what could work better next time, and point out how much they achieved just by giving it a try.



And whatever the outcome, DON'T GET DISCOURAGED! Self-advocacy can be intimidating, complex, and frustrating—for both you as the certified peer counselor and the person you are working with, but it is also very rewarding. Not only will the peer learn a great deal about the system that will be helpful in the future, but he or she will learn how to deal with different types of people and will build a sense of personal worth and self-confidence that will help him or her deal with many other challenges throughout his or her lifetime.

Provide feedback that self-advocacy is a learned skill that they can learn to do so with poise and grace over time, even if it is at first awkward. It is important to clarify that when requests for help are met with indifference or non-helpful responses, this should not be taken personally or as a reflection on inadequate self-advocacy skills.

In fact, learning to be persistent with as cheerful an attitude as possible is an advanced skill that even those who are not working through issues with psychiatric disabilities have difficulty with. No matter what skill one has at advocacy, they can improve with time and practice. It is important to work at this skill because ultimately no one knows as clearly as we do what our needs are.

MODULE 11: NATURAL SUPPORTS

During times of increased anxiety, uncertainty or overall stress, it is natural to want to reach out to a trusted friend. Expressing feelings in a safe and accepting environment can offer a sense of relief, and sometimes may be what is needed to move forward and take action to change a situation.

Natural supports (also called “informal supports”) are the people and resources that already exist in a person’s life that can help meet these needs, and that they don’t have to “qualify for” based on a disability or a financial need. There are many different types of natural supports:

- **PEOPLE** who can provide emotional (and sometimes material) support to a peer. These could include a person’s family, friends, neighbors, or other members of the person’s community—someone from church, a hairdresser the person sees regularly, etc. It is important to remember that natural supports are defined by the individual—not by you or by any other professional. A person might spend a lot of time with her family but still not consider them a support, if the relationship is troubled and painful.
- **GROUPS OR ORGANIZATIONS** that the person comes into contact with on a regular basis. A church is a good example. In addition to the people within the church who provide emotional support, the church as an organization might be able to assist an individual in meeting specific needs, like transportation, childcare, or obtaining clothing for a job interview.



One of the first things you will do when working with someone is to identify his or her natural supports. This will take a lot of conversation and listening for both of you. First, try asking some questions like these:

- Who would you go to if you had a problem or concern and needed help?
- Who would you talk to if you were feeling sad or angry and just needed to blow off some steam?
- Who do you count on seeing on a regular basis who brightens up your day?
- Are you a part of any group or community (a church, support group, community center, workplace, service organization, hobby/interest group, etc.)?
- How did you get through the last problem or crisis that you faced?

Community Building

Although most people do have some natural supports, not everyone is fortunate to have such trusted individuals in their lives at all times. Perhaps you have experienced the feeling of being isolated and alone, and know how crushing it can be. Human beings are naturally social creatures. It is impossible to live a healthy or fulfilling life without support or interaction with others. For some people, making friends can be very challenging. However, the skills needed to be successful in doing so can be learned.

At first, many of a person's supports may be "formal supports," such as a therapist, a social worker...or you. This is OK for a while, but without supports outside

the mental health system, a person cannot fully recover and move on with their lives. Helping individuals and families develop natural supports is often referred to as **community building**. When helping to develop natural supports, begin by learning and understanding the unique interests and abilities of the individual and/or family. Ask questions like:

- What did you enjoy doing when you were younger? What did you enjoy about it? Can you find a way to get involved with this again and meet other people with the same interests (take a class, join a club, etc.)?
- Is there any person you encounter in daily life that you'd like to get to know better? What would it take for this to happen?

Once the individual has discussed some ways to develop natural supports, make a plan. He or she should set concrete goals for socializing or getting in touch with people, just like any other goal. For example, a goal could be to join a photography class and talk to one new person.

In addition to making friends, you can also help people learn to use other resources available in their community. These could include going to a local activity center like the YMCA or YWCA, participating in community support groups, or using the local library. For some, their initial goals may begin with building comfort and confidence in using the community resources that many of us take for granted.

Natural supports are nothing more than the community of people and resources that we *all* depend to get us through our daily lives that will be there over time. The stronger this community is, the stronger we are as individuals.

MODULE 12: FORMAL SUPPORTS

Formal supports are a supplement to natural or informal supports. Formal supports are the professional services and resources that exist to meet people's needs—needs that can't be met by the person's family, friends or community. Certified peer counselors are members of the individual's and/or the family's *formal* support system. Other formal supports include professionals such as physicians, interpreters, financial and benefit workers, and others working in paid positions and providing a service.

Formal supports should usually be a last resort—if a person's needs can be met by their natural support system, this is almost always preferable. However, there are some times when formal supports are clearly necessary and beneficial.

Exercise: Formal or informal supports? Which one when? In pairs, discuss times where each of you has utilized formal and informal supports. Why was one chosen or utilized versus the other? Look for the themes of when formal seems to be the better choice and vice versa. What other factors should be considered in this process? Discuss with the larger class.

Making Referrals

Certified peer counselors have an ethical responsibility not to attempt to deliver care that is outside their range of expertise and training. It may be tempting to

think you can help the individual work through their issues—especially since you have been there and know what they are going through, and because they may trust you more than another professional. However, always remember that *you are not a therapist*. For clinical issues related to an individual's psychiatric disability, a referral is absolutely essential.

If you are working with someone who may need a formal support (such as a group or individual therapy, medication, or case management) that they currently are not receiving, you should discuss making a referral to the appropriate service with the treatment team, primary clinician, or your supervisor. Referral practices may differ depending upon your agency. If you are not sure when or where to refer, your supervisor should be able to help you make the decision. The referral could be to someone in your agency, or at another organization.

If you refer someone to a provider outside your agency there will be policies to follow. The person may need to sign a **release of information** to enable each provider to speak with the other. This release is required by the Health Insurance Portability and Accountability Act (HIPAA). Release forms allow the individual to specify which providers may share information about him or herself or their minor family member, and what type of information is allowed or prohibited. Your agency will have specific procedures for how and when these forms should be completed. The individual does not need a release form if both providers are from the same agency. Please see the Appendix for more information on HIPAA requirements.

Accessing Resources

In the Appendix, you will find a list of common resources (i.e., formal supports) that may help to meet peoples' needs. But each community is unique. Your agency may have a much more extensive resource guide specific to your

community. Get a copy, and get to know it. Or develop your own resource guide!

Since you will probably be referring people to the same handful of resources over and over again, it pays to get to know the different organizations and their services. Here are some things you can do to familiarize yourself with the resources in your community:

Go see them for yourself. Drop by an organization on your referral list when you have some down-time, or schedule a visit if this seems more appropriate. Introduce yourself to the staff. Pick up some brochures. Ask to take a tour. Chat with staff or meet with the director to ask questions. Your goal is to better understand what services they offer, and any limitations on these services. Ask questions like: Do they serve individuals who have substance use problems? Is there a time limit on how long a person can be involved with the program? Is there a waiting list or eligibility requirements to access services? Then, tell them a little about yourself—where you work, what your role is, and what sort of people you work with.



Get involved with various community networking events. For example, local recovery conferences or other trainings are a good way to meet other professionals who are aware of resources.

Developing an ongoing partnership with services in your community takes a lot of the burden off you when you are working with someone with an urgent need. If the staff at an organization knows you, this may make the referral process much easier.

Ask around. There are many wonderful resources out there that aren't listed in any resource guide. Plus, resources that are less well-known (think small non-profits) are often easier and quicker to access than big, over-burdened public systems. Any time someone brings up a unique situation where they used a resource you aren't familiar with, make a note of it. Keep an organized file of these resources so you can access them quickly. And ask questions regularly—a lot of knowledge can be gained with one simple question.

Follow Up. After you've referred someone to a service provider, follow-up with that person to see how things went. Were their needs met? Were there any unexpected barriers? Were they treated with respect? Keeping track of your notes on different organizations can be very helpful when making referral decisions in the future. Additionally, as you receive feedback that the person's needs were met take time to follow up with the resource and thank them for their commitment to excellent work. This helps establish a relationship for future referrals.

LET'S PRACTICE!



Exercise: The table on the next page shows some common needs a person might have. First, think of a way to meet the need using natural supports. Then, think of a way to meet the need using formal sup-

ports. And then, consider the pros and cons of each choice. Are there any needs that cannot be met using natural supports? The first example has been completed for you.

You can use the following tool to brainstorm solutions with the people you work with. Always remember to include the person! Your job is not to solve their problems, but to help them think of solutions themselves and advocate for themselves to get their needs met. And remember, there are many, *many* possible solutions for each problem. Use your imagination!

Need	Natural Support(s)	Pros	Cons	Formal Support (s)	Pros	Cons
Housing	Move in with friend	Cheaper No waiting list	Might put a strain on the friendship	Apply for Section 8	Affordable long-term solution	Long waiting list
				Stay in a shelter	Solves immediate problem	Could be dangerous



MODULE 13: GOAL-SETTING

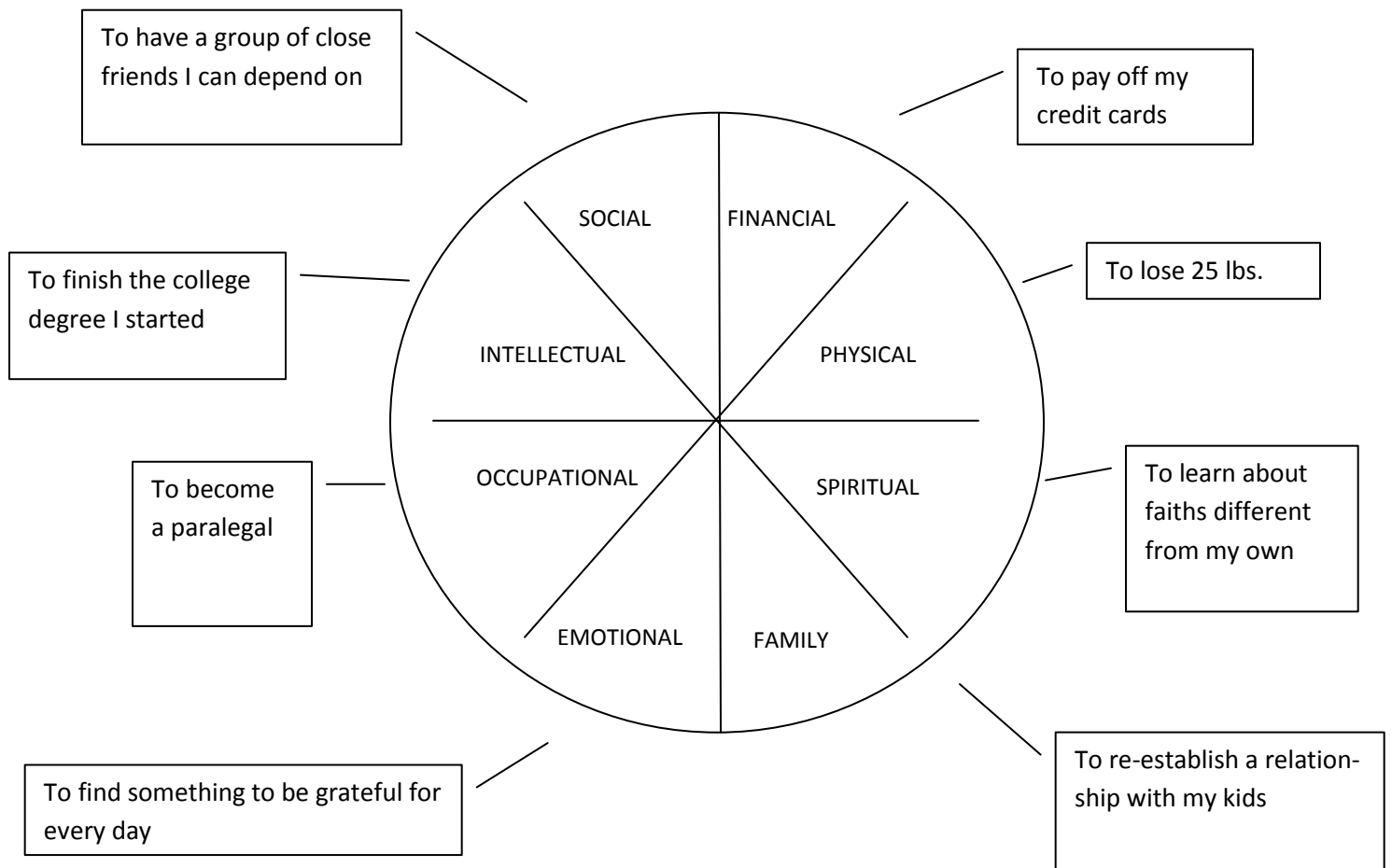
As a certified peer counselor, a core aspect of the work you do will involve helping people set personal goals and work toward achieving them. Your agency might require you to document these goals and the peer's progress using some form of service plan. We will discuss documentation in greater detail later. For now, we will go over some goal-setting strategies.

The key to effective goal-setting is to help the person recognize what he or she truly wants for him or herself. We have surely all had times where someone has told us what our goals should be and how to achieve them. This can be a frustrating and discouraging experience. No one is motivated to achieve a goal that is not their own. And if a person has lived most of their life being told what goals to strive for, they may have a hard time telling the difference between their own desires from the goals someone else has set for them. Drawing out their true goals is a process that may require a lot of creativity.

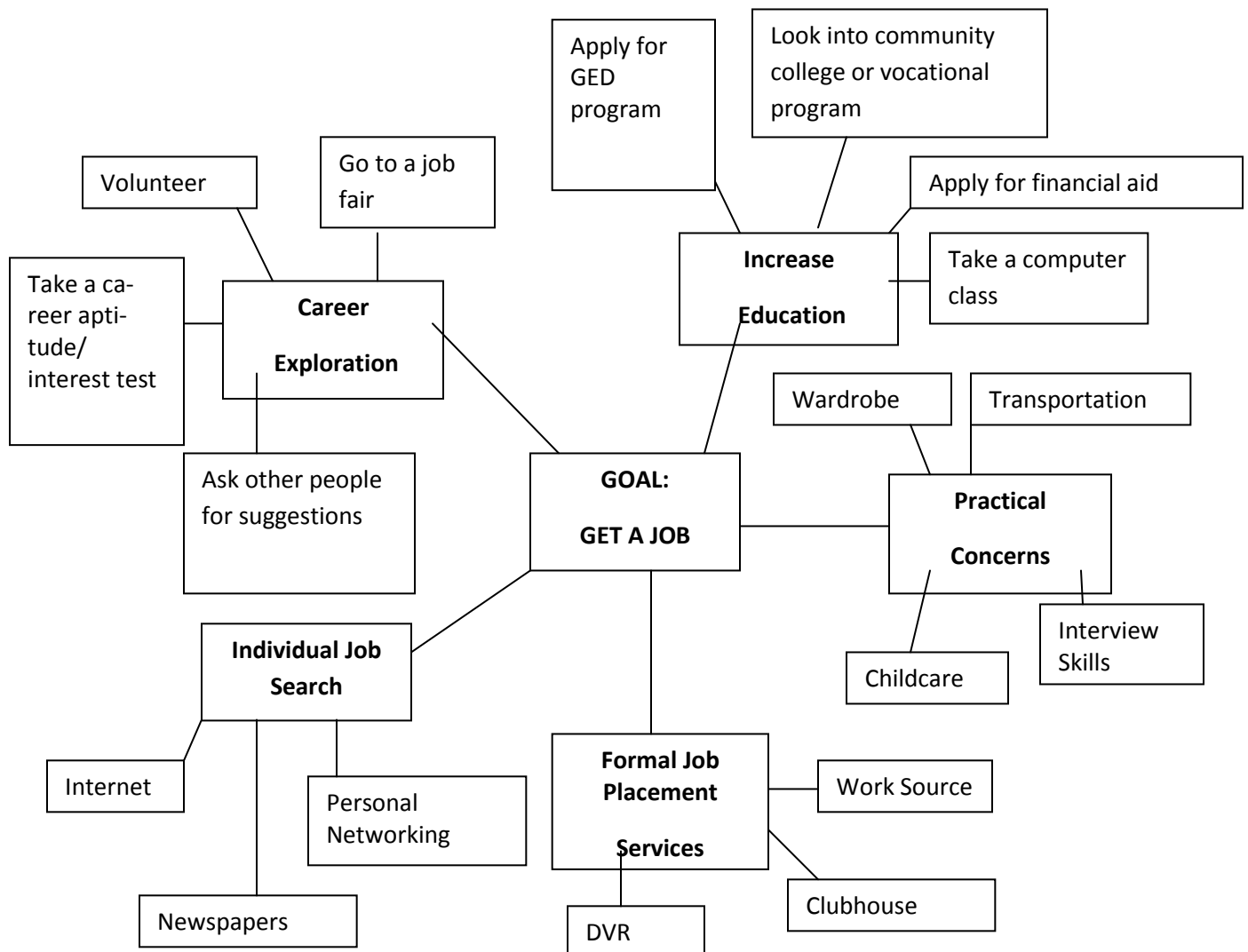
Goal Planning

Some people might not even know where to start when setting goals for themselves. Goal planning can be a fun and inspiring way to draw out information and ideas that will eventually lead to a series of goals that actually describe what people want. There are a million ways to goal plan—try a few methods, and see what works best for you and the person you are working with. We have provided three different methods as examples.

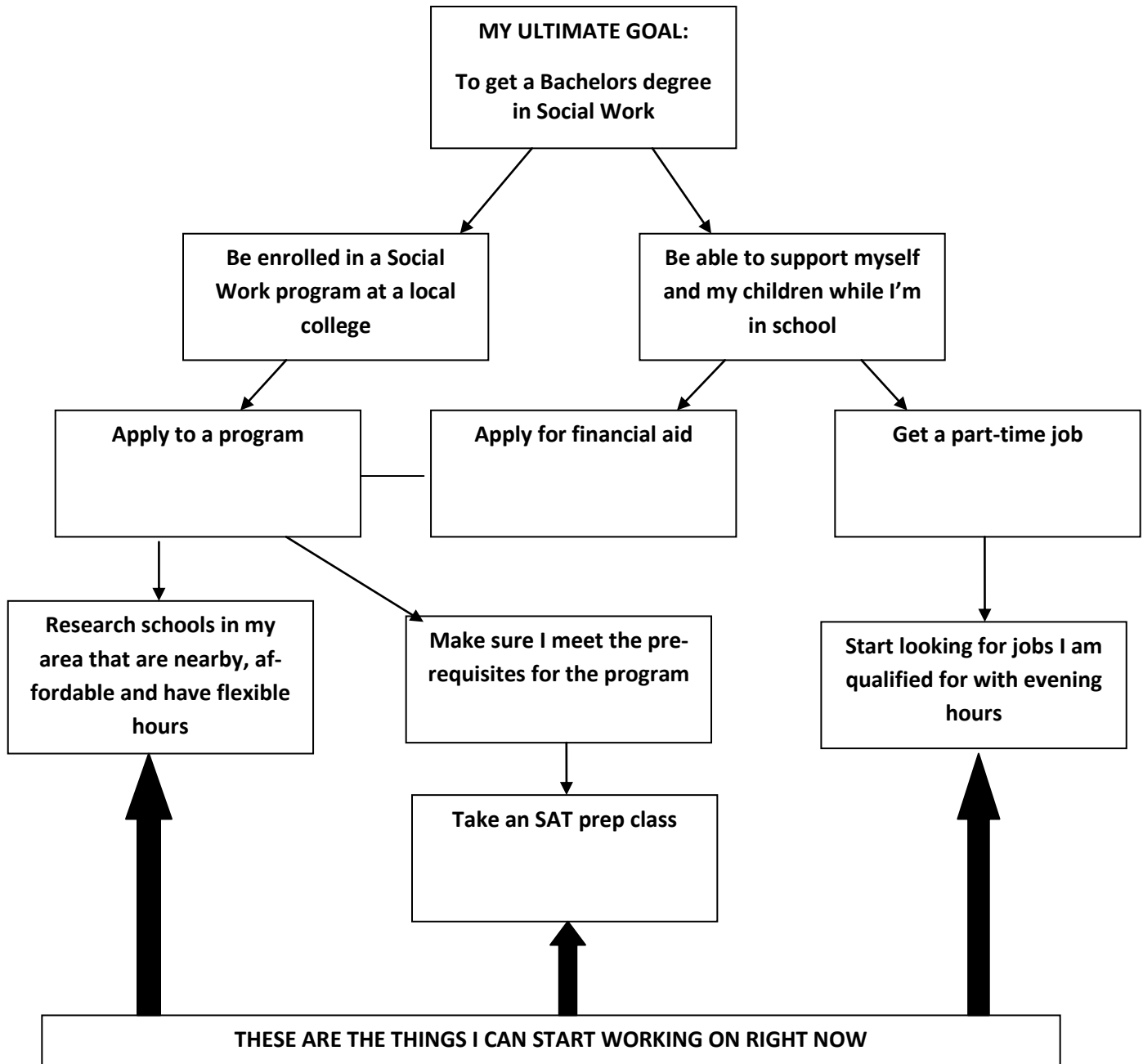
- **The Wheel Method.** Start with a basic wellness wheel, or some other model that capture many different life domains. Think of one (or more than one) long-term goal in each area. Then, pick the top three or so that seem most important or that REALLY get you inspired. These will be the goals you focus on in your future goal-planning.



- The Mind-Map Method.** Take one of the goals you just selected and write it down in the center of a piece of paper. Now, draw spokes radiating from this point that describe different ways you could explore to meet the goal, or different challenges you need to overcome—whatever makes the most sense to you. From each of these, brainstorm more specific ideas or things you need to keep in mind. Get more and more specific as you branch out from your goal, until you reach a set of concrete things you can do to get started. Pick a few as your short-term objectives.



- The Reverse Method.** Take one of the goals you selected and write it down at the top of a piece of paper. Then, think about where you need to be in order to take the final step to reach that goal—even if it's a long way off in the future. Write that down just below. Then, think one step below that, and one step below that, until you work back to your present position. Now, you have a map of where you need to go!



Measurable Goals: SMART

Once you and the individual have finished goal planning, you should both have a good idea of their ultimate goals and the steps it will take to get there. Remember, you may not be able to accomplish them all at once. Write down each of these goals—the big ones and the smaller ones so you can see progress. It is important to have goals in writing and posted somewhere visible, to remind the person what she or he needs to do each day to work towards the goal.

Check to make sure that each of the goals are **SMART**. “SMART” is an acronym that stands for Specific, Measureable, Achievable, Realistic, and Time-delineated. We all know that vague, fuzzy goals are hard to meet, and you tend to forget about them. If you make sure every goal you write down meets these criteria, it will be easy to see progress toward the goal, and know when the individual has achieved it and is ready to move on.

S (Specific) – Who, where, and when, sometimes how, and maybe even why (if it isn't clear already)

M (Measurable) – The more specific an objective is, the more measurable it is, but ask yourself, “How will I measure progress on this when I document to it in progress notes?” Observable is best, but you can also use a quote from the person stating her perception of progress.

A (Achievable) – Can the objective be achieved? Can it be achieved in the way and according to the timelines you've written it?

R (Realistic) – Is the objective realistic? Does the individual and/or family member feel it is realistic for her or him at this time?

T (Time-Delineated) – Did you remember to include by what date, and perhaps time on that date, parts of the objective will be accomplished? When will the consumer/family member start doing this? If there are not parts to the objective, you can just use the target date box section for that part, but you still need to say when this effort will begin.

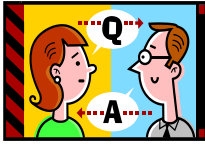
Wraparound

Wraparound is a planning process that may be used to develop a consumer-driven, strength-based, individual service plan for a child, youth, or adult receiving services. Sometimes Wraparound is referred to as Individualized and Tailored Care or ITC when it is used with adults, however it adheres to the same principles. Wraparounds processes are not specific service programs (e.g., family therapy). They are based on the belief that services should be tailored to meet the unique needs of individuals and their families. There is an underlying value and commitment to create services and supports, "one person at a time" and to promote community-based options. See the table below for a list of principles primarily referred to within Wraparound.

Eleven Principles of Wraparound
Voice & Choice
Team Based
Natural Supports
Community-Based
Culturally Competent
Individualized
Strengths-Based
Collaboration
Persistence
Outcome-Based
Vision

Often in Wraparound, one or more agencies are involved with the individual and family, working collaboratively with them and others who are close to the family. They function as a team to support the family and each other to work toward common goals. Usually a Wraparound Facilitator works with the individual, family, and team to discover the family's strengths, establish goals, create a crisis plan, determine major needs, and develop strengths-based options to meet those needs. The individual and other people they select are part of the team that participates in this process. Together, a Wraparound plan is developed to support the child/youth/adult and their family. In an effort to empower families natural supports are considered an essential element of Wraparound.

LET'S PRACTICE!



Exercise: Working with a partner, look at each vague, fuzzy goal below. Write a better goal below it that is SMART.

I WANT TO GET IN SHAPE.

I WANT TO BE A BETTER PARENT.

I WANT TO BE MORE RESPONSIBLE WITH MY MONEY.



MODULE 14: EMPLOYMENT GOALS IN RECOVERY

We are now going to turn the focus to the importance of work for the peers that we serve. Not every peer that you work with will decide that they want to seek employment, but you should be prepared for those who do. In this module we will discuss:



- The value of work,
- The hurdle of managing financial and/or medical benefits when entering the workforce,
- A basic overview of common benefits programs,
- A basic overview of work incentive programs,
- Employment-related organizations and resources to partner with,
- Strategies to resolve common barriers to employment

The Importance of Work in Recovery

One of the most revolutionary ideas in the recovery movement is the concept that work is central to recovery. For years, people with a psychiatric disability were told they could not or should not work because the stress of competitive employment might lead to an increase in symptoms.

We now understand that this is not the case. Meaningful work, whether paid or unpaid, can be hugely beneficial to people. In our society, when you are introduced to someone new, one of the first things they ask is “So what do you do?” Work is at the center of the identity of most Americans—it gives people a sense of who they are, what they believe, and their purpose in life. In addition, work gives us:

- A sense of empowerment and pride in facing and overcoming challenges
- An opportunity for personal growth and exploration
- An opportunity for economic independence and self-sufficiency
- A way to decrease isolation through socialization with colleagues
- A sense of being included in our community
- An opportunity to “give back,” to feel valued and appreciated

The chance to go back to work can be a life-changing experience for people. As a certified peer counselor, you can encourage the people you work with to consider employment as one possible goal. Often when peers understand you have a similar life experience and are working, they are inspired to consider this possibility for themselves. Many people may never even have considered employment as a possibility after they were diagnosed with a psychiatric disability. However, working toward employment can be a complex process. Ask, what are the smaller steps the person needs to take first? As with any goal, work out a plan with small steps along the way, and celebrate each success. You can refer to the “mind-map” goal-setting method to get ideas of some things to consider when starting a job search.

- Keep in mind here that the goal is to support those who want to work while **not** pushing those who do not have this desire.

Managing Benefits During the Transition to Work

The risk of losing benefits is one of the major barriers that keep people from going back to work. This concern is understandable—many people worry that without their disability benefits, such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) they will be left unable to

provide for themselves in case of a crisis. In addition, they are concerned that they might lose the Medicaid benefits they depend on to manage their illness and stay healthy.

Luckily, both the state and federal governments have taken steps to help people transition into work without immediately losing their benefits. There are many types of programs out there for people in different situations; these are known as **work incentives**, which we will discuss a little later in this section.

There are many possible benefits and services an individual might be receiving, too many for us to explain in detail and to be able to train you to know expertly. **Therefore we strongly believe that certified peer counselors should help the people they work with connect with benefits specialists.** Benefits specialists help individuals understand the impact of work on their benefits such as cash, medical, housing, personal care services, and food benefits. A benefit specialist can help explore and utilize work incentives and develop a plan to transition to work.

Peers can connect with benefits specialists in a number of ways. The Department of Vocational Rehabilitation includes benefits planning services as part of receiving their services. The other source is Work Incentive Planning & Assistance (WIPA) Projects. WIPA Projects are approved by the Social Security Administration to help individuals learn about Social Security work incentives, other employment support programs, provide benefits planning services and evaluate what would be helpful for them. The two WIPAs in Washington state are:

* Plan to Work (serves every county except King and Kitsap)

Statewide: toll-free at 1-866-497-9443 or TTY 1-877-846-0775

Spokane: 509-444-3087 (voice) or 509-777-0776 (TTY)

* Positive Solutions- Kitsap Co: 360-373-5206 King Co: 206-322-8181

More information on benefits planning for those on SSI and SSDI can be found at: <http://www.plantowork.org/>

State and Federal Benefits Programs

This section will provide you with a brief overview of the most common benefits programs the people you work with may be receiving. It is possible that you may work with individuals who receive help from other types of programs, such as Veterans' benefits, Labor and Industries (L & I), Temporary Assistance to Needy Families (TANF), or many others. We cannot describe all of the programs that you may encounter. Instead we are going to review the four most common state and federal programs so that you will have some familiarity with them.

We will begin with some of the benefits offered by Washington state and then discuss benefits from the federal Social Security Administration, as well as some of the Social Security Administrations programs that assist individuals with transitioning to work.

Washington State Resources for People with Disabilities

Individuals who are unable to work due to a disability may apply to receive help from the State of Washington through their local Community Service Office (CSO). These offices are run by the Department of Social and Health Services and were known



to some as the “welfare office”.

At the CSO, individuals may apply for **General Assistance- Unemployable benefits (GA-U)**. General Assistance Unemployable (GA-U) is a state-funded program that provides cash and medical benefits for persons who are physically and/or mentally incapacitated and unemployable for 90 days from the date of application. Individuals that have received GA-U for 12 months or more, or appear to meet Social Security Administration Disability Criteria will have their program changed to General Assistance- Expedited Disability program, GA-X.

General Assistance- Expedited Disability program (GA-X): This program covers individuals not receiving SSI who the State finds blind or disabled and who are determined otherwise eligible for assistance during the period of time prior to which a final determination of disability or blindness is made by Social Security Administration. GA-X is funded with a combination of state and federal dollars. GA-X recipients may need to repay some of the costs once they receive Social Security benefits.

Both GA-U and GA-X include financial and medical benefits. It should be noted that with both programs, individuals must meet eligibility requirements. The diagram below illustrates how an individual may transition between benefits programs (within eligibility guidelines):



Social Security Benefits

As a certified peer counselor, it is helpful to have a basic understanding of the various disability programs administered by the Social Security Administration. We have provided some summary information.¹²

Social Security Disability Insurance (SSDI)

SSDI is part of Old Age, Survivors and Disability Insurance (OASDI) also known as Title II of the Social Security Act.

It is an insurance program: If a person becomes disabled he/she may apply for SSDI through the Social Security Office. The claimant or his/her spouse or parents must have paid money into it through the Federal Insurance Contributions Act (FICA payroll tax deductions) for enough years to be covered and at least some of these taxes must have been paid in recent years.

Payment amounts vary: These amounts are based on the worker's earnings. Higher earnings for more years typically equal a larger monthly benefit. Lower earnings for fewer years typically equal a smaller monthly benefit.

Eligibility for Medicare: An SSDI recipient is eligible for **Medicare** after receiving cash benefits for 24 months. Medicare has four parts: hospital insurance (Part A), medical insurance (Part B), a managed care option (Part C) and prescription drug coverage (Part D).

Medicare Part A pays for inpatient hospital, skilled nursing facility and some home health care. There is a deductible.

Medicare Part B typically covers outpatient health care expenses including doctor fees.

¹² Adapted from benefits materials, originally developed by Jonathan R. Beard, LICSW. Used by permission.

Medicare Part C (Medicare Advantage) plans allow a beneficiary to choose to receive all health care services through a provider organization. These plans may help lower the costs of receiving medical services, or a beneficiary may get extra benefits for an additional monthly fee. One must have both Parts A and B to enroll in Part C.

Medicare Part D (prescription drug coverage) is voluntary and the costs are paid for by the monthly premiums of enrollees and Medicare. Unlike Part B in which one is automatically enrolled and must opt out if it is not wanted, with Part D one must opt in by filling out a form and enrolling in an approved plan.

Supplemental Security Income (SSI)

Also Known As Title XIX: SSI is also known as Title 19 of the Social Security Act.

It is a welfare program: If a person becomes disabled, he/she may apply for SSI through the Social Security Office. This program makes payments to aged, blind, and disabled people (including children under age 18). As a welfare program, a person must meet the **means test** (or asset test) in addition to being disabled, aged, or blind. The means test examines these three areas: *income, resources and living arrangements*. Means testing is used in all welfare programs.

In many cases, those found eligible for SSI benefits are paid retroactively to the date of application. As it can take some time for the Social Security Administration to make a determination, recipients who are paid back to the date of application receive a lump sum back payment. A recipient is given six to nine months before that money (the back payment) is counted as a resource. In order to spend that money down to acceptable limits, recipients must purchase items that will not accrue value (e.g. clothing, a car, furniture, electronic equipment, irrevocable burial plan, payment of outstanding bills, and prepayment of rent and/or utilities).

The federal government funds SSI from general tax revenues. Individual states choose how much, if any, additional dollars to add to the standard federal benefit level. Some states choose to add more than other states.

Entitlement to Medicaid: SSI recipients in Washington and most other states are co-entitled to **Medicaid** retroactive to the date of application. Medicaid is a state-run health insurance program. It is partially funded by the federal government. It helps many people who cannot afford medical care pay for some or all of their medical bills. Medicaid is available to people and families who have limited income and resources. People who are blind or disabled, age 65 or older, children, or members of families with dependent children may be eligible. Medicaid also can help pay Medicare premiums, deductibles and coinsurance for some individuals. Each state decides who is eligible and the amount of medical care and services it will cover.

Work Incentives from the Social Security Administration



There have been many changes in Social Security's rules over the last several years that now permit beneficiaries of SSDI and SSI to test their ability to work without the risk of losing their monthly cash benefits or health insurance. These changes have enabled thousands of people with disabilities to take advantage of employment opportunities, either on their own or through community based employment programs via vocational rehabilitation. The work incentives vary according to what type of benefits (SSDI or SSI) someone receives and are as follows:

SSDI Work Incentives:

- **Impairment Related Work Expenses:** This provision allows the costs of certain impairment related items and services that a beneficiary needs for

work and that are paid by the beneficiary to be deducted from gross earnings and, hence, not counted in figuring if the earnings are at the **substantial gainful activity (SGA)** level. According to the Social Security Administration:

“The term "substantial gainful activity" is used to describe a level of work activity and earnings. Work is "substantial" if it involves doing significant physical or mental activities, or a combination of both. "Gainful" work activity is either of the following:

- A. Work **performed** for pay or profit;
- B. Work of a nature **generally performed** for pay or profit; or
- C. Work **intended** for profit, whether or not a profit is realized.”

- **Trial Work Period (TWP):** This provision allows a period of nine months when a beneficiary can work and receive full benefits no matter how much is earned. The nine months need not be consecutive (in a row), however they start with the first month in which the recipient earns more than the SSDI SGA dollar amount. When the beneficiary has accumulated nine such months within a 60-month rolling period, the Social Security Administration (SSA) will review the work. Earnings exceeding the SGA level indicate that the beneficiary is able to work in spite of a disabling impairment. If this is the case, benefits continue for a “grace period” of three more months. If the work and its earnings are below the SGA level, SSDI benefits continue.
 - **Extended Period of Eligibility:** If disability benefits stop after successful completion of the trial work period because of working at the SGA level, Social Security can automatically reinstate benefits, if the former recipient becomes disabled, without a new application for any months in which their earnings drop below the SGA level. This reinstatement period lasts for
-

36 consecutive months following the end of the trial work period. The beneficiary must continue to have a disabling impairment in addition to having earnings below the SGA level for that month.

- **Continuation of Medicare Coverage:** Most people with disabilities who work will continue to receive at least 93 consecutive months of hospital and medical insurance under Medicare. The beneficiary pays no premium for hospital insurance. Although cash benefits may cease due to work, the beneficiary has the assurance of continued health insurance. The 93 months start the month after the last month of the Trial Work Period.
- **Medicare for Persons with Disabilities Who Work:** After premium-free Medicare coverage ends due to work, some people who have returned to work may buy continued Medicare coverage, as long as they remain disabled. Individuals can buy Premium Hospital Insurance (Part A) and Premium Supplemental Medical Insurance (Part B) at the same monthly cost that uninsured eligible retired beneficiaries pay. Individuals can buy the Hospital Insurance separately without Supplemental Medical Insurance; however Supplemental Medical Insurance can only be purchased if one also buys Hospital Insurance.

SSI Work Incentives:

- **Impairment Related Work Expenses:** As with SSDI, this provision allows the costs of certain impairment related items and services that a beneficiary needs for work to be excluded from earned income in figuring a beneficiary's monthly payment amount.
 - **Earned Income Exclusion:** This provision allows most of a beneficiary's income, including pay received in a sheltered workshop or work activities center, to be excluded when figuring the SSI payment amount.
-

- **Student Earned Income Exclusion:** This provision allows a beneficiary who is under the age of 22 and regularly attending school to exclude some of their earned income per month.
- **Blind Work Expenses:** This provision provides that any earned income which a blind beneficiary uses to meet expenses needed to earn that income is not counted in determining SSI eligibility and the payment amount. The beneficiary must be under age 65, or age 65 or older **and** received SSI due to blindness for the month before he or she attained age 65.
- **Plan for Achieving Self Support (PASS):** This provision allows a beneficiary to set aside income and/or resources for a specified period of time for a work goal. For example, a person may set aside money for an education, vocational training or starting a business. Any income or resources set aside is excluded under the SSI income and resources test. An individualized plan is required and must be approved by Social Security.
- **Property Essential to Self Support:** This provision allows a beneficiary to exclude certain resources (e.g. property used in a business or trade), which are essential to the person's means of self-support.
- **Section 1619 Work Incentives:** Section 1619a allows beneficiaries to receive cash payments even when earned income exceeds the substantial gainful activity level. All other eligibility conditions must be met. Section 1619b allows continued Medicaid coverage for most working beneficiaries when their earnings become too high to allow SSI cash payment.

Healthcare for Workers with Disabilities

Some people with low incomes may be eligible for State assistance with maintaining their health insurances. In Washington, this assistance is known as **Healthcare for Workers with Disabilities (HWD)**. This program recognizes the em-

ployment potential of people with disabilities. **HWD** represents Washington state's response to the "Ticket to Work" legislation passed by Congress in 1999.

Under **HWD**, people with disabilities can earn more money and purchase healthcare coverage for an amount based on a sliding income scale. HWD benefits include a Medicaid benefit package, greater personal and financial independence, and enrollees earn and save more without the risk of losing their healthcare coverage. Washington residents are eligible if they are age 16 through 64, meet federal disability requirements, are employed (including self-employment) full or part time and have monthly net income at or below 220% of the federal poverty level. You can find more information about HWD on the web site below.

http://hrsa.dshs.wa.gov/Eligibility/HWD_FAQs.htm



It is important to note that the above information is presented as a summary only and is not intended to substitute for written publications, documents and/or contact with representatives from the Social Security Administration. Each of the above work incentives have a variety of additional details on eligibility, duration, exclusions, start dates, end dates, etc.

Social Security makes available a variety of publications detailing work incentives and other aspects of its disability programs. These may be requested at your local Social Security district office, via the Internet at www.socialsecurity.gov or toll free at 1-800-772-1213. You are encouraged to obtain these and use them in working with disability beneficiaries. Especially helpful is the *Red Book on Work Incentives* (SSA Pub. No. 64-030).

Internet Resources for Additional Information



<http://www.socialsecurity.gov> - **Social Security**

<http://www.socialsecurity.gov/redbook/eng/main.htm>

-Red Book on Work Incentives

<http://www1.dshs.wa.gov/manuals/eaz/index.shtml>

-Washington State Department of Social and Health Services (DSHS)

<http://fortress.wa.gov/dshs/maa/Eligibility/Index.html>

-Medicaid

Employment-Related Organizations and Resources to Partner With

When the peer you are working with is interested in working, there are a number of potential partners or community resources that the peer may want to link up with. When an individual is determined to be eligible for their services, these partners provide programming, expert help, and resources that can be tremendously helpful.

The Department of Vocational Rehabilitation (DVR): DVR is a Washington state government service that provides individualized employment services and counseling to people with disabilities. DVR also provides technical assistance and training to employers about the employment of people with disabilities. An individual must first apply for services by contacting a DVR office. A listing of local offices can be located online.

<http://www1.dshs.wa.gov/dvr/Default.aspx>

Supported Employment Services: Some community mental health centers offer supported employment services. Supported Employment is a well-defined approach to helping people with psychiatric disabilities find and keep competitive

employment within their communities. Supported employment programs are staffed by employment specialists who have frequent meetings with treatment providers to integrate supported employment with mental health services. If the person you are working with is interested in returning to work you may want to refer them to these services.

WorkSource: WorkSource used to be known by some as “the unemployment office.” However, it offers many resources for job seekers, including: job postings, job search assistance, “the Job Hunter” workshop series, training programs, and more. More information can be found at:

http://www.wa.gov/esd/coreservices_seeker.htm

WorkFirst: WorkFirst is Washington’s welfare-to-work program. It provides services to help parents on welfare find jobs, learn skills, and become self-sufficient.

Services begin with job preparation instruction followed by activities designed to assist during job search. Work experience or on-the-job training may be suitable for some parents. Support service needs such as child care, transportation assistance and work clothing are provided.

<http://www.workfirst.wa.gov/>

Strategies to Resolve Employment Barriers



Psychiatric Disability: How does it affect work performance?

Sometimes having a psychiatric disability may interfere with a person's ability to function at work. For example, for some it may affect their ability to concentrate or communicate effectively. Under the Americans with Disabilities Act,

or ADA, an employer only needs to provide accommodations for limitations that can be directly connected to the disability. If an accommodation is to be sought, peers should document the types of functional limitations caused by their disability as this will show the need for the accommodations.

There are some very good online guides about requesting accommodations online, through Disability Rights Washington at <http://www.disabilityrightswa.org/> or the Job Accommodation Network <http://www.jan.wvu.edu/>. The Job Accommodation Network web site outlines what sorts of accommodations might be helpful for all types of disabilities. A certified peer counselor can assist peers in locating these resources. We have included information about disclosing disabilities to an employer and accommodation strategies in the Appendices.

Education: Many peers' educations were interrupted by the onset of a psychiatric disability. Encourage peers to seek additional education and explore opportunities at local community colleges or non-profits for degree completion and GED programs. In addition, people might find they need additional skills to be competitive in the work-force. Computer skills are a common need. Goodwill and some local colleges provide low-cost computer classes. Other community resources may offer them for free.

Work History: Many peers you might work with haven't been employed for years or they may have large gaps in their employment history. Encourage them to work as a volunteer for a while, or try a supported employment program such as a clubhouse. This will bring their work history up to date, and give them current employment references. It also helps people build confidence and skills at work before committing to regular paid employment, and allows them to try out different jobs to see if they are really a good fit.

If the peer has large gaps in their employment history, consider putting together a skill-based résumé. In a traditional résumé, jobs are listed chronologically,

meaning starting with the most recent employment. In contrast, a skill-based résumé highlights the skills the person has related to the job they are seeking, and work experience is listed in order of relevance (not chronologically). We have provided a sample résumé in the Appendices.

Resources: Due to a lack of funds, many people have trouble finding affordable transportation, child-care, and appropriate clothes for interviews and work. There are many options in your community that might be able to provide these resources for free or low-cost. Encourage them to try DVR, NAMI, Goodwill, local service organizations such as the Lions Club, local churches, clubhouses, and other non-profits.

Many clubhouses in Washington state provide help writing résumés and finding work. They also offer transitional and supported work opportunities along with job clubs to help people learn how to master part time work. In fact, a clubhouse can provide an opportunity to build skills at working side by side with other peers and staff until they are ready to tackle employment in a less supported environment. This can be a very useful resource for the peer that desires to return to work. Certified peer counselors can encourage peers to attend the clubhouse as a non-threatening place to socialize as well.

MODULE 15: THE IMPORTANCE OF SPIRITUALITY



For the purposes of our discussion today, we use the term “spirituality” to mean the spiritual beliefs an individual holds. These spiritual beliefs might be a set of beliefs an individual has connected to through the course of their life; or they might be centered around an organized religion, or Eastern tradition.

We will discuss the way spiritual connectedness and hope can help individuals with their wellness process.

Why is it important to discuss Spirituality with the peers we serve?

Certified peer counselors understand that spirituality is one of many aspects of an individual’s life. It is important to gently inquire about each peer’s spiritual life as they may find this to be a great source of strength and hope. If a peer does not want to discuss their spiritual beliefs, that wish should be respected. You may also find that some peers may have unresolved issues related to their spirituality. It could be that raising the topic of spirituality provides them the opportunity to revisit these issues and work towards resolving them. When we discuss spirituality with peers, we should not do so for the purposes of debate or exploring our own beliefs. The focus should be on the peer you are working with- their needs and their goals.

Sometimes people get the mistaken notion that spirituality is a separate department of our life, the penthouse of our existence. But rightly understood, it is a vital awareness that pervades all realms of our being...Wherever we come alive, that is the area in which we are spiritual...To be vital, awake, aware, in all areas of our lives, is the task that is never accomplished, but it remains the goal.”

~Brother David Steindl-Rast

Spirituality & Wellness

Some questions we might ponder, then discuss together in class:

- ❖ Is spiritual grounding important to our process of resilience?
- ❖ What happens when we ignore spirituality?
- ❖ Does a strong spiritual life prevent suicidal thoughts?
- ❖ How do we know when our beliefs are not helping us?

Let's look at these questions and determine our own personal feelings around this subject.

As we work with people, it is important to remember that their spirituality may be strongly connected to their wellness process. As we partner with peers, we can stay mindful of how their spirituality may give them hope and empowerment. We want to be sure to make room for their spirituality in their wellness plan and it is important to allow the peer to guide us in stating their needs in this area. A person may or may not connect their spirituality with religion. We may need to ask questions in order to understand the peer, their needs, and their perspective.

Certified Peer Counselor Values

As we consider the values we hold as certified peer counselors, let's discuss in class how we view:

Honesty

Reliability

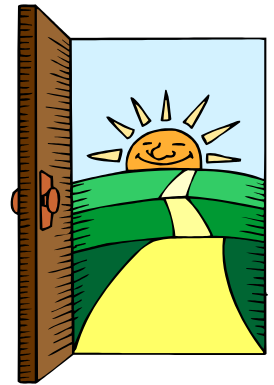
Confidentiality

Personal Integrity

We are entrusted with a very unique opportunity to partner with individuals and role model the values mentioned above. In order to stay true to those values, we must also be mindful of our own self-care and wellness plan.

MODULE 16: LETTING GO AT THE RIGHT TIME

For a helping professional, knowing when to let go is one of the most important things you can do for those you work with. The goal of a certified peer counselor should be to “work yourself out of a job.” Not altogether, of course—there will always be more people who can benefit from your experience and encouragement. But for any given person, there will come a time when he or she is ready to move on—to begin living life and making decisions for him or herself, without your constant support. You have modeled recovery, self-advocacy and self-care, you have helped him or her set and achieve goals, you have helped him or her learn to problem-solve and think for him or herself. Now, he or she is ready to do these things on his or her own.



Only the peer can know for sure when this time is, but you can be on the look-out for signs that he or she is becoming independent in thought and action. From the very beginning, you should make clear that your role is to do things **with**, not **for** him or her, and that one day he or she will feel confident enough to manage his or her own life. This should be an ongoing topic of discussion—“Where are you at? How confident do you feel doing this on your own?” And, it should be a day that both of you look forward to and celebrate!

Of course, as in any real human relationship, there does not need to be any forced or artificial end. This is one of the great joys of Peer Support. If you have developed a solid relationship with the person, check with your agency's policy or your supervisor about ongoing relationships with peers for guidance on how to proceed. If he or she would just like to check in with you once in a while to let you know how he or she's doing, encourage him or her to do so. It will be a support for him or her, and rewarding for you to hear how he or she is growing and changing.

On the other hand, when the time comes for a peer to let go of you as a support, you might be tempted to feel hurt or unwanted. This is not the case at all! This means you and the peer together have achieved something profound and wonderful that has changed their life forever. With your encouragement, he or she has begun the journey to becoming the whole, happy, healthy person they were always meant to be. This is a great success, and perhaps the best gift you can give a fellow human being. Celebrate!!

END OF DAY THREE

DAY FOUR

Special Considerations

LEARNING GOALS FOR TODAY

Overview

Today we will discuss some special considerations that will ultimately affect the different ways you work with peers in a variety of settings and contexts.

By the end of today, you will learn and understand:

- Guidelines for working with parents and families
 - The various types of service plans
 - How to document a contact by writing a progress note
 - How culture affects our perceptions
 - Cultural considerations when working with peers
 - Guidelines for your personal safety
-

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MODULE 17: WORKING WITH PARENTS AND FAMILIES



Like most other providers in public sector mental health services, it is likely that certified peer counselors will have contact with the parents/caregivers of child/youth and adult consumers in the course of providing services. It is important to know that parents/caregivers (and families) are the single largest group of care providers to child and adult consumers of mental health services in the country. As such, they can be a significant resource and asset to you in providing services.

Recognize that most parents/caregivers feel enormous responsibility for their loved one(s) and the accompanying stress in meeting the needs of their loved one(s). Providing support, information, and/or resources will often make a difference to the parent caregiver.

Any discussion about the involvement of parents/caregivers in the mental health care almost immediately raises issues about confidentiality. There are myths and truths regarding confidentiality and what may be shared with parents/caregivers of adults or children and youth that are served in public sector mental health services. It is important that as a certified peer counselor you know your employer's policies on these issues.

Adult Consumers and Confidentiality

RCW Section 71.05.390 states that “except as provided for in RCW 71.05.445, 71.05.630, 70.96A.150, or pursuant to a valid release under RCW 70.02.030, the fact of admission and all information and records compiled, obtained, or maintained in the course of providing services to either voluntary or involuntary recipients of services at public or private agencies shall be confidential”.

The confidentiality laws are not intended to create a barrier to care but to protect the civil rights of all citizens regardless of health history. It is up to the consumer to decide who he or she wants to have information about their mental health history and treatment. There can be some instances in which adult consumers are taking good care of themselves by keeping distant from an abusive family member.

A recommended practice is to ask someone, at the very outset of providing services, “is there anyone that is likely to call me or this agency asking about you, and that you would like me to give information to?” If the answer is yes, an authorization for the release of information should be executed at that time permitting disclosure to the named person(s). This practice is standard professional procedure and enables collaboration in serving the adult consumer. Some adult consumers will prohibit contact with their parents and this must, of course, be respected. Many will opt for permitting contact when asked, so go ahead and ask.

The positive effects of seeking such authorization to make disclosure are many. Certified peer counselors know how limited resources and services may be in the communities in which they work. Knowing early on that parents and family members can be called upon for help is a win-win for the certified peer counselor and adult consumer alike.

And remember, that even if an adult consumer has instructed you to not make any disclosures to his/her parents, nothing prevents you from taking a call and listening to the parent and hearing whatever it is that the parent wishes to tell you. Without a signed consent to release information, you would not be in the position of being able to confirm that their adult child is indeed being served by your agency and your agency policy may dictate that you make this very clear to the party calling. Listening to information is not a breach of confidentiality. It is a common courtesy extended to family members by providers. It is appropriate to tell the calling parent of the confidentiality requirements, but that nothing prevents you from hearing what they have to say.

With all communication with an individual's parents, it is important that you are mindful of your role. Your primary objective is to be of support to the adult consumer and you do not want to damage that relationship. It is important that you make the adult consumer aware of their parent's call and allow them the opportunity to share their interpretation of their parent's information.

When any authorized disclosure occurs, RCW 71.05.420 requires that documentation of the disclosure shall be made in the individual's medical record including the date and circumstances under which said disclosure was made, the names and relationships to the individual, if any, of the persons or agencies to whom such disclosure was made, and the information disclosed.

Children aged 12 and Younger and Confidentiality

Confidentiality laws regarding serving children permit disclosure to parents/caregivers in most circumstances. Washington state law (RCW 71.34.340) allows for providers to make disclosures to parents/caregivers of children consumers as follows:

“Confidential information may be disclosed only to the minor, the minor's parent, and the minor's attorney.”

This means that parents and legal guardians of children 12 years of age and younger have full access to confidential information. It should be made available upon request.

Youth aged 13 and Older and Confidentiality

Under RCW 13.50.100, "If the information or record has been obtained by a juvenile justice or care agency in connection with the provision of counseling, psychological, psychiatric, or medical services to the juvenile, when the services have been sought voluntarily by the juvenile, and the juvenile has a legal right to receive those services without the consent of any person or agency, then the information or record may not be disclosed to the juvenile's parents without the informed consent of the juvenile unless otherwise authorized by law".

Youth aged 13 or older in Washington have the right to consent for treatment without the authorization of their parents or caregivers. It is up to the youth to authorize the release of their treatment records to their parents. This law has created some controversy in our state since it is up to the youth to consent to treatment, but their parents or caregivers are still legally and financially responsible for them.

You should be aware of your agency's policies with regard to youth and disclosure issues.

Working with Parents of Adult Consumers

Whether a child is a minor or an adult, parents will always worry about their children and want the best for them. If that child is living with a psychiatric disability, their concern may be greater. Parents may have any number of questions for you as a certified peer counselor providing services to their loved one, including, but not limited to:

- What do I need to know and to do to help my loved one?
- What agencies in the community have programs, services or supports that can help my loved one and other members of my family? How do I get services from them?
- What has helped others?
- How often will my loved one get services and how long can those services continue?
- How do we get help if there is a crisis, especially at night or on the weekend, when the office is closed?
- What are your or the other service providers' qualifications? Do any of you have special training and a track record of working with children and families like mine?

In responding to these and other questions, be prepared to explain the things that are expected of a certified peer counselor. Begin by sharing what you've learned earlier, that certified peer counselors provide flexible services that are customized to the needs of the individual.

Peer Services for Parents/Caregivers of Children and Youth

Three factors have to be taken into account when considering the inclusion of parents/caregivers of children and youth in the treatment process:

First, families have to have **access** to the process. Both parents/caregivers and youth. Their opinions are important and deserve to be considered in all decisions.

Second, families need to feel heard and that "**voice**" needs to be valued.

Third, youth and families need to create the plan so that they can commit to it and therefore feel **ownership**. The first two qualities must occur before this third can begin to take place.

The three vital factors then are: access to the process, a voice at the table, and ownership of the plan for *their* family member.

Eight Essential Skills for Certified Peer Counselors Providing Parent/Caregivers Peer Support¹³

- Bringing a positive attitude
- Supporting families as experts about their situation.
- Acknowledging the uniqueness of each family.
- Clarifying your role.
- Building collaborative partnerships.
- Committing to honesty.
- Committing to a non-judgmental attitude.
- Providing non-adversarial advocacy.



First Skill: Bringing a Positive Attitude

While any one of us may have concerns or strong feelings with particular agencies or providers that we may have encountered, sharing these with peer parents/caregivers is counterproductive. These may be the only agencies or providers in the community of your parent peer. Certified peer counselors represent and contribute to positive change in the system of care. Keep it positive and focused on the things you can do to make a difference. If you have a choice of two referrals, making a positive statement towards what you believe to be the better of the two without making negative statements about the other is often the best course of action.

¹³ Pat Miles

Second Skill: Supporting families as experts about their situation.

Why is peer parent/caregiver support important? Certified peer counselors, who themselves are parents and parents/caregivers have a shared/common experience. The experiences of parents/caregivers have made them experts about their situation. Certified peer counselors who have walked this path know this and honor that experience with their support. Certified peer counselors can assist parents/caregivers to learn to say things in a different way.

Provide peer parent/caregiver support by:

- Actively listening to the family's story for similarities and differences from your own experience as a parent/caregiver
- Provide candid, supportive feedback.
- Being authentic and being present means a great deal to parents and caregivers.
- Communicate the most common experiences to others as a learning experience.
- Generalizing experiences can provide hope where it is sorely needed.

As a certified peer counselor, it is important to maintain your parent/caregiver perspective when working with families. A certified peer counselor working with other parents/caregivers is effective when the parent/caregiver perspective is maintained. It consistently reinforces the shared background between you. It makes it easier for you to say things in a “different way” as well as allowing the family to hear things “in a different way.”

Allow clinical providers to play their role instead of assuming the role yourself. For example, even though as certified peer counselors we may know and understand a variety of mental health diagnoses, we should refrain from giving the appearance that we are diagnosing children. A certified peer counselor's role is

more about supporting families in coping with behaviors, symptoms and diagnosis. Resist appearing as if you have all the answers. This may unintentionally cause the family to feel inadequate, dependent upon you, and may lead to problems. Your role is about relationship building, empowering and providing hope.

Third Skill: Acknowledge that each family's answers are different.

- **Why acknowledge different answers?**
 - Your or someone else's solution may not work for others.
 - Each family's strengths are different.
 - Each family's needs are different.
 - Remember that no two children are the same.
 - Therefore, work with each family to develop answers or solutions that are right for them.
 - **How to acknowledge differences**
 - Listen, hear, and acknowledge what is and isn't said.
 - Assist the family to identify a list of options and how to choose among them.
 - Clarify and communicate the family's decisions to others. The certified peer counselor is in a unique and powerful position to assure that a family's choices are heard.
 - Recognize any/all differences in family identity & solution. There are many different kinds of families. Be aware and responsive to cultural issues that may differ from yours.
 - Be positive about family choices. More choices are always better than fewer choices. Work to create more of them.
 - Plan for the unexpected. The best work anticipates problems and has at least some contingencies in place.
-

As a certified peer counselor, sharing your story of moving from despair or little hope for your child to greater and greater optimism and success, and how you did that, can be powerful. It is important to clarify that recovery is not a linear process and for many consumers part of recovery includes learning to quickly bounce back after a relapse. Even though the person will not necessarily choose *your* unique path to recovery, hearing what you have been through to be where you are today and knowing that different people find different paths to recovery or to the resilience process is inspiring.

Fourth Skill: Clarify your role as Certified Peer Counselor with a Parent/Caregiver of a Child with Special Needs

- **Why clarify roles?**

- To better represent and be a champion for positive change in the system(s).
- To more successfully challenge any negative bias towards families.
- To creatively challenge any stigma experienced by families.
- To serve as a teaching resource for any/all stakeholders.

- **How to clarify roles**

- Introduce role(s) as simply and in as friendly a manner as possible.
- Challenge any bias as it occurs. Reframing negative descriptions of a family in a more positive way is a core skill here.
- Inspire openness and fairness by being open and fair yourself.

Different words will be used in clarifying your role depending on who you are speaking to. The role of a certified peer counselor may still be considered unique. Think about how to stage things so that they will gain acceptance. Choose your words wisely. Some forethought before you open your mouth will take you far. Patience helps here. So does compassion.

Fifth Skill: Partnering with others including clinical and other providers

- **Why build partnerships?**

- A team of people working together on behalf of a consumer is more efficient and more effective.
- Children and youth need the responsible adults in their lives to be on the same page with each other.
- Building a strong, supportive community will provide a safety net for a family when things get tough.

- **How to build partnerships**

- Introduce yourself and introduce your role.
- Help to identify the strengths of everyone. What will each bring to the work of serving this child and his/her family/caregiver?
- Work to create win-win situations. Providers need “wins” just as a consumer does. When both win, the very best work is happening. As a certified peer counselor, work to create that kind of outcome every time.

It is important to stretch yourself when building effective partnerships, particularly with staff and other providers you may encounter when helping families. Non-adversarial advocacy is the key to strong partnerships. In the same way you must partner with families without judgment, it is crucial the same philosophy is applied when partnering with co-workers in your agency or those outside your agency that are serving a child and his/her family/caregiver.

Your well developed connections can help the families you work with as they struggle to connect or reconnect. In the meantime you are providing a good example by reducing stigma for everyone and helping everyone understand the value of working with and involving parents/caregivers and families.

Sixth Skill: Committing to honesty in self and others

- **Why Commit to Honesty?**

- To do real problem solving. When the real issues get identified, better work can take place. Work to get there.
- To reduce the blaming of others after the fact when it is realized that crucial issues were not identified and not worked on.

- **How to create honesty**

- Address situations as they come up. As a certified peer counselor, avoid confronting. Ask “what would that look like?” as a response to suggested courses of action. Get the details. Walk down the road a bit farther.
- Assess your own communication style. Speak to “concerns,” not “problems.”
- Practice candid and open conversation in supervision and colleague relationships.

By looking openly and honestly at the entire picture of what is happening, we can truly assist a family to identify solutions.

Consider the following example of two ways of speaking about a course of action that did not work out.

“This is what happened, where do we go and what do we do now?”

“Why did you do that? Now we're stuck!”

Which of these would you rather be on the receiving end of? Always remember that the choice of words is critical. Words have power. Properly deployed, they can get the job done. Poorly deployed, they can set back even the most just cause.

Seventh Skill: Committing to a non-judgmental and respectful attitude

- **Why be non-judgmental?**

- As we have discussed in an earlier module, it fosters positive relationships.
- It is more strength based.
- It helps families to heal themselves. A ceasefire in judging helps families to move on.
- It helps families to become more active and empowered in their roles as caregivers.

- **How to be non-judgmental**

- As we have discussed in an earlier module, work to see each family as brand new.
- Avoid previous conclusions in your work with families.
- Be self-aware. Use self awareness as a motivation for learning about how to better serve this child and his/her family/caregiver.
- Avoid jumping to solutions. Presumption leads to disappointment. Also, in your role, remember you are there to support them to do the work, not to do it for them.
- Consider the "whys" of any proposed action from any involved party. Where they are coming from can be instructive and help you avoid an unwarranted or inaccurate judgment.
- Be aware of your tolerance levels and admit when you reach the end of your endurance—seek support.
- Communicate expectations of positive outcomes to all concerned.
- Never choose sides, practice neutrality.
- Work to be strengths based, even in the face of fierce resistance.

This eighth skill of being non-judgmental and respectful is one of the fundamental, core skills that are important in your work as a certified peer counselor with

families/caregivers and all other stakeholders. It is essential that you meet people where they are if you want them to become empowered and move ahead.

There may be times when it may be important to let others know when they may not be demonstrating a non-judgmental and respectful attitude when working with families. Choose your spot wisely. Again, choose your words wisely and make the determination whether to let the incident go or not depending on the location and timing. It may be best to let it go by you this time. Other times, it may be the right time to speak up. If so, this next essential skill will help in such times.

Eighth Skill: Providing non-adversarial advocacy

- **Why be non-adversarial?**

- Strengthening or maintaining the partnership is needed in order to best serve this child and his/her parent/caregiver. This should always be the goal, even when differences of opinion exist. Sometimes, it can help to say this aloud to others.
- The shared goal of serving the family well can be reiterated in order to refocus on common ground. Expressions of dignity, respect, and honor always help. It is also helpful to express gratitude for good work.
- While people may have strong feelings about things, it is "business" after all. People do not have to take things personally. Sometimes this gentle reminder can help things.
- People can change. They can learn to forgive. It is worthwhile to be open to correction yourself, a mutual humility goes far in fostering communication around serving a family.

- **How to provide non-adversarial advocacy**

- Propose viable, concrete and sustainable solutions.
- Make sure families call the shots. Whose plan is this, anyway?
- Use a variety of strategies. Be flexible in role.
- Make sure everyone feels heard and respected.

As you can see through this section, non-adversarial advocacy may be one of the most effective ways to assist families. It is okay to privately and consistently remind others when they may be appearing adversarial and then remind of the benefits of non-adversarial advocacy.

Developing expertise in the above eight essential skills will help certified peer counselors to really excel in providing support to parents/caregivers.

Partnering With Families to Identify their Needs

The following section contains a list of needs that many families have. Some may not be initially aware of what they need and the job of the certified peer counselor may be to work with the family to begin to identify what would help their current situation.

It may take good communication skills on the part of the certified peer counselor to help the family explore these needs if they are not yet aware of them, however it is important that the family have ownership of identifying the needs so that they can also have ownership of identifying the potential solutions. The following list of services may be a helpful reference tool as the certified peer counselor works with families to identify needs.

- **Supervision for their children:**

Certified peer counselors encounter many families who struggle with the challenges of providing adequate supervision for their children. There are many rea-

sons for this. There are economic challenges, emotional challenges including isolation, and some families deal with alcohol and drug abuse. Whatever the reason, the need is still there for adult supervision.



There are various ways to address this need. First identify the reason for lack of supervision. If financial challenges are the problem, as a certified peer counselor, you could explore with the family a way to find other employment to meet the needs of their family. Sometimes families are afraid to explore new options, but the encouragement and support of another can help inspire their courage to try new things.

Be very careful that the decisions they are making are their own as it is their life and they have to live with their own choices. Offer ideas to assist in the identification of where to find qualified information. The resources that are known to the certified peer counselor will help here. Support the family to assess their options and assist them in making a list of options. Leave the choice to the family.

If family or friends are limited or unavailable, then activities for children and youth with adult supervision and structure may be the area to look into. Help support the families with the identification of resources in their community to keep their children busy and feeling constructive.

Getting families to support groups and parent/caregivers/family trainings is vitally important. This is especially true for families who lack extended family and community support and for those who are isolated. The groups are a great way for families to develop relationships with others and often times become resources for each other. It can be difficult for families to ask for help from family, friends and community. NAMI offers support, education and advocacy and has affiliates throughout Washington State. Washington Dads (WADADS) are another

resource with network members in various areas of the state. Encourage the parents and caregivers you work with to contact one of these groups.

The process known as “wraparound” can be very useful. Wraparound is a team-based planning process intended to provide individualized, coordinated, family-driven care to meet the complex needs of children who are involved with several child and family-serving systems (e.g. mental health, child welfare, juvenile justice, special education), who are at risk of placement in institutional settings, and who experience emotional, behavioral, or mental health difficulties. The wraparound process requires that families, providers, and key members of the family's social support network collaborate to build a creative plan that responds to the particular needs of the child and family. As a certified peer counselor you can play a key role in helping a family identify natural supports and in encouraging the team to meet at times that actively embrace these natural supports. If your agency offers Wraparound and you believe it might help the family, discuss it with your supervisor.

- **Balance of Self Care with Family Care:**

As certified peer counselors, we need to assess whether or not family care is balanced with self care. If family care is lacking, sometimes gently addressing this can be helpful. This can be addressed by offering ideas and strategies on how to better balance responsibilities. If a parent/caregiver is over-caring for family, this is just as crucial to address. We need to remind families the importance of self care and the importance of independence for all family members. Parents/caregivers should not be doing for their children the things that they can do for themselves. Children should not be doing for families the things they could and should be doing themselves.

- **Successful school placement for their children:**



Successful school placement for their children can sometimes prove to be a most frustrating task for parents/caregivers. Often, parents/caregivers rely on the school to inform them of how to best meet the educational needs of their children. Often children have learning disabilities, medical conditions and/or social emotional needs that are not being identified by the child's school.

Certified peer counselors can assist parents/caregivers to view their children from a strengths-based perspective. The certified peer counselor can help them review when things were going well and help them identify key contributing factors. Similarly, the certified peer can help identify key factors when things were not going well. This gives the parent/caregiver insight and awareness about their child and their child's needs that they can share with the school.

Assisting a parent/caregiver with developing a strengths packet can also be a useful tool. By developing strengths packets the certified peer counselor and the parents/caregivers can build a plan of success based on addressing the child's strengths and being aware of their weaknesses and needs. We learned about strengths in Module 6.

Certified peer counselors should understand about Individualized Education Plans and use PAVE as a resource. Individualized Educational Plans grew out of The Education for Handicapped Children Act (P.L. 94-142), which guarantees a free, appropriate public education emphasizing special education and related services to meet the needs of all handicapped children between the ages of 3 and 21. Handicapped children are defined as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multi-handicapped, or as having specific learning disabilities, who because of these impairments, need special education and related services."

The children identified in this way are provided with an Individual Educational Plan that is revised annually. The plan includes a statement of goals, means of attaining goals, and ways of evaluating goal attainment.

The children who have an IEP must also be educated in the “least restrictive environment.” Thus, the child should either spend part or all of his or her time in a regular classroom or in an environment that is as close to this as possible while still leading to the attainment of the educational goals. Implicit in this requirement is the idea that schools should move away from labeling and stigmatizing handicapped children.

Finally, these services are provided at no extra cost to the family and are consistent with the philosophical principle that society should assume responsibility for the education of *all* children. Additionally, the child must be provided with related services such as speech therapy and counseling. Related services is defined as “services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.”

Public Law 94-142 had a major impact on the activities of school social workers, who perform a major role in the development of educational plans. They are also case managers for the implementation of the plan. In this respect they “are responsible for coordinating the efforts of other school personnel—principals, teachers, specialized support personnel—and parents.”

- **Good Communication with their children’s school(s):**

Sometimes parents/caregivers get into a pattern of no communication with their child’s school or negative communication patterns. Some reasons could be lack of time, lack of convenience, trust breakdown or language barrier. It is important for you as the certified peer counselor to help the parent identify barriers and ways they might begin to build a bridge for enhanced communication. The better the communication the more chances of success for their children.

Certified peer counselors need to model good communication skills and assist parents/caregivers to advocate for their children in a non-adversarial, solution driven manner. Certified peer counselors must remind parents/caregivers to say *what they mean, mean what they say, and don't say it mean*. Certified peer counselors need to gently confront parents/caregivers when their communication style is a barrier to getting their needs met. Certified peer counselors must assist parents/caregivers to have realistic expectations.



Getting parents/caregivers into trainings such as those offered by PAVE (Partners in Action Voices for Empowerment) is always a good idea. Washington PAVE is a parent directed organization that works with families, individuals with disabilities, professionals and community members in all walks of life and with all types of disabilities. Since 1979, PAVE has provided information, training and support for over 1,000,000 individuals with disabilities, parents/caregivers and professionals.

When parents/caregivers can understand their rights they have a much better understanding on how to hold all accountable. This also helps with parents/caregivers having realistic expectations. Encouraging parents/caregivers to attend activities, events and committees is also a good way for them to communicate. This also gives them a voice on what happens in their schools.

Remind parents/caregivers to try to not go to school based meetings alone. Even if parents/caregivers don't bring their spouse or partner, they should always try and invite someone they trust to be a sounding board and support in meetings.

- **Support from other family members including extended family:**
-

Assist the parent/caregiver to identify gaps in family support including their extended family. The next step would be to identify reasons for lack of support. Encourage and assist the parent/caregiver to discover creative ways to build family support.

- **Support from other parents/caregivers and their community:**

Getting parents/caregivers together with others who are actively going through the same challenges is key to breaking isolation. It is also the first step in connecting them with their community.

Invite parents/caregivers to support groups and trainings as well as community meetings. Let them know they are a valued member of their community. Knowing and using the support group resources in the local community is a core skill of the certified peer counselor. In some mental health agencies, certified peer counselors may run support groups. Discuss ways to pull in natural supports.

- **Coping strategies parents and caregivers may use:**

Often times just coping with the day to day challenges of parenting can be a huge challenge. Offering a parent or caregiver coping strategies and techniques can be vital. Using some of our signs and sayings can assist in this process. For example:

- If a parent/caregiver is struggling with a child with severe emotional disabilities, it becomes difficult not to focus on the bad. That is when it is helpful to share with parents/caregivers the saying, "What you focus on grows."
 - When dealing with a parent/caregiver who is struggling with holding their children accountable for bad behaviors, remind them that it's easier to correct difficult behaviors when children are young, than when they are teenagers.
-

- This can assist parents/caregivers in seeing how important it is to get behaviors under control while children are young and help them cope with guilt for requiring accountability.

Other coping strategies that have been successful are reminding parents/caregivers not to personalize their children's behavior. Assisting parents/caregivers to recognize what is typical developing behaviors and what is outside the line is also crucial. Remind parents/caregivers that the youth we raise will exhibit signs of their growing independence, that all must do so and it is almost always difficult for the children and the parents/caregivers.

As a certified peer counselor, your role is to help parents/caregivers to recognize that the challenging behaviors seen with youth as they become independent is often not about, because of, or in spite of, their parent or caregivers. It is, in fact, a developmental milestone that all children go through. You can help by reminding the parent/caregiver that "this too shall pass." This can be coupled with developing an effective plan to intercept dangerous behaviors and may help to relieve their stress and help them to cope.

- **Parenting Strategies:**

Assist parents/caregivers to identify what kind of assistance or support they need to develop strategies. There are many ways to accomplish this. Certified peer counselors can refer them to classes, trainings, and workshops.

- **Need to feel hope:**

Parents/caregivers need to feel hopeful about their current situation as well as for their family's future. Certified peer counselors can assist them by pointing out what is going well. As a certified peer counselor, you should refrain from making statements that will not offer hope to families.

Parents/caregivers are often told that their child is the worst child or their situation is the worst situation they have seen. Certified peer counselors need to assist parents/caregivers in learning how to filter out the negative and to focus on the positive aspects while still moving forward to improve their situation. Wraparound and planning can be key tools to help the family to feel hopeful about today and about the future.

As a certified peer counselor this may be the place where you again share parts of your own story.

- **Need to feel qualified to parent their children:**

Certified peer counselors need to help parents/caregivers to see that they do indeed know their child best. Certified peer counselors must assist them to see that all decisions must be family driven. Particularly with parents/caregivers of children with severe behavioral difficulties, certified peer counselors must empower the parent to feel as if they can keep on keeping on. Certified peer counselors can assist the parent/caregiver with recognizing the things they are doing right no matter how difficult this may be. All human beings benefit from validations. Look for ways to validate the things a family genuinely does well. Then identify and make a plan to meet the true needs that will empower the parent/caregiver to feel qualified as leader in their family.

- **Spiritual Needs:**

Certified peer counselors should talk with families about spiritual/religious preferences. Be sure not to allow your views to become the focus of assessing another's needs. If a parent/caregiver indicates that they do not have spiritual/religious needs, clarify if their children are included. Sometimes parents/caregivers do not feel the need to practice their spiritual/religious beliefs in an organized fashion such as a weekly church visit, but at the same time would like their children to be involved in some type of organized/structured setting.

Assist the parent/caregiver to define a plan on how to meet those needs based on their family views. Module 14 goes into greater detail on the critical importance of spirituality.

- **Structure:**

When a family lacks structure, it can lead to many difficulties. Family members not knowing what to expect can lead to chaos. Children often respond to the lack of structure with negative behavior. Sometimes as a certified peer counselor, you will find that showing a parent/caregiver how to develop a structured schedule and encouraging them to follow it as much as possible, is a key tool in stabilizing the family. It may be necessary to revisit the plan to work out kinks for things that are not working.

As a certified peer counselor, you may help families to understand that structured plans can include a daily schedule. These schedules can include grooming, meals, chores, snacks, structured play or activity times, homework and bedtimes. The schedule may also break down individual tasks such as chore schedules with a description of what, when and how to do it. Another tool could be the use of grooming charts etc.

- **Rules, Consequences and rewards:**

It is important as a certified peer counselor to assist the parent/caregiver to identify rules. This helps everyone be clear on what is expected. Assisting a parent/caregiver to identify consequences and rewards for anticipated behaviors is helpful to prevent parenting by the seat of our pants and knee-jerk reactions. It helps with consistency and if planned with all family members it will assist adults to be on the same page.

- **Boundaries and limits:**

Assisting parents/caregivers to identify boundaries and limits is a key part of the certified peer counselor's role. Some of this is covered in the previous sections.

Certified peer counselors can assist the parent/caregiver in holding themselves accountable to sticking to the boundaries and limits that they set up and to remind them how important it is for all family members to understand the boundaries and limits.

- **All team members are to be on same page:**

It is important that all of those who are involved in serving this child be on the same page. Certified peer counselors can partner with parents/caregivers to facilitate this. Team members could include parents/caregivers (whether living together or not), school personnel including principals, teachers, counselors etc. and any other adults or youth involved in serving or supporting the child.

- **Understand their individual and family strengths:**

Repeating how important it is for families to focus on their strengths rather than their weaknesses, helps reframe the way parents see their families. Identifying each family member's strengths is the first step to accomplishing this (ask for input from all involved). After strengths are identified, share these strengths with all involved. Use these strengths to implement structure and develop a successful school plan.



Certified Peer Counselors' Boundaries with Parents/Caregivers

- **Do not do for a parent/caregiver what a parent/caregiver is able to do for themselves:**

It is important that certified peer counselors not do for a parent/caregiver what they can do for themselves. Certified peer counselors are here to empower parents/caregivers not to "do for them."

- **Remember that certified peer counselors and other service providers go away over time:**

Certified peer counselors are there to assist parents/caregivers with being independent. Families are different from one another, and sometimes certified peer counselors will work with a parent/caregiver who is very independent and only needs minor assistance to get through hard times. Other families may require moderate assistance and more “hand holding” at first. Then there are others that are very system dependant and are used to having others do for them. With these families, it is particularly important that certified peer counselors assist them with becoming as independent as possible because service providers do go away over time.

- **Remember certified peer counselors are not surrogate parents:**

The key thing to remember is that “If the parent/caregiver is not engaged, then you are not engaged.” Certified peer counselors work closely side by side with the parent/caregiver, not for the parent/caregiver. Certified peer counselors must be firm with their boundaries. It is not important how much certified peer counselors know and understand about the family or their children; it is important how much the parent/caregiver understands their own family and children.

- **Do not offer parents/caregivers a false sense of security:**

It is important that certified peer counselors not take on things that are better left to clinical and other providers.

Remember that certified peer counselors are parents/caregiver assisting other parents/caregivers. Certified peer counselors are not therapists and must leave needs in this area to clinical and other providers. If a family needs a safety/crisis plan, certified peer counselors must get professional help to put that together. Even if certified peer counselors have had crisis/safety plans for their own family or if certified peer counselors have seen them written for other families, certified peer counselors **should not**

accept the responsibility to write any kind of safety plan for a family. Certified peer counselors must defer to clinical and other providers when such a need arises.

- **Our job is to empower the parent/caregiver, not “do for”:**

All families are different and certified peer counselors should remember that some families are emotionally independent and some are not. Some are financially independent and some are not. In either case certified peer counselors are going to come across difficult situations along the way. The instinct to **help** must be channeled in a way that does not **dis-empower** families.

- **Be clear with a parent/caregiver what certified peer counselors can and can't do in your role:**

The better the certified peer counselor understands his/her role, the easier it is to clarify with the parents/caregivers that one works with. With some people it may be adequate to simply state what the role is and have it to be understood and respected. Other times it may become necessary to revisit this with a parent/caregiver from time to time. On the rare occasion, it may be necessary to clarify your role with a handout for the parent/caregiver. Should this become necessary, have your supervisor approve the handout first. It will be easier to clarify if you follow the advice above regarding roles, boundaries and empowering. It is much harder if boundaries are loose to then go back and explain roles.

- **Say “no” and give explanation if asked to do something outside your role:**

People really do appreciate explanations and most are very accepting as they learn about the role of certified peer counselors. If you feel you are being requested to do things that fall outside of your role, discuss the situation with your supervisor and ask for guidance.

Ability to Clarify Roles and Boundaries with Team Members

- **Always maintain your Parent/Caregiver perspective:**

It is important that certified peer counselors think things through from a parent's/caregiver's perspective. Remember that is exactly what the role of a certified peer counselor is about.

When the opportunities arise, give your opinion or assessment of the family to assist others to understand the parent/caregiver perspective. It is easy to lose parent/caregiver perspective the more "professionalized" we become from learning so much about our system. However, it is this experience that assists us in our endeavor to meet the needs of families. This is where we become creative and continue to use a variety of resources that is effective in that "if we can't go through the front door, try using the back."

- **Be clear with team members about what certified peer counselors can & can't do:**

As an example, as a certified peer counselor you have been asked to supervise visits for Child Protective Services. This would not be something you would do in your role as a certified peer counselor.



MODULE 18: DOCUMENTATION



Overview

Certified peer counselors will have documentation, service planning obligations, and responsibility for maintaining confidentiality for the peers they work with. Today we will study the purpose of:

- Individual service plans and processes for completing them
- Documentation in progress notes

Individualized Service Plans (ISPs)

Each person served in a community mental health agency is assigned to a primary mental health provider who will work with the individual, and their family when appropriate, to develop their **Individualized Service Plan** or ISP.

An ISP is written by the mental health provider in collaboration with the individual or family member with the intent of meeting their unique needs and preferences. The ISP is described in the Washington Administrative Code (WAC). Other terms often used for such plans include *Treatment Plans* and *Recovery Plans*.

Certified Peer Counselor Involvement in ISPs

The certified peer counselor may or may not be part of the ISP development since their involvement is not a requirement within Washington state. It is the responsibility of the mental health provider developing the ISP with the consumer

or family member to ensure that it is developed in a within 30 days after services are started. It is normally the consumer or family member's choice to invite others which may include the certified peer counselor. Professionals or others involved in the care of the individual and or the family may request to participate. As long as the consumer or the family agrees, this approach is acceptable.

The certified peer counselor is in a unique position to participate and partner with the consumer by providing support and encouragement. If there are preferences or ideas that the certified peer counselor has knowledge of, that information may be helpful to share at the time the service plan is developed.

Progress Notes

Progress notes are written documentation that describes an individual's progress toward achieving objectives that are identified on the ISP. The WAC includes documentation requirements that community mental health agencies must comply with as part of licensing requirements.

Community mental health agencies are not required to use statewide standardized forms to meet documentation requirements. Each agency has policies, procedures and forms that are unique to that organization. Protocols and requirements should be explained during orientation or during the supervisory consultation. In addition to the agency's guidelines, supervisors may have additional preferences or requirements concerning style, content or procedure.

In general, the professional providing the service is responsible for documenting progress in treatment. In keeping with the values and principles of peer support, another option is to assist the peer in completing the progress note himself. Managers for community mental health agencies may wish to consider implementation of this unique approach when developing policies and procedures

for the peer support program. If an agency chooses to use this approach, the role of the certified peer counselor is to assist and facilitate completion of the documentation. The professional involved in delivering the service will still be required to sign and date the documentation, even if the note itself is written by the individual. Some agencies may choose to utilize a combination of the two approaches by encouraging the peer to document their progress while also requiring the certified peer counselor to document observations, too.

The Importance of Progress Notes

In addition to documenting progress towards completing the goals and objectives outlined in the ISP, progress notes provide essential information sharing between co-providers. The notes also provide evidence used in support of submitting billing to payers. As such, it is very important to record all of the required documentation in a timely manner.



The medical record is a legal document and as such can provide protection for the helping professional and the agency. For example, protection may mean that a document (the progress note) was created at a specific point in time to capture the events, outcomes and observations as they occurred on that specific date and time. If a question is raised later about what happened during the interaction, the progress note can be used to verify something or to support an assertion.

The process of writing the notes may help provide clarity as to how best serve the person. If the consumer or family member is responsible for writing their own progress notes, the process may help in providing a mechanism for evaluating self-progress. The perspective may offer a chance to think of changes or a different approach that may be useful.

Progress Notes 101

The general rule for writing progress notes is to always use black ink or type the notes on a computer. Each note must include the complete signature of the professional who delivered the service. The signature should include professional credentials as well. The signature should immediately follow the narrative content in the note.

Never alter information in the medical record after the information has been documented. For example, white-out must never be used to make a correction. If a *legitimate correction* must be made or a mistake must be corrected, draw one straight line through the word or sentence to indicate that it is being deleted. Initial the correction beside the strike-out and document the date the correction was made. Always document the entire date that the note is being written at the beginning of the note. The standard format for documenting the date is: MM/DD/YY.

Records are to be kept confidential and should be accessible to co-providers and supervisors on a need to know basis. For example, by working in a CMHA, a professional may have access to all of the medical records for the agency. However, the only medical records that the professional should read are the records of individuals the professional is involved in serving. Confidentiality requirements are detailed in the WAC and in federal regulations.

How often progress notes are required may vary by agency. The WAC defines minimum expectations but agency policy and procedure should provide the detailed requirements for the agency. A standard rule that clinicians and providers often state is:

- **“If it isn’t documented, it didn’t happen.”**
-

For that reason, it is critical that documentation is completed in a timely way. When providing services to many different families and/or individuals, falling behind in progress notes can eventually significantly interfere with job performance and with the quality of the documentation. It is increasingly difficult to accurately recall information to document services when juggling many on a caseload.

- **The best practice is to stay current.**

There are a variety of formats for progress notes in use at different agencies and you will receive guidance from your agency on which format they prefer. We have provided one as an example, the DAP method.

Data, Assessment, Plan (DAP)

The **DAP** (Data, Assessment, Plan) method is an effective way to organize progress notes.

Data:

This refers to solid information about progress toward the peer's goal. Data is information that can be seen, be felt, be touched or heard – information received through the senses rather than by thinking. For instance, a note may state, “Jane was trembling when I took her to the watercolor workshop on Saturday, May 10. She stopped trembling and watched the demonstration, then spoke to a woman standing next to her about how interesting the demonstration was and what she learned.” Notice that no interpretation as to why Jane was trembling was included in the note.

Data is not based on personal or professional judgment or assessment, but is based only on that which is what is gained through the senses. A method for including data is to use quotes from the individual or from family members in the Data section of the note.

Assessment:

This is the interpretation applied by the writer to the data that has been recorded. The only conclusions or interpretations that should be made are ones that will make sense to any reader. Conclusions and interpretations should be approached as tentative judgments rather than certain facts. For instance, the note may state:

“Jane seems to be trying to meet her goal of making friends. She was, perhaps, nervous, but in speaking with the woman at the workshop, she was successful. Maybe Jane will continue with this goal and begin to feel less nervous about speaking with others, so that she can eventually form friendships.”

Qualifiers, such as “perhaps” or “maybe” can be useful for describing potential outcomes that may eventually equal success. Success cannot be assumed and must be shared by the individual and or the family in order for the goal to truly be met.

Avoid judgments or farfetched assessments. To state that Jane is now forming friendships, just because she spoke with one person, would likely be inaccurate. It would not make sense, either, to state that she now has good relationship skills. It would be *farfetched* to say these things. It would be equally inaccurate to state that Jane is not trying, or that she cannot learn to form friendships, or that she failed because she did not actually form a friendship with the woman at the workshop. In addition to being inaccurate, these conclusions are *judgments*. It might actually be a great accomplishment that Jane agreed to go at all! Passing judgment on someone else in the context of a progress note is unprofessional. It's easy for personal biases to slip into the workplace at times but it's especially important to monitor for this in the progress notes. Because the pro-

gress notes become part of the permanent clinical record, it is more difficult to correct mistakes or to change such judgments later.

The use of the phrase “as evidenced by” in a sentence allows you and the reader to see what prompted a particular part of the assessment. For example, “Jane appears to be making progress in her goal of making new friends **as evidenced by** the observations of this writer, who has seen Jane reaching out to numerous parties at the group home and at the clubhouse.”

Plan:

The plan consists of the short, intermediary steps to meeting the goal that are a result of the data and assessment. For instance, Jane may agree that next time at a workshop she will talk with two people. The Plan would then be written; “Jane says she will talk with 2 people at the next workshop.” If Jane indicates a willingness to expand her goal to include talking with three people, then ask one for coffee afterwards or she might agree to take a sample of her own artwork to share with someone, this can be written as; “Plan: 1. Jane says she will talk with two people at the next workshop. 2. Jane will talk with three people at the third workshop she attends. 3. Jane will take a sample of her artwork and discuss it with a person at the workshop or she will ask a person there to have coffee when the workshop is done.”

The following DAP note is an example of how a DAP progress note might look. Please note that agencies may differ in terms of their progress note requirements. You can still use the basic principles of DAP, however.

Full date – 5/13/05 Need #1 Goal # 2

Start Time: 1:00 End Time: 3:30 Total: 150"

D (DATA) - Jane was trembling at the beginning of the watercolor workshop on Saturday, May 10. She stopped trembling and watched the demonstration, then spoke to a woman. She stood next to her and talked about how interesting the demonstration was and what she learned.

A (ASSESSMENT) - Jane has identified she would like to meet the objective of making friends. In speaking with the woman at the workshop, she took a step towards meeting this objective. Jane reports that she wants to continue with this goal and to begin to feel less nervous about speaking with others, so that she can eventually form friendships.

P (PLAN) - 1. Jane says she will talk with 2 people at the next workshop.

2. Jane will talk with 3 people at the third workshop she attends.

3. Jane will take a sample of her artwork and discuss it with a person at the workshop or she will ask a person there to have coffee when the workshop is done.

Amanda Heppner, B.A., certified peer counselor

Reminder: Mistakes should be crossed out with one line through the word(s). Then, add the new language above what has been crossed out. Initial and date the change.

Another Example:

Full date – 5/ 16/05_ Need #2 Goal #3

Start Time: 1:00 End Time: 3:30 Total: 150"

D. Jane has stated that she does not need her medications. However, she is complaining of not sleeping and of being afraid to go to the grocery store because people look at her funny. During the appointment, Jane's mother counted her pills. On the basis of the pill count, Jane has not been taking her medication for two weeks. Her mother reports that Jane has been very irritable in the last week.

A. Jane has previously ceased to take her medications right before the holidays. In the past, after she is stable again, she has explained that she always get 'wound up' before the holidays.

P. Plan to review Jane's WRAP ~~and crisis plan~~ JG 05/16/05 with her. She wrote plans for what she should do when this happens. Also, Jane likes her prescriber a lot. Plan to inform her prescriber and request an appointment as soon as possible.

Jane Green, Certified Peer Counselor

The supervisor for the certified peer counselor program should ensure that sufficient training is provided on how the agency expects progress notes to be written. It is sometimes helpful to read other clinician's progress notes to see the agency style.

MODULE 19: MAINTAINING YOUR PERSONAL SAFETY

It is an unfortunate truth that at some point in your work as a certified peer counselor, you will probably encounter a person who is angry, threatening, or even violent. In this case, it is your responsibility as a professional to protect both yourself and the individual to the greatest extent possible, while still being as respectful as you can of their rights and their feelings. But when it comes right down to it, **YOUR SAFETY COMES FIRST!**

Preventing Aggression Before It Starts

That being said, we can go a long way toward preventing hostile or unsafe situations simply by being aware of what is going on with the other person. People often become upset because they feel they are not being listened to or taken seriously. Or, strong emotions may be triggered by something that seems perfectly innocent to everyone around them.

Always keep in mind that you never know what sort of trauma the person you are working with may have experienced. A sound, smell, a certain type of person, or a situation (such as being in a confined space with a stranger), might trigger something that reminds them of a past trauma, and might make them angry, frightened or tearful. You don't have to ask people about their traumas to be sensitive—you don't need details, but you should consider trauma as a factor if someone's behavior seems baffling to you.

In addition, remember that when someone is expressing a strong emotion, it is usually because they are trying to communicate something. Instead of reacting to the behavior, first stop to think about what they might be trying to tell you. Do they have an unmet need? Are they frustrated because they are used to not being taken seriously by mental health professionals?

To summarize, if a person is behaving in a very emotional way:

- Be sensitive to the possibility of trauma or triggers, and do your best to change the situation or remove any stimulus that might be upsetting them.
- If possible, ask questions to clarify what is really going on. Use open-ended questions that encourage the person to talk, instead of short-answer questions that may seem disinterested or bossy.
- Always treat people with respect. Even if you find that their behavior is pushing your buttons, you will get farther by treating them calmly and respectfully than by getting upset yourself.
- Be aware of your own triggers, and practice self-care. If you need to remove yourself from the situation or pause for a few deep breaths, do it.
- Always remember, safety comes first, no matter what.

Safety Guidelines

Community mental health agencies maintain extensive policies, procedures and protocols. Many of these concern safety. There are likely office policies and protocols to guide employees in potentially dangerous situations. Every employee has a responsibility to be familiar and to understand the protocols in sufficient detail to be able to make decisions based on those policies in case of an emergency or a potentially dangerous situation.

Helping professionals can rely on well-regarded general guidelines for maintaining a sense of calm and control during an interaction with an individual who may be angry. The principle goal of the guidelines is to prevent an individual and the situation from escalating. The guidelines follow below.

- Be aware of a raised voice, a clenched fist, or other signs of increasing anger in others or yourself. Learn and know how to handle such a situation now rather than waiting until the person, or you, become aggressive.
 - Never place your body physically between a person who is aggressive or very angry and the door or exit. Be aware of the path that will need to be taken by the individual, or by you, to leave the space. Ensure that path remains open so either of you can escape easily.
 - Do not take sides in an argument. When working with two or more individuals at once, do not express your agreement with one or the other in the case of an argument or disagreement. Be careful in choosing sides in an argument. It can lead to one party in the argument feeling ganged up on. Being neutral and taking on the role of peacemaker is almost always better.
 - Do not hesitate to contact the police when needed.
 - Never stand in someone's personal space. The amount of personal space a person needs varies from person to person. Do not touch the individual who is angry or aggressive.
 - Stand diagonally from a person who is aggressive rather than directly in front of them.
 - Try to identify someone nearby who can intervene in an attempt to de-escalate the situation. If no one is available, use all of the skills and techniques that you are familiar with to manage the situation.
 - Wear comfortable shoes that allow for quick movement.
 - Lock your car and, if it is dark when you leave work, have someone you trust walk with you to the car or bus stop.
-

- Do not meet with an individual who has a history of aggression in an isolated location alone. If you must meet with someone, be sure that additional staff member(s) accompany you. While there, leave your car door open and remain aware of an exit strategy for yourself.
- Anytime you have an intuitive sense that an individual may be angry or aggressive despite not having a history of such behavior, be sure to seek supervision.
- Never make an independent decision about how to approach or work with an individual who is aggressive. Always seek consultation and direction from your supervisor.

Communication and De-escalation Skills¹⁴

Anger and agitation sometimes begin as anxiety. Individuals under a great deal of stress may begin to become irrational and angered by what is happening around them. An individual may become quickly angry and then may quickly calm down. There are times when a mental health professional is needed to help calm someone down. There are other times when it may be necessary to contact law enforcement. It is important for certified peer counselors to be familiar with all of the options available to them in addressing this type of situation.

Your Feelings

For many people, unpredictable situations create anxiety. Anxiety can be defined as a state of intense apprehension, uncertainty, and fear resulting from the anticipation of a threatening event, situation or unknown circumstance.

¹⁴ This section is adapted with permission from Lois M. Frey, UVM Extension, RR #4, Box 2298, Montpelier, VT 05602, (802) 223-2389, email: lfrey@sover.net

The anxiety may be so intense that physical and psychological functioning is disrupted. Anxiety can create a physical sensation known as "fight or flight." This physiologic response prepares the body to "fight" or "flee" from a threat in order to survive. The response is intended to promote the possibility of surviving a threatening situation. Humans are hard-wired to physically experience anxiety in an extreme situation. Interacting with someone who appears to be angry, threatening or out of control may be enough to trigger the "fight or flight" reaction. While the sensation may be uncomfortable and/or unfamiliar, it is a normal reaction to an abnormal circumstance. What happens for you when you are around someone who is angry?

Communication and Empathy Skills in De-Escalation

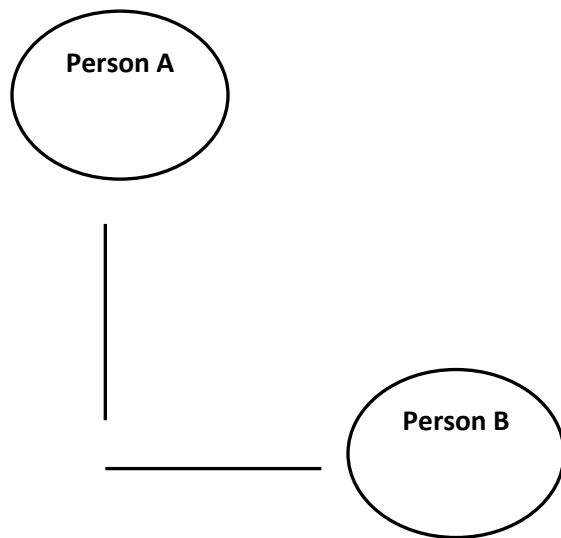
Consider the following strategies for reducing distress and for "de-escalating" a situation with someone who is already angry or agitated.

Personal Space

When someone is upset or agitated, his or her personal space tends to increase. For example, the individual may extend their arms emphatically while speaking or stretch their legs out in front of themselves while sitting in a chair, they may raise the volume of their voice to fill the air and they may walk or pace around.

Do not invade the personal space of others. In a situation with an angry or aggressive individual, the L-shaped stance provides a way to ensure the professional helper is not in the direct line of contact.

“L-Shaped Stance”



Warmth

Continue to appear calm, warm and approachable. Reject the urge to become indifferent or engage in a power struggle or argument.

Warmth may be demonstrated by using:

- SOLER (Sit squarely, Open Posture, Lean Forward, Eye Contact¹⁵, Relax)
- Soft tone
- Smiling
- Interested facial expression
- Open and welcoming gestures
- Allow the individual to dictate the spatial distance, which may vary according to cultural or personal differences. This applies within reason. If

¹⁵ Eye contact is not recommended with everyone. Class discussion addresses this topic.

someone is invading the personal space of the helping professional while also angry or threatening, a different approach is necessary.

Door Openers

There are a variety of ways to engage people. Some people seem to be naturally talented at using all sorts of phrases to keep a conversation going. These phrases are called *door openers* because they “open the door” to a more in-depth conversation.

Examples of door openers are:

- What happened next?
- Then what did you do?
- That is really interesting.
- Wow. Then what?
- I see
- How did you handle that?
- What helps you in that situation?
- Tell me more (about that)...

Pairing the door opener phrases with appropriate non-verbal communication encourages others to talk more openly.

Non-verbal Communication Cues:

- SOLER (Sit squarely, Open Posture, Lean Forward, Eye Contact, Relax)
 - Nod head to indicate paying attention
-

- Sit or stand in close proximity using the L-shaped stance¹⁶
- Avoid impersonal glances or expressions
- Focus attention on the speaker without distraction
- Demonstrate facial expressions that are appropriate to the conversation

De-escalation Skills

Sometimes, despite listening actively, an individual may become agitated. When this occurs it is important not to take the reaction personally. Most often, this is the individual's reaction to a situation that has nothing to do with the individual professional. Do not become defensive. Remember to use skills and strategies to help the person to re-gain control. This is referred to as *de-escalation*. In order to effectively de-escalate, the helping professional must be able to recognize when the behavior is rising or escalating. Knowing what the individual's behavior will look like when it returns to "normal" is known as "returning to baseline."

People who are agitated may challenge the authority of the professionals that are involved in the situation. This challenge to authority may present in the form of hostile questioning. When authority is challenged through questioning, ignore the challenge while attempting to calmly answer the questions.

- Answer the question. Explain the rules and regulations of the community mental health agency if relevant. Offer to find a supervisor to address the concerns.
- When providing direction for safety reasons, use the *broken record technique*. Repeat the same direction, in the same neutral tone of

¹⁶ Once again, sitting close to individuals in some groups is not recommended.

voice, over and over. For example: Please lower your voice, please lower your voice, and please lower your voice. Note: Give the direction in a positive way, that is, tell them what you want them to do, not what you do not want them to do. "Please lower your voice" is much more effective than "stop shouting."

People who feel agitated and out of control need someone to step in and set limits. They need to know how far they can go and what the consequences will be if they pass that line. This should always be conveyed with kindness but in a firm manner. People who feel anxious tend to be fairly verbal. They may demand to see someone, to talk to a supervisor, or to go to the head of the line. Their voices rise and they might speak more rapidly than usual. When someone is showing signs of anxiety, this is the best time to intervene, before the anxiety progresses to agitation.

However, that is not always possible and sometimes the person will continue to escalate and become agitated. People who feel agitated show more behavioral, non-verbal cues than do people who are anxious. They may pace, make more non-verbal sounds, become loud, seem more irrational, and out of control.

People tend to go through recognizable stages when they become upset. These stages do not necessarily follow the same order, as everyone reacts differently to different situations. Under stress, we are all capable of becoming extremely emotional. Instead of thinking in terms of gaining control over the individual, tell yourself that you will help *them* gain control of *themselves*. This will lead you to react to them in a manner that is more helpful, both to them and to the situation.

Tension Reduction Curve

There is a continuum of behaviors often associated with escalation. These are:

- Anxiety
- Agitation
- Tension reduction

This information is true for everyone. Think about the last time someone kept you waiting. We all have a different tolerance level for waiting for others. Some people can wait for hours and not feel anxious or agitated at all. Others might have very little tolerance for lateness and begin to look at their watch after five minutes. Either way, eventually the person will move from anxious behaviors like looking out the window or checking their watch, to more agitated behaviors like loud sighs, slapping a hand on the table, or pacing. If we are kept waiting beyond our tolerance, we will eventually act on our emotions. We will leave the office or restaurant or call someone and complain.

Productive responses to anxiety

In a crisis situation, your response to fear or anxiety can be productive or unproductive.

The surge of adrenaline that often accompanies a crisis can cause us to freeze or overreact. We want to capitalize on the adrenaline instead of having it hamper us. Pay attention to how you look and feel when you are communicating calmly so that you can replicate it under stress. The most important thing to remember is *you must look and act calm even if you are not*. The person you are helping to calm down will notice your behaviors, and will take cues from your behaviors, even if they are too upset to hear your exact words.

PRINCIPLE	TECHNIQUE
<p>The first step to help someone de-escalate is to <i>establish a relationship</i>.</p>	<p>Introduce yourself if they do not know you.</p> <ul style="list-style-type: none"> • Ask the person what they would like to be called, don't assume familiarity, and do not shorten their name or use their first name without their permission. • With some cultures, it is important to always address the other as "Mr." or "Mrs." especially if they are older than you.
<p>The goal of de-escalation is to help the person take the risk of trying a new behavior.</p>	<p>Your goal is to help the person to take a great risk, the risk of stopping, of trying something new. By the time they are agitated, the easiest thing for them may be to follow through on their own fear and anxiety rather than to change and follow your suggestions.</p>
<p>Use concrete questions to help the person focus.</p>	<p>For example:</p> <ul style="list-style-type: none"> • What's your name? • I'd like to get some basic information from you so that I can help you best. Where do you live?
<p>Come to an agreement on something.</p>	<p>The agreement may be something small:</p> <ul style="list-style-type: none"> • It may be that it's hot out, or that the wait time for help is ridiculous. • Establishing a point of agreement will help solidify your relationship and help you to gain their trust. • Positive language has more influence

PRINCIPLE	TECHNIQUE
	<p>than negative language.</p> <ul style="list-style-type: none"> • Active listening will assist you in finding a point of agreement.
<p>Speak to the person as an equal and with respect.</p>	
<p>Don't make global statements about the person's character, especially if you don't know them.</p>	<p>Saying "you're a nice guy" to someone who is angry or despondent will only put you in a verbal power struggle over whether they are nice or not.</p>
<p>Avoid using the word "we", as in "we need to calm down". It sounds parental and condescending.</p>	<p>Use "I" statements whenever possible.</p>
<p>Lavish praise is not believable.</p>	<p>You may use small, concrete compliments embedded in the conversation:</p> <ul style="list-style-type: none"> • I can see that you are trying to lower your voice, and I appreciate that. • Try to avoid sounding condescending such as saying, "Good effort."
<p>Focus on the behavior, not the person.</p>	<p>This helps you to avoid mind reading. For example:</p> <ul style="list-style-type: none"> • Say: What you said sounded kind of hostile to me. Have I done something to make you angry? • Don't say: You're hostile.
<p>Keep it simple.</p>	<p>Avoid using long complicated sentences or</p>

PRINCIPLE	TECHNIQUE
	<p>directions.</p> <p>Avoid using absolute words like “always,” “never,” or “all.”</p>
<p>Remember that the message sent is not always the message received.</p>	<p>Check out what the other person is hearing.</p>
<p>The Bottom Line: Patience</p>	<p>The crisis will pass even if your intervention is not successful. Do not run away or become unnecessarily demanding, harsh, or threatening. These responses may only make the problem worse. As long as there is no threat of harm to others or self harm on the person’s part, you can “stand by” and wait for the problem behavior to pass.</p>

MODULE 20: CULTURAL AWARENESS

Cultural Awareness¹⁷

We begin this discussion by attempting to define **culture**. Culture is:

- Learned. The process of learning one's culture is called "enculturation."
- Shared. The members of a society share the culture; there is no "culture of one."
- Patterned. People in a society live and think in ways that form definite patterns.
- Mutually constructed. And reinforced through a constant process of social interaction.
- Arbitrary. Not based on "natural laws" external to humans, but created by humans according to the "whims" of the society. Example: standards of beauty.
- Internalized. Habitual, taken-for-granted, perceived as "natural."

What all this really means is that: Culture is a shared understanding of reality. Even simpler, culture is "common ground."

¹⁷ Adapted from material provided by Treebyleaf McCurdy.

Ideas to Foster Cultural Awareness in Our Practice

The following ideas are suggested to help guide the work that you may do with those from other cultures in a culturally sensitive manner.

- **Know where you are coming from-** we will work on identifying our own beliefs and where they come from
- **Know where they are coming from-** learn about different cultures. Expose yourself to perspectives different from your own. We've provided some ideas about how to do so on page 206.
- **Know where they are-** just because the individual you are working with is from a different culture does not mean they identify strongly with it. You need to understand what is important to them now.
- **Do not make assumptions-** cultural awareness is not prescriptive. It is about approaching each individual with an attitude of openness to their experience and perspective.
- **Ask questions-** This is key! We need to do our best not to make assumptions but rather ask questions to let the individual lead us to an understanding of who they are.
- **Respect-** We must treat those we serve with respect and honor their uniqueness and experiences.



Often, when we say “Culture”, the first thing people think of is Ethnicity/Nationality. There are many types of “common ground”. Let’s look at where else “a shared understanding of reality” can come from.

Vocational:

Firefighters

Brain surgeons

Computer Geeks

Families of military officers

and...

Hobbyist:

Birders

Sky-divers

Amateur train operators

Home shoppers

And...

Social-constructions:

Race

Gender

Body type

Beauty standard

Generation

And...

Spiritual:

Rastafarian

Episcopalian

Santeria

Atheist

And...

Living circumstances:

Regional

Witness Protection Program

Transience/Homelessness

Catholic Boarding School

And....

Class:

Blue collar

Blueblood

Yuppies

And ...

Lifestage:

Grade school
 Bachelorhood
 Motherhood
 Bereavement
 And...

Youth Cultures:

punks
 Goths
 Steampunk
 Ravers
 And....

Fringe/Nomadic Cultures:

Bikers
 Sex Radicals
 Rodeo Circuit
 And...

Temporary Cultures:

Historical re-enactors
 Con-geeks/Fendom
 Burners
 Deadheads
 And....

Challenges:

Deafness
 Autism Spectrum
 Wheelchair users
 Environmentally ill
 And...

So every single Ethnicity/Nationality contains hundreds of cultures – and there are “*tens of thousands* of cultures around the world, in a constant state of change through time!

In this module, we focus on developing *Cultural Awareness*. The role of a certified peer counselor requires that s/he

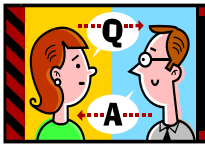
- 1) Is aware, accepts and values cultural differences; and
- 2) Is aware of one's own culture and values.

Differences in culture and values may arise from belonging to a group, large or small, or may arise from unique qualities of an individual.

As a certified peer counselor, it is your responsibility to ensure that you deliver culturally aware services to the peers that you serve. In this module we will prepare you with a basic understanding of the awareness you need to possess in order to be able to do so.

A step towards cultural awareness is to be aware of your own cultural identity. This will help you to understand what shapes your own beliefs, priorities and perceptions. This self-awareness will allow you to be aware of your own cultural biases so that you can keep them from intruding on your relationships with the people you serve.

LET'S PRACTICE!



Exercise: On the next page we have laid out some areas of your cultural identity for you to consider. Take a look at them. How do you identify yourself?

My Cultural Identity:

Challenges?

Spirituality?

Gender?

Lifestage?

Nationality?

Hobbies?

Living Circumstances?

Body Type?

Race?

Class?

Ethnic backgrounds?

Vocations?

Our lives are full of “Cultural Signifiers”. Cultural Signifiers are things that represent a group of people, but they are not stereotypes. We can generate some examples:

Food

Music

Fashion

Other



Let's look at some other ideas related to cultural awareness and sensitivity.

Discrimination is not just about deliberately excluding certain people. It is more often about failing to reach far enough to include other ways of thinking.



A disconnect can be found between how culture and discrimination are portrayed on television and how they exist in “real life.” For example, on television culture is shown as “other,” special, and obvious. Usually this is because culture is shown as something different compared against the backdrop of the dominant American culture. It can leave those of us who share in different aspects of the dominant culture to not recognize our own culture—we don't see what's dominant only what's pointed out as different. In reality, culture is everywhere and it is subtle—you have to look for it. On television, discrimination comes from the deliberate hate-fueled actions of individuals. In real life, most discrimination is unconscious, uncaring, and institutionalized. Practicing with cultural competence helps prevent discrimination.

Stigma occurs when you are treated differently, negatively, for beliefs or attributes you may possess.

Privilege is the opposite of stigma. Privileges are advantages that some may have that others are not afforded due to discrimination. We provide the following list to illustrate areas of privilege by describing situations those lacking equal treatment face.

Exploring Other Cultures

Cultural Competence through Cultural Adventure

1) Take trips out of your cultural comfort zone.

Step into the International District, your neighborhood “Ethnic” grocery. If you eat out, find the family restaurants serving their traditional food. Make a point of getting out to the cultural festivals and other activities in your community. Talk to all kinds of people, everywhere.

2) Become a collector of real-life stories.

Invite people from different life experience to share their stories with you. Volunteer an hour here or there at a senior center, a hospital ward, or center for the blind.



3) Use the library effectively—talk to the Librarians!

Ask for the best movies about culture, race, ethnicity, class, sexual orientation, etc. (*Do the Right Thing*, *Arranged*, *Jeffrey*)

Ask for help exploring good foreign films.

Ask for the best children's novels that promote multicultural perspective – children's literature is just as powerful as adults' and a lot faster to read!

Ask about audio books with well-cast voices (*Smith's The No. 1 Ladies Detective Agency*, *Tan's The Bonesetter's Daughter*, *Kidd's The Secret Life of Bee's*)

Ask for help finding the “Growing Up_____” series.

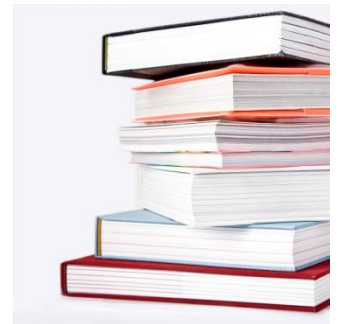
4) Four unlikely book recommendations:

Read *The Arrival* by Shaun Tan

Read *Muslim Child* by Rukhsana Khan and Patty Gallinger, because American Muslims are our fastest growing and most mistreated minority.

Read *Class: A Guide to the American Status System* by Paul Fussel. This is the only solid textbook on this taboo subject and the information in it is invaluable. Tender-hearts, beware—Paul Fussel despises “all” the classes, and this book is sure to offend everyone. The good news – he is a memorable, funny writer who loves to use examples and jokes.

Read *When Bad Things Happen to Good People* by Harold S. Kushner, for a deep, bittersweet, realistic look at why we put so much energy into passing judgment on those who most need help.



END OF DAY FOUR

DAY FIVE

Working in a Professional Environment

LEARNING GOALS FOR TODAY

Overview

Today we will discuss a variety of topics to assist you with working in your role in a professional environment.

By the end of today, you will learn and understand:

- The importance of confidentiality
 - The critical nature of maintaining personal boundaries
 - Your role in mandatory reporting
 - A variety of strategies to employ in becoming a recovery ambassador
 - How to support yourself both personally and professionally on the job
 - The next steps to take in securing a position as a certified peer counselor
-

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MODULE 21: ETHICS

We are going to change gears. Up until now we have been focused on the helping relationship and skills certified peer counselors use with the people they serve. We now need to add in ethical guidelines that help this relationship to remain healthy for both parties and to protect individuals from harm.

Confidentiality Is Critical

Every code of ethics in the mental health field, as well as many laws, require **confidentiality** on the part of mental health practitioners, and this includes certified peer counselors. *A good rule is to remember that this includes never mentioning a name or any information you have about a person being served without a current and signed authorization for the release of information.* Although there are some exceptions to this rule, always check with your supervisor, or another person designated as responsible for releasing information in the agency, before sharing anything from a person's or family's record (chart, file) or from what you know. This includes by telephone (and answering machine), in person, in writing, FAX or email. HIPAA, as well as state laws, protect the confidentiality, privacy, of any individual served by mental health services.

You cannot release anything another person has written in the record without their consent. You also may not reveal that you know an individual or family person you are serving or that the person is on the premises, expected, etc. to anyone calling on the phone. Follow the protocols of your agency. When in doubt, say you will check and then go ask your supervisor or a knowledgeable co-worker.

Everyone providing mental health care has a primary obligation to safeguard information about individuals obtained in the course of practice. Personal information is disclosed only with the written consent of the individual receiving the services. It is also acceptable to disclose limited information during those circumstances where there is clear and imminent danger to the individual, to others, or to society. Disclosure of counseling information is restricted to what is necessary, relevant, and verifiable. The following are guidelines provided with the goal of assisting you to better understand how to maintain confidentiality. Remember—consult your agency's policy and procedures and seek supervision when you have questions.

1. When you begin working with someone, provide them with a copy of their rights in regard to the confidential nature of the counseling relationship. Disclose the limits of, or exceptions to, confidentiality, and/or the existence of privileged communication, if any. We have provided a copy of consumer rights in the Appendices.
2. An individual may ask to review all materials in their official record and they have the right to decide what information may be shared with anyone else outside the community mental health agency.
3. Exceptions to confidentiality include the protection of life, as in the case of someone expressing suicidal or homicidal threats. The protection of a child or a vulnerable adult, including a person not competent to care for him or herself or to protect him or herself from physical or sexual abuse or neglect, requires that a report be made to a legally constituted authority. We will discuss this more in depth later in today.
4. Information cannot be released unless it is accompanied by a release of information or a valid court order. Mental health agencies comply with

the order of a court to release information but they will inform the consumer of the receipt of such an order. A subpoena is insufficient to release information. In such a case, the counselor must inform the consumer of the situation and, if the consumer refuses release, coordinate between their attorney and the requesting attorney so as to protect their confidentiality and the agency's legal welfare. In such a case, the agency attorney may also be involved.

In the case of all of the above exceptions to confidentiality, the mental health agency releases only such information as is necessary to accomplish the action required by the exception.

5. Information received in confidence by one agency or person shall not be forwarded to another person or agency without the consumer's written permission.
 6. When a child or adolescent is the primary consumer, or the consumer is not competent to give consent, the interests of the minor or the incompetent consumer shall be primary. Where appropriate, a parent(s) or guardian(s) may be included in the counseling process. The mental health care provider or certified peer counselor must still take measures to safeguard the individual's confidentiality. Minors 13-18 have the same rights to confidential mental health and substance abuse care as adults in Washington state, including the right to both consent to and refuse care.
 7. In work with groups, the rights of each group member should be safeguarded. The provider of service also has the responsibility to discuss the need for each member to respect the confidentiality of each other
-

member of the group. The provider must also remind the group of the limits on and risk to confidentiality inherent in the group process.

8. When using a computer to store confidential information, mental health providers take measures to control access to such information such as password protection.

Other considerations regarding confidentiality:

Protecting the confidentiality of the people we serve is of the utmost importance. Sometimes we find it difficult to separate our private lives with our professional lives. We must be careful when using our home telephones that we respect this issue as much as possible. When driving our private vehicles it is also important to consider the following; do not have papers out where your family or other passengers can see or have access to confidential information. Make sure that any identifiable information is always kept secure. Do not take family members or other passengers to the homes of consumers or families even if they are just waiting in the car.

Personal Boundaries

As a certified peer counselor, the relationships you create with those that you serve will require different limits or boundaries than other relationships that you may have had before. These limits are true for all counselors, not just peer counselors and their purpose is to protect both you and the people you work with. The reasoning behind these boundaries is that there is an imbalance of power between the person acting in the counselor role and the person they are working with. Even for certified peer counselors, who work on an



equal level hand in hand with those that they serve, there is a power imbalance. We will describe these personal boundaries below. We cannot stress strongly enough that any time you run into a situation that gives you pause, you should always **ask your supervisor how to proceed**.

Prohibition of Romantic Relationships

It is not allowable to engage in a dating relationship or sexual relationship with a person you serve or within two years following service by you or an agency for which you work. You may really care for a person and they you, but if you or your agency have served the person within the past two years, you may not have a sexual relationship with the person. Violations of this rule can result in the Department of Health pulling a counselor's credential or other DOH credential, and you and your agency can be sued and/or otherwise suffer legal recourse even if you leave the agency to pursue the relationship. Other than consequences for you and the agency, you cannot function professionally with and for someone with whom you are romantically involved. This is the worst example of a "dual relationship" and is to be avoided at all costs.

If you find yourself attracted to a person you serve, do not discuss it with the person, but do arrange for another certified peer counselor to serve the person. You have a responsibility to discuss this with your supervisor. You can explain briefly that you are beginning to feel inappropriately attached or attracted to the person and want to refer to another counselor. Chances are, the person you are serving is aware of the attraction, but engaging in a discussion about it with, or admitting this to the person is rarely helpful and can be harmful to the person. Be professional, protect yourself, protect the person you serve, and protect your agency by ending the helping relationship.

The Washington Administrative Code WAC 246-16-100 states:

"a health care provider shall not engage, or attempt to engage, in sexual misconduct with a current patient, client, or key party, inside or outside the health care setting. Sexual misconduct shall constitute grounds for disciplinary action. A health care provider shall not engage, or attempt to engage, in the activities listed in subsection (1) of this section with a former patient, client or key party within two years after the provider-patient/client relationship ends.

After the two-year period of time described in subsection (3) of this section, a health care provider shall not engage, or attempt to engage, in the activities listed in subsection (1) of this section if there is a significant likelihood that the patient, client or key party will seek or require additional services from the health care provider; or there is an imbalance of power, influence, opportunity and/or special knowledge of the professional relationship."

Section 246-16-100 of the WAC details rather explicitly all of the prohibited sexual activities. Even though, the WAC does not prohibit sexual relationships between a provider and a client after the two year period, who would want the added burden of needing to assure that the client will not require services again from the provider or that there is an imbalance of power between them? Relationships are hard enough to maintain without this added burden.

Whether sexual or not, relationships change when either or both parties become overly emotionally involved. Always share with your supervisor if you think someone is becoming too attached to you, is becoming overly involved with you or seems to be sexually attracted to you. Work out with your supervisor how to handle the situation and follow the supervisor's directions.

Even the appearance of being sexually or otherwise overly involved with a person you serve can be harmful. Do not flirt. Do not tell sexually-inappropriate jokes. This can place a great burden on the consumer.

Also, if you find you really dislike someone you serve or they seem to dislike you, discuss this, too, with your supervisor. This can be just as disruptive to truly helping someone.

Avoid discrimination, the appearance of discrimination and sexual harassment.

You and your agency are lawfully bound to practice in a way that does not discriminate on the basis of gender, age, disability, sexual orientation, ethnicity, country of origin, marital status, or religion.

Beware of dual relationships. Dual relationships are relationships where a service provider has *both* a paid helping relationship with the person and another kind of relationship as well. For instance, it would be dual relationship if a peer you are serving is also your cousin, your real estate agent, a friend, your sister-in-law, or your masseuse. In tight-knit or small communities, it may be necessary to have some dual relationships, but it is always wise to share this dilemma with your supervisor. You and the supervisor can decide whether this may compromise your effectiveness as the service provider with that person, whether an alternative service provider can be arranged and, if not, then how you can manage the situation to keep personal boundaries clear in your dual roles with the person. It is always the responsibility of the certified peer counselor, like all providers, to identify and manage dual relationships.

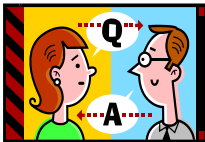
It is important to realize that working in the agency where you receive services constitutes a dual relationship. It is considered by many to be best practice to avoid receiving mental health services from the same agency in which one works, however in many smaller communities this cannot be avoided. It is possible to avoid the pitfalls of this arrangement by being mindful of roles and

thoughtful in planning how services will be delivered and by whom in order to avoid further dual relationships. For example, the same person should not occupy the role of supervisor and therapist or if a certified peer counselor's child is being served, the child's case should not be discussed with the certified peer counselor unless it is clear that the discussion is taking place when the certified peer counselor is in the role of parent.

Another potentially compromising situation can occur from exchanging money, to or from, a person you provide services to for a service or purchase. This is also a dual relationship and should be avoided. Most agencies have a prohibition against this behavior. If there does not seem to be an alternative, discuss it with your supervisor to agree on what to do or not to do. Further, you should not accept anything more than token gifts or give them. Discuss the issue of gifts with your supervisor so that you know the agency's philosophy. In some cultures, you will always accept a gift. Your supervisor and your agency's rules can guide you on this.

Walking the fine line between friend and paid service provider

LET'S PRACTICE!



Exercise: Let's look at the following things that can happen between a certified peer counselor and the person they serve. We will discuss them together. Are these situations okay? Not okay? Why? Why not?

- Accepting a gift worth under \$10
 - Accepting a peer's invitation to a special occasion
 - Accepting a service or product as payment for therapy
 - Becoming friends with a peer after services are ended
 - Selling a product to a peer
 - Accepting a gift worth over \$50
-

Engaging in sexual activity with a peer after services are ended

Inviting peers to an office/clinic open house

Employing a peer

Going out to eat with a peer after an appointment

Buying goods or services from a peer

Engaging in sexual activity with a peer

Inviting peers to a personal party or social event

Managing the risk associated with serving others takes vigilance and a proactive approach. Remember the age old caveat of “**first, do no harm.**” Here are a couple of others tips for preventing ethical violations:

Tell the truth. This seems particularly obvious, but there may be times when you do not want to admit something for some reason, perhaps it is a mistake you have made. People usually find out the truth, so whether you think this or that would be only a small untruth for which you have a good rationale, do not lie. Just remember that nothing undermines trust, relationships and credibility like an untruth.

Read and follow your agency’s related policies and procedures. All of the above and more will be stated in the agency’s policy and procedure manual, but do not rely totally on these because policies and procedures cannot take the place of good judgment and consultation.

Consult on any ethical questions. Get in the habit of this. It is part of a supervisor’s responsibility to help you understand ethics and to protect people being served, you, and the agency.

Finally, here are a couple of questions to ask yourself when you are out in the field serving someone and you are pondering if a proposed action on your part is ethical.



A Short Ethical Decision-making Model¹⁸

1. "Would I do this for another person I work with? Is this fair"? (If not, why not? What is different about this person? Why do it for this person and not others? Is this fair? If not, why not? How is it unfair? If it is unfair, why is it even being considered?)



2. "Would I be comfortable with others such as my supervisor, my family, my peers, the peer's family, the Department of Health, a plaintiff's attorney and/or Mike Wallace of 60 Minutes knowing about it"? (If not, why not? Why the discomfort? Why wouldn't you want ALL of these people to know about it? Why the need for secrecy? Aren't you proud of your work? Why would others have concerns about this?)

3. "Does doing this deprive others of needed resources such as my time or commitment"? (Does doing this deprive others of needed resources such as my time or equity or commitment? It does? Why? How do you justify that? Can you justify that? Is neglecting your other clients justifiable? How can neglect ever be justified?)

What can happen if ethics are breached?

Civil or criminal suits, monetary penalties, loss of licenses, certifications or registration, loss of respect or trust, contractual loss, loss of job or demotion can occur as a result of ethical misconduct.

¹⁸ Adapted from Strom-Gottfried, K. (2000). School of Social Work, UNC-Chapel Hill.

Whistleblower responsibilities and protections

Although you have a responsibility to report any ethical misconduct, if you discover unethical behavior, be sure to follow the agency's policies and procedures. Discuss the concern with your supervisor before acting, unless the situation puts someone in imminent danger so that you have no time for these measures.

Mandatory Reporting

This may be the most life-changing professional obligation in your future as a certified peer counselor. You **must** report abuse that you have been told about or observe *even when this information comes to you in your private life*. Here are the different Mandatory Reporting obligations. You must report:

Intent to harm (also known as Duty to Warn)

Child abuse and neglect

Call 1-866-ENDHARM (1-866-363-4276).

Abuse or neglect of a vulnerable adult

Call 1-866-ENDHARM (1-866-363-4276).



Unprofessional conduct or inability to practice by health care practitioner

In 2006 the Washington Legislature directed the Department of Health to adopt rules about mandatory reporting of health care practitioners who commit unprofessional conduct or are unable to practice safely.

We will describe each of these circumstances in further detail.

Intent to Harm- Duty to Warn

If a peer tells you, as a certified peer counselor, that they will kill or harm someone, you have a duty to warn that intended victim. This is a case when you *must* ignore confidentiality.

If the threat is imminent, call the police and contact the intended victim right away. You will also need to contact your supervisor but you must address the intended victim's safety first.

If the threat is not imminent, for instance the person who made the threat is still in the building and the threatened person is somewhere else, contact your supervisor first. If your supervisor is not readily available, contact another supervisor right away. Then report to the police and person threatened.

After you consult with a supervisor and notify the intended victim and the police, you will need to document what happened. You and your supervisor will also determine if an assessment by another professional or action should take place. Always follow through with such emergencies until you are assured that it is being handled and that you have completely documented the incident, your actions, and any further plan.

Abuse or Neglect of a Child or Vulnerable Adult

WAC 246-810-040 states that counselors must report suspected abuse or neglect of a child, dependent adult, or a developmentally disabled person when they have reasonable cause to believe that such an incident has occurred.

The report shall be made to the local law enforcement agency or to the Department of Social and Health Services at the first opportunity, but *no longer*

than forty-eight hours after there is reasonable cause to believe that the child or adult has suffered abuse or neglect.

Child Abuse

Washington State law defines child abuse or neglect as follows:

“Child abuse or neglect shall mean the injury, sexual abuse, or negligent treatment or maltreatment of a child by any person under circumstances which indicate that the child’s health, welfare and safety are harmed thereby”. (RCW 26.44.020)

Negligence is further defined:

“Negligent treatment or maltreatment shall mean an act or omission which evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to the child’s health, welfare and safety.” (RCW 26.44.020)

Types of Abuse

Physical injury

A physically abused child is one who has sustained non-accidental physical injury or injuries such as: bruises, burns, fractures, bites, internal injuries, auditory, dental, ocular, or brain damage, etc. Injuries sustained may be permanent or temporary.

Mental injury

A child who has been injured mentally is one who sustains damage to intellectual, emotional or psychological functioning which is clearly attributable to the non-accidental acts or omissions of the parent or guardian. Examples of parental or caretaker behavior include a pattern of rejecting, isolating, ignoring, corrupting or terrorizing a child.

Sexual abuse

There is a wide range of sexual offenses defined in the Washington state criminal code involving children that constitute sexual abuse such as: indecent liberties, communication with a minor for immoral purposes, sexual exploitation of a minor, child molestation, sexual misconduct with a minor, rape of a child and rape.

Neglect

Negligent treatment or maltreatment (a dangerous act) is that which constitutes a clear and present danger to the child's health, welfare, and safety such as:

- Failure to provide adequate food, clothing, shelter, emotional nurturing or health care
- Failure to provide adequate supervision in relation to a child's level of development
- An act of abandonment
- An act of exploitation
- An act of reckless endangerment
- Other dangerous acts such as hitting, kicking, throwing, choking a child or shaking an infant

If you believe abuse has occurred...

The following numbers are available to report abuse:

1-866-ENDHARM (1-866-363-4276)

Department of Social and Health Services

Child Protective Services Statewide Hotline Number - 1-800-562-5624

Region	1	–	Spokane:	(800)	557-9671
Region	2	–	Yakima:	(509)	225-6556
Region	3	–	Everett:	(425)	339-3900

Region	4	–	Seattle:	(206)	721-6556
Region	5	–	Tacoma:	(800)	422-7517
Region	6	–	Olympia:	(888)	822-3541

If you believe that DSHS has not responded adequately or in a timely manner to your initial report, contact a CPS supervisor or manager with your concern or the DSHS Office of Constituent Relations for the Children's Administration at Children's Administration, Office of Constituent Relations: **1-800-723-4831**.

If you believe the supervisor, manager or Office of Constituent Relations has not responded adequately to your concern, contact the Office of Family and Children Ombudsman at **1-800-571-7321 or (206) 439-3870**.

Vulnerable adult -- Definition. (RCW 74.34.021)

"Vulnerable adult" includes persons receiving services from any individual who, for compensation, serves as a personal aide to a person who self-directs his or her own care in his or her home.

Abuse can include physical abuse, sexual mistreatment, mental mistreatment, neglect, self-neglect, exploitation, or abandonment. It can happen to a vulnerable adult in their own home, in an adult family home, in a boarding home, or in a nursing facility. It can happen to an adult who is low-income or wealthy, mentally ill or mentally competent, alone or surrounded by family and friends.

In Washington State, anyone can make the call that will save a life. To make it easy for the public to report abuse or neglect of a vulnerable adult or a child, DSHS has a toll-free hotline: 1-866-EndHarm.

When Do I Become A Mandatory Reporter of Abuse or Neglect or with the Department of Health?

Your obligation to report suspected abuse or neglect of a child begins when you begin employment as a counselor, including as a certified peer counselor, whether you work for an agency or for yourself. Your obligation to report suspected abuse or neglect of a vulnerable adult also begins when you begin working as a counselor, including work as a certified peer counselor, for an agency. You are considered a “permissive reporter” if you are self-employed, meaning you are not a mandatory reporter of abuse or neglect of vulnerable adults if self-employed as a certified peer counselor. Finally, you are only required to make reports against other DOH licensed health professionals when you yourself have a DOH credential, such as a Registered Counselor or Agency-Affiliated Counselor credential.

Reporting Health Care Professionals to the Department of Health

When you have a Department of Health credential it is your responsibility to report to the Department of Health when you have knowledge of a health care professional, including a mental health counselor, who engages in unprofessional conduct or is unable to practice with reasonable skill and safety. We have provided the Washington Administrative Code in full to give you guidance:

Timeliness and Content of Reporting to the Department of Health (WAC 246-16-220)

Mandatory reporting — How and when to report.

(1) Reports are submitted to the department of health. The department will give the report to the appropriate disciplining authority for review, possible investigation, and further action.

(a) When a patient has been harmed, a report to the department is

required. A report to one of the approved impaired practitioner or voluntary substance abuse programs is not a substitute for reporting to the department.

(b) When there is no patient harm, reports of inability to practice with reasonable skill and safety due to a mental or physical condition may be submitted to one of the approved impaired practitioner or voluntary substance abuse programs or to the department. Reports of unprofessional conduct are submitted to the department.

(c) Reports to a national practitioner data bank do not meet the requirement of this section.

(2) The report must include enough information to enable the disciplining authority to assess the report. If these details are known, the report should include:

(a) The name, address, and telephone number of the person making the report.

(b) The name, address, and telephone number(s) of the license holder being reported.

(c) Identification of any patient or client who was harmed or placed at risk.

(d) A brief description or summary of the facts that caused the report, including dates.

(e) If court action is involved, the name of the court, the date of filing, and the docket number.

(f) Any other information that helps explain the situation.

(3) Reports must be submitted no later than thirty calendar days after the reporting person has actual knowledge of the information that must be reported.

[Statutory Authority: RCW [18.130.070](#) and [18.130.060](#). 08-08-066, § 246-16-220, filed 3/31/08, effective 5/1/08.]

The Complaint and Disciplinary Process

Who are the decision-makers?

The Department of Health is authorized by the legislature to discipline health care providers who violate the law. The Health Professions Quality Assurance Office within the Department of Health has developed a uniform process for receiving, investigating and determining appropriate discipline for health care providers.

Disciplinary action can only be taken against health care providers who are required by law to be licensed, certified or registered with the Department of Health.

How do you submit a written complaint?

Anyone may report knowledge of professional misconduct by contacting the Department of Health to obtain the necessary forms. You may call (360) 236-4700 to discuss the circumstances. You will be encouraged to submit your complaint in writing.

MODULE 22: BECOMING A RECOVERY AMBASSADOR

Professionalism and Agency Culture

One of the best things you can do to help yourself feel comfortable at work is to understand the norms and expectations at your workplace. However, we want to caution you that this does **NOT** mean adopting a condescending or stigmatizing attitude toward the peers you work with, in order to fit in with less understanding co-workers. Part of your job as a certified peer counselor is to represent the peer perspective to your agency and to be a “recovery ambassador,” modeling recovery and sharing the good news with the mental health professionals you work with.

There are certain norms in every workplace. Your willingness to follow these standards will show your supervisors and coworkers that you are responsible and respectful. Plus, most workplace standards are there for a reason—to make your job easier!

- Dress appropriately. Some workplaces are more casual than others, but your clothes should always be clean, modest, and appropriate for the work you are doing that day.
 - Be on time. Coming to work and showing up for meetings on time signals that you are in control of your own life, and respectful of other people’s time.
 - Follow policies and procedures. They may seem awkward and bureaucratic, but following your agency’s policies is safer and easier than making a mistake that gets your agency into a lawsuit—or gets you fired!
-

- Beware of gossip and office politics. Nothing causes more frustration for people at work than getting sucked into petty disagreements with co-workers—especially if those disagreements escalate to the point where it begins to affect your work. It is best to steer clear from the beginning.
- Maintain boundaries between your professional life and your personal life. This means NOT seeking out co-workers for counseling. Work to keep your personal issues and triggers from interfering in your work. This is expected of all providers in mental health, be they persons in recovery or not. This is where a WRAP document or similar plan for your support can prove helpful. The work can be stressful. Manage the stress in a professional way. At the same time, it is important to leave your work at work. Use your time at home to relax and enjoy your family, pets, or hobbies. When working in a helping profession it is all too easy to worry 24/7 about the people you are helping, but you cannot be an effective certified peer counselor if you don't take time to recharge away from work.

Collaboration and Building Effective Relationships with Co-Workers



The new frontier of **recovery** and **consumer and family driven services** in community mental health provides certified peer counselors with unique opportunities to exert significant influence on the system. Like it or not, certified peer counselors will be viewed as the early symbols of this movement. This extra responsibility can be discomfoting. It can also be exhilarating. To be a champion for the cause, certified peer counselors must work to earn the respect of the non-consumer colleague.

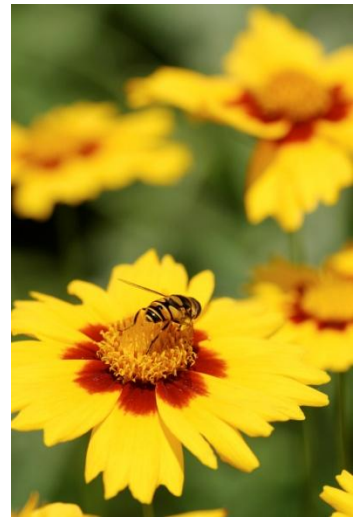
Respect, effective listening and incorporating the perspectives of others help to develop the most effective relationships with coworkers. A common occurrence among staff members of agencies when a new employee comes on board is a distrust of the new employee—the new, “green” employee. Many will wait to see how the new person does on the job before making a decision to form a relationship. Others may reject new employees out of hand, especially if the individual does not have much experience. Still others will open up right away and will see a welcome addition who will contribute a great deal to the field and to the people to be served. Most staff are professional enough to appreciate and form relationships with new employees when the focus is on the mutual work.

Knowing the list of the many benefits of peer counselors can help here as can the skillful sharing of these benefits. Carefully choose which benefit/s to share and with which colleague. Develop your awareness of the public mental health system and the known “best practices” in the field. Being able to speak to this knowledge, at times, helps to command the respect of colleagues. If you know your stuff, people notice.

Stay current on emerging “best practices” in recovery, resiliency and consumer/family-driven approaches. Look for opportunities to add these to the menu of approaches and/or services in your agency or elsewhere in the community. Resources such as clubhouses, NAMI and other self or mutual help groups can help here. In addition, as you begin to learn about the other general resources in your community you can tell your co-workers about them. Many certified peer counselors have become the “resource guru” in their agencies and co-workers have learned to come to them for information on what is available in the community. Know these resources and recommend their use appropriately.

Being an Effective Change Agent

To fully include certified peer counselors in the work place, all employees may need to make some change or adjustment in their thinking. Hopefully, there will be a “champion” of peer counseling at the agency. That person and you, or you alone, will need to point out the benefits of consumer and family providers. Through your behavior and interactions at the agency and in the community, you will be changing other people's attitudes, perceptions, and thinking.



You will promote these values in everything that you do as a certified peer counselor. In essence, you may become a change agent.

Benefits to Consumers and Family Members

The following list provides a description of the *potential* benefits consumers and family members *may* experience by choosing to work with a certified peer counselor.

- Certified peer counselors have personal knowledge of mental illness.
 - Certified peer counselors have a good understanding of peers' needs/issues.
 - Certified peer counselors have empathy, sensitivity, and compassion.
 - Certified peer counselors have less professional “ego” to distance them from peers' acceptance.
 - Peers may relate more easily to certified peer counselors.
 - Certified peer counselors may have a better understanding of medication issues/side effects.
-

- Certified peer counselors are highly motivated and dedicated.
- Certified peer counselors are creative and resourceful.
- Certified peer counselors have hands on knowledge of systems.

Benefits to the Organization

Some community mental health agency staff may not realize how having certified peer counselors will help the organization. The following is a list of potential benefits to agencies employing certified peer counselors.

- Enhances staff awareness of peers' capabilities
 - Provides valuable insight regarding good treatment strategies
 - Increases staff sensitivity toward peers and their needs
 - A source of constant education for staff without disabilities
 - Gives the organization an informal perspective
 - Provides peer perspective/concerns to administration
 - More relevant and attractive services
 - Provides quality control, i.e., *"keeps us honest, on our toes."*
 - Increases the organization's credibility with the people it serves
 - Family and consumer groups are more supportive of the agency
 - Good for the organization's public relations
 - Provides evidence for the organization's philosophy of Recovery and Resilience
 - Certified peer counselors are motivated employees
-

Recommending a Specific Change Within an Organization

By taking the time to consider how to approach decision-makers at your organization and shaping your message, your communication will be more effective.

- Discover which benefits are directly related to any change being promoted.
- Concisely present the benefits and the recommended change to the persons involved.
- Use clear and direct communications.
- Use “I” statements in explaining the recommendations.
- Avoid casting blame on other staff or the agency.
- Remember, the staff and the agency are trying to change the way services are provided as evidenced by hiring certified peer counselors.

This method of change is called value-based advocacy. In embracing Recovery and Resilience, the agency is expressing its values. The benefits aligned with any recommended change will appeal to the values of the organization or will begin to change the values of the agency.

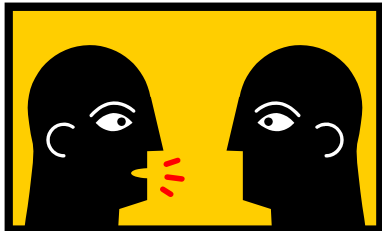
This method of change also appeals to people's need to understand the reason “why” they are doing something. Understanding the “why” of a change of behavior is one of the highest motivators for agreeing to the change. Give the reason for change when presenting the related benefits. Celebrate success.

MODULE 23: RESOURCES ON THE JOB

Working With Your Supervisor

Supervision is a practice-focused relationship that enables a professional to reflect on the way in which their role as a helping professional is being developed. Supervision aims to bring the professional and a skilled supervisor together to reflect on the practice, to identify solutions to problems, to increase the understanding of issues and to provide information about agency policy and procedures.

Through reflection and supervision, skills can be further developed. Supervision should be provided frequently with easy access to the supervisor in between scheduled meetings. Ideally, supervision should be provided at least weekly. Some agencies use group supervision or peer supervision. Group supervision may accomplish many of the same goals as an individual supervisory consultation.



Everyone prepares for supervision in a way that is comfortable and useful. This may include preparing notes about each individual or family being served. When preparing to discuss the care of a specific individual or family, be prepared to discuss what work is being done, what the goals and objectives are as written in the ISP and what questions need supervisory consultation. Questions may be about referring to a specialized service, local resources, an ethical dilemma, or about agency policies. The supervisory relationship is very helpful in providing guidance about how to maintain appropriate boundaries with the individuals and families being served. The supervisor's observation and input is also important in helping to prioritize workload such that it

is manageable. Supervisors with experience will also notice and address feelings on the part of the professional helper such as feeling overwhelmed by the issues and situations facing the individuals and families participating in care.

Use supervision to promote professional growth and skill in serving peers reliably, consistently, effectively, ethically, and safely by:

- Sharing expectations about supervision with the supervisor and by asking for the supervisor's expectations as well
- Identifying material to bring to supervision
- Presenting material openly in supervision
- Using the supervision relationship to guide work with peers
- Using supervision to stay clear about ethical principles and codes of practice

Use supervision to:

- Keep informed about policies, procedures, and other requirements of the organization
- Fulfill the need for continued rigor in evaluating work performance
- Help with the difficulties of boundary maintenance
- Prevent burnout

Part of the supervisory role is to provide feedback on performance. The best thing to do with that feedback is to listen, ask questions, and follow the plan that is subsequently established. If supervision is not scheduled regularly, ask for standing appointments to ensure regular feedback is provided.

Keep conversations with the supervisor focused on the job. Most supervisors appreciate professionalism. Be aware that some supervisors may lose sight of their supervisory role and try instead to dig into personal issues. If a supervisor takes on

a “therapist role” in the supervisory process, be clear that the role is not appropriate. Seek consultation from another trusted colleague at the agency to help review options for resolving the situation if needed.

People become angry or frustrated with supervisors at times. Feeling angry and/or frustrated is okay but do not expect the supervisor to be understanding if you act out the anger. Try to discuss the issue and tell him or her you are angry and why. When anger is expressed directly, it can feel like a rebuke to the individual. Part of the role of a service provider is to focus on and attempt to resolve issues as they arise. Doing this effectively with a supervisor means needing to ask questions and take direction with grace—do so even if the supervisor is not handling a situation well. Even supervisors make mistakes and have an occasional bad day.

It can be helpful to remember that there are many pressures on supervisors. Many managerial and administrative pressures are not discussed between the supervisor and the individuals being supervised. Because of this, the pressures and circumstances that may contribute to the workload and stress for the supervisor will not be known by others. Middle managers acting as clinical supervisors have bosses too and they are not likely to share everything that they have been directed to do. Show appreciation for the supervisory feedback received as well as the supervisor’s work. Be respectful by following directions and being a good listener. Solve problems directly with the supervisor. Never discuss the supervisor with others employed at the agency. Every person deserves respect. Those who tend to give respect, are most likely to receive respect in return.

Supervisors tend to respect:

- Employees who focus on doing the best job possible while at work
 - Employees who do not get side-tracked by gossip, visiting, personal issues, or other matters while on the job
-

- Employees who respect them and others in the workplace
- Employees who approach each day with a positive attitude and a sense of teamwork
- Employees who are willing to bring issues directly and honestly to the supervisor before discussing it with others

Other Supports

Support is a necessary ingredient to success on the job. When issues or problems occur, there are a number of resources available to you.

Use Your Supervisor

Avoid withdrawing with your worries about work. Consult your supervisor as soon as you can. If you are feeling overwhelmed or confused about your role, talk it out. This is not a sign of weakness; instead, it shows that you are pro-active and care about your job.

Get Support from Other Certified Peer Counselors

Try to stay in touch with other people from your class, or network with other certified peer counselors in your area. They will be an invaluable source of support, because they know what you are going through.

You may decide to implement a **weekly peer counseling meeting** to discuss work issues. Although your peer meeting should probably occur on your own time, your agency may donate the use of a meeting room and help you to invite peers who are working throughout your community (not just your agency) to the meeting.

Develop a Personal WRAP

Develop a WRAP (Wellness Recovery Action Plan) just for work! Start building a WRAP that will help you identify your discomfort, triggers, and helpful responses to stress at work.

What If I Feeling Like I'm Getting in Over My Head?



When you feel a sinking sensation, anxiety or fear, ask yourself if you might be in over your head. Do you know how to handle this effectively? Is this what your supervisor would approve of? Being a professional means asking yourself this on a regular basis and getting help when you are not sure of the answer. Some things to do here are:

- Ask yourself if you are getting in over your head
- Admit to not being a miracle worker
- Remind yourself that asking for help when you need it *is* professional
- Ask for help when you are unsure

It is okay not to have all of the answers. No one does. Being a certified peer counselor, a mental health care provider, psychiatrist or any other professional does not mean you know it all. Do the professional thing by asking for help.

How Do I Manage My Psychiatric Disability At Work?

One of the most common fears of a new certified peer counselor is that their co-workers will not trust or respect them because they have a psychiatric disability. Unlike in other professions, self-disclosure is mandatory for certified peer counse-

lors—sharing that you have successfully coped with a psychiatric disability is part of the job.

Self-disclosure can still be frightening. Remember, you don't have to share details. No one has a right to know your diagnosis or the details of your past, especially if you don't feel comfortable sharing them. It is up to you to decide if and when you feel comfortable talking to someone about these things.

If you feel your co-workers aren't taking you seriously, don't get angry—instead, show them that you are responsible and competent. Your actions will speak for themselves. In some cases, you might find it helpful to sit down and have an honest, open conversation with a colleague. Many professionals don't fully understand the concepts of Peer Support and recovery. Don't preach, but share your story and the successes you have had so far. Explain what you are here to do, and why you are so passionate about it. Eventually, the value of Peer Support will sink in.

Another common concern of co-workers is that managing a psychiatric disability while you're employed can be challenging. You might need to take extra time off for appointments, or you might be switching medications and having a hard time making it to work on time. Be honest with your supervisor about these challenges—and address them early, before they become an issue that affects your job performance. Brainstorm about ways you can address these issues—maybe they could accommodate a flexible work schedule? Most supervisors would be happy to make some small accommodations in order to see you succeed at your job. However, don't enter into the discussion with a sense of entitlement. Remember that flexibility is a two-way street.

Work Accommodations¹⁹

For employees with psychiatric disabilities, reasonable accommodations might include adaptations in the way work is assigned and scheduled, the use of auxiliary equipment and support staff, and modifications to the physical workspace. You will need to negotiate, select, and arrange whatever accommodations you need by working closely with your supervisor and the human resources department. Here are some possible aids and services you may consider:

- **Restructuring jobs**

Having minor job duties eliminated—for example, assigning "fill-in" duties to another employee—frees you to focus on your primary responsibilities

- **Flexible scheduling**

Changing the start or end of the workday to accommodate side effects of medication, working part-time, taking more frequent breaks, taking time off for therapy appointments

- **Flexible leave**

Being able to use sick leave for mental health reasons or take an extended leave without pay due to hospitalization

- **Specialized equipment & assistive devices**

Receiving daily instructions via e-mail instead of verbally

- **Modifying work sites**

Installing wall partitions around workstation to minimize distractions

- **Providing a job coach or mentor**

Helps in arranging interviews, completing job applications, and providing support and training on the job

¹⁹ Center for Psychiatric Rehabilitation at Boston University (2007).

<http://www.bu.edu/cpr/jobschool/potentialjob.html>.

- **Changes in training**

Allowing extra time to learn job tasks

The Importance of Self-Care

Many of us are natural “helpers” and may feel a strong commitment to sharing pieces of ourselves when working with our peers. It is crucial to remember that in order to maintain our effectiveness as helpers and prevent “compassion fatigue”²⁰; we must renew our own energy and



life spirit on a regular basis. Our WRAP plan can be very helpful in this regard. If we take care of ourselves, we are less likely to have problems doing our job well.

Ways of demonstrating good self care include:

- Getting enough sleep
- A healthy diet
- Regular exercise
- Relaxation
- Maintaining relationships with friends and family
- Keeping a good sense of humor and laughing
- Spending time engaged in activities you enjoy
- Maintaining a balance between time spent at work and at home

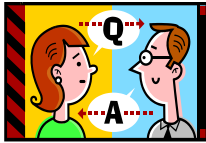
²⁰ Jonathan Beard, 2006

- And what else?

- _____

- _____

LET'S PRACTICE!



Exercise: The presenter will provide each class member with a note card and an envelope. Write your name on the note card and pass it to the neighbor on your right. You will

now record a strength for each of your classmates on their note card as you continue to write on note cards and pass them repeatedly to the right until your own note card returns to you. When your original card returns, place it in the envelope. This is a reminder of your strengths for you to read on your way home.



MODULE 24: NEXT STEPS TO EMPLOYMENT FOR YOU

As this class nears the end, we want to prepare you for what is to come. Hopefully, that is employment as a certified peer counselor for each of you.

Preparing for the Examination

There are a number of things you can do to prepare to take and pass the two part examination. There is both a written examination and an oral examination. Here are some suggestions.



Preparing for the Examination: Self Assessment

Review the table of contents to your manual. Look carefully at each module and its topic. Ask yourself, “Am I well prepared, somewhat prepared or not prepared?” in each one. Those areas that you assess yourself as being (only) somewhat prepared in, or not prepared in, are the areas to really focus on in your content review.

Preparing for the Examination: Content Review

The entire manual should be reviewed. More time should be spent in those areas that your self assessment indicated you were less than well prepared in. Many test takers have found that forming study groups helps in preparations. You can drill each other on questions and offer support to each other, share tips on how to remember things and so forth. There may be others in your class who could be resources. Friends and family can also help you prepare.

Preparing for the Examination: Anxiety Management

It is natural to have anxiety as the exam dates draw near. Most test takers experience anxiety prior to and during an examination. Know where the examination is going to be administered. Arrive early. Familiarize yourself with the room. Locate the restrooms. Some people find protein snacks helpful.

When actually taking the written exam, be sure to take breaks. Look away from the exam for a bit. Take a mini vacation via daydreaming out the window for a moment. Go to the restroom. Take a deep cleansing breath. Stretch. Roll your head around and from side to side. Brief meditation or prayer can work for those who practice it. All of these are proven techniques for managing your anxiety.

Examination Questions and Avoiding Mistakes in Answering Them

Watch for qualifiers in questions (best, least, worst, next, most). Pay careful attention to these. These words are often the link to selecting the correct answer or answers.

Read the question. Focus on the question and its key words. Do not skip to the answers. Get clear on the question. Form an impression. Reconfirm your impression by reviewing the question again. Then, and only then, review the answers. Do not go back and forth. This is a proven technique for success.

Use all of the information that you have. Look for and rule out the least likely answer or answers. Determine the best answer or answers. Use just the information that you have and avoid making assumptions.

Don't be too hard on yourself. Trust yourself. The first answer may very well be the correct answer.

Part of your preparations could be to develop sample questions and answers to use in practicing how to avoid mistakes in answering questions as described above. This can be done alone or in study groups.

If you have formed a study group, take turns answering questions in front of the group in preparation for the oral portion of the exam. This will help to reduce your anxiety. If you haven't formed a study group, find a trusted friend to help you practice answering questions out loud.

Preparing for Employment: Benefits Planning

You may be receiving benefits and need to know how working will affect them. Contact a qualified benefits counselor in your area. If you are receiving services through the Division of Vocational Rehabilitation (DVR),



you may utilize one of their benefits planners on staff. If you are not receiving services through DVR, contact the Work Incentive Planning & Assistance (WIPA) Project that serves your area of the state. These providers are approved by the Social Security Administration to help you learn about Social Security work incentives and other employment support programs and can provide benefits planning services and evaluate what would be helpful for you. The two WIPAs in Washington State are:

- Plan to Work (serves every county except King and Kitsap)
Statewide: toll-free at 1-866-497-9443 or TTY 1-877-846-0775
Spokane: 509-444-3087 (voice) or 509-777-0776 (TTY)
 - Positive Solutions
Kitsap Co: 360-373-5206
King Co: 206-322-8181
-

If you have previous experience with another resource to examine the impact of wages on your benefits, by all means, use them. The key here is to have no surprises when it comes to your disability income, health insurance, or both.

Preparing for Employment: Job Searching

There are so many resources out there that can help you in your job search. The RSN that serves your area may have job listings. The Washington Community Mental Health Council lists jobs throughout the state. It also has links to RSN affiliated providers in your community. These will have their own job postings and may be more current than the ones that the Council lists.

http://www.wcmhcnet.org/job_bank.html

The local newspaper may have job listings, especially on Sunday. You could also consider volunteering somewhere. This gives you an opportunity to try out a provider agency and evaluate the fit. They also get to try you out as a volunteer provider. Being on the inside may help you know of job openings sooner. In addition, consider applying for positions within the mental health system other than those for certified peer counselors. While working as a receptionist or file clerk at a mental health agency may not be your ultimate goal, it may prove to be a great way to get your foot in the door.

Craig's List is becoming the method of choice for employers looking to hire and explains, in part, the shrinking want ads we see in most newspapers. Theirs is a very user friendly web site.

<http://geo.craigslist.org/iso/us/wa>

WorkSource is another great online source for job listings. Many community mental health agencies list their entry-level positions through WorkSource.

<https://fortress.wa.gov/esd/worksource/Employment.aspx>

Your own network may prove helpful as well. Let people know that you are looking for a position as a certified peer counselor. Ask them to keep an eye out for any openings. Ask trusted providers that you have received services from if they know of any openings. If you are currently receiving mental health services, try not to work where you receive your clinical care. This may not always be possible.

Preparing for Employment: Interviewing



The internet has numbers of resources to help people prepare for job interviews. One on-line place to look is: about.com.

<http://jobsearch.about.com/od/interviewquestionsanswers/a/interviewquest.htm>.

They have extensive listings of interview questions with links to the “best answers.” This can really be helpful in role playing an interview. Yahoo is another helpful internet resource on interviewing.

<http://hotjobs.yahoo.com/interview>.

The State of California has a pretty good website that may be useful to you. Go to http://www.worksmart.ca.gov/tips_interview.html.

The main thing is to practice interviewing so that you have more good answers to questions than bad ones. It also helps to develop a list of questions that you wish to ask the interviewer about the agency. So practice, be ready, nail that interview and get that job.

In Closing...

In closing, the State Division of Behavioral Health & Recovery wishes to thank you for choosing to complete the Certified Peer Counselor Training. Peer counseling is growing throughout Washington state due to the hard work and dedication of peers like you. Thank you!

END OF DAY FIVE

