

PART II

Tools for Peer Work

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Module 4: The Toolbox

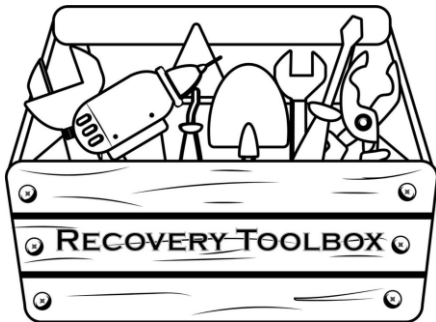
In this module, you'll develop an understanding of how to assist consumers, turning their strengths and flaws into tools for their recovery and wellness, and keeping them close at hand in their handy dandy toolbox.



1. When you hear “toolbox,” what crosses your mind?
2. Which of those are directly related to Behavioral Health Recovery?
3. **What if someone told you that it does apply to Behavioral Health Recovery?**
4. Contemplate that for a moment.

A Toolbox for Recovery?

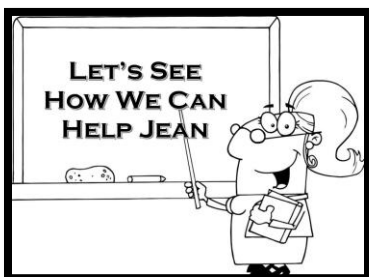
Why a toolbox? Think about it. When you needed something fixed like a toy, your bicycle, or even, something around the house – your parent or partner or maintenance person would need something from their toolbox to complete the task. The toolbox in most homes consists of flashlights, wrenches, screwdrivers, hammers, tape, maybe glue, nails or zip ties, and so on.



As a consumer in recovery, NO, a flashlight doesn't 'cure' your symptoms, but could it symbolize ones ability to see 'light at the end of the tunnel' (relapse, recovery)? How about the hammers, screwdrivers, and power tools? Probably don't need those either. They could symbolize the reboot you and your consumers experience post relapse – the tune up in recovery. A shovel, a rake, other gardening and yard tools could symbolize your need to weed your inner circle, avoid sabotage, maintain healthy recovery relationships – maybe even burying your past as a point of closure to move on in life. Last are the quick fix items like tape, glue, zip ties, and nails – never used any of those to manage behavioral health symptoms or recovery. Yet, every one of you has found a new area to visit, avoiding your old dealer or abuser, gotten rid of or revamped something that once brought you pain, mended the relationships that broke while you

were untreated. This concept shows your consumers there is always a tool to help them in their recovery journey.

No matter what stage you or your consumers are in the recovery journey, the toolbox has a purpose. Everyone needs a recovery toolbox to serve as a reference point when the decisions become difficult and debilitating. As the choice is made to change and build recovery, quit using, stop fighting the symptoms, accepting the support to recover – that’s when the turmoil begins, and it can’t be avoided. By structuring the toolbox in the initial meetings, you are setting them up for success and they are given the opportunity to change themselves, their situations, and most importantly their futures. In short, every single person working through recovery should have a current recovery plan and that starts by educating them about how it can help them in addition to discussing at length what triggers their relapse in symptoms, what helps them feel better, and activities/tasks that support their desired outcomes.



~TRIGGER WARNING~

Jean had a tumultuous upbringing, difficult childhood and teenage years – which is why she immersed herself in sports through school and clubs to build a sense of family and involvement through the teammates and coaches. Shy since birth, I think, she was a natural at soccer and basketball. After failed attempts getting into Stanford and dropping out of three local universities, Jean noticed her signs of depression and was hospitalized for the first time following a suicide attempt.

If at first you don’t succeed, try, try again. Jean took those words to heart and left her hometown to enroll in a university for the final time. This time at university she found an amazing sense of community and a great network of friends. Professors were invested in her progress and her classmates were all in it with her. They partied as much as they studied. At this point, Jean drank socially. She’d get the most drunk out of anyone because in her opinion, she had to overcome her shyness. No one thought any less of her based on the university student culture.

Graduating brought Jean hope knowing she’d made it – a degree, a professional job, and close friends. Life was great – on and off the field. Jean shared that outside of all this success, she felt completely adrift without the structure she’d had for the past three years studying. Suddenly there was no one really invested in her success. There was no one to check in on her and in Jean’s mind, she was just staring down the barrel of nine to five until she died.

Jean began to self-medicate and started drinking every night even though her life was amazing. She played for an amazing team at a great soccer club and loved every minute, they socialized on and off the field. She worked the best job ever and felt valued there. She lived in a great household with one of her closest friends; but yet, descended quickly into alcoholism.

At soccer parties she always had to be the drunkest. Jean said that she'd quickly drink whatever she could and if she wasn't the most trashed then she wasn't doing enough. There were many moments Jean embarrassed herself, yet thought it was funny. One such night, at a team party, Jean continued her identified role and jumped down a flight of stairs in a drunken impulse, breaking her foot, but didn't realize until the next day.

Captain asked Jean if she thought her drinking was a problem. While Jean may have laughed it off in the moment, she quickly learned that her drunken escapades in public weren't funny to anyone else and swiftly decided it was time to change things up. Luckily, she got headhunted for a job at a place that knew her as a student, offered more money and meant moving to a small town away from the house with friends, a team and a job that she loved. That was the beginning of a serious downward spiral.

Jean began to drink heavily every night and lived in squalor. Work suffered and the drinking was hard to conceal. The employers who had hired her thinking Jean was the person she was years before were sorely disappointed in the current effort — which was minimal — since she was such a hard drinker. This was Jean's worst, her lowest point with drinking, many times sleeping through work. Six months of drinking enough to likely kill anyone her weight.

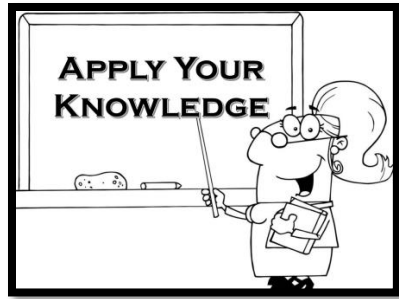
This time, Jean decided to move to another country, a bustling city she'd never been to before. Her housemate would be a functioning alcoholic. The housemate worked a hectic schedule but smashed a bottle and half of wine every night despite being a tiny figure of a person. This helped Jean feel better about her own behaviors and she continued drinking until she passed out every night. Jean hated her job but consoled herself with the idea she could get trashed every night and forget about it. Still involved in sports, but in a perfunctory sort of way, due to her drinking.

Over the next few years, Jean moved jobs and houses, but the same things persisted — living with another functioning alcoholic who more considered himself a "wine connoisseur"; dating addicts who drank her under the table; Jean had become an expert at concealing her problematic drinking. At this point, Jean no longer got publicly drunk or slept through work, yet she drank so much every night she'd pass out face-down every single night. At this point, Jean had been actively drinking for fifteen years when she told her doctor that she drinks too much and needs to stop.

One day into detox Jean broke her leg in an unrelated accident, requiring surgery to fix it. Staying sober wasn't hard at first, she was on painkillers and off work for her leg. Upon returning to work, the decrease in the painkillers caused Jean to suffer a bit. Because of the injury and decision for recovery, Jean lost her two identifies — athlete and drunk. Now, alone and isolated, Jean relapsed hard. She consumed so much over a two-week span that she wound up in hospital for a bleed in the esophagus from drinking and vomiting. While brief, the relapse could be seen as an opportunity to intervene and build her recovery. What do you think would help Jean?

With that information, what would you put in Jean's toolbox?

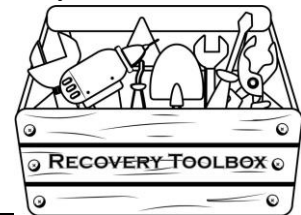
Jean’s recovery story was super intense. Take a few moments to compose yourselves and consider the following; *the largest part of your job is making sure you are well enough to support and encourage your consumers in their recovery journeys.* In moments like Jean’s, you will have to know how to actively listen, be alert to your own responses, and offer effective recovery support without wavering – your consumers will be counting on it. **Below, identify any personal triggers and/or responses that came from reading Jean’s Recovery Story.**



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Now, write down things (tools) that you believe would help Jean in her journey.

- a. Not turn to alcohol in the first place (college).
- b. Next, assess her for interventions that might have worked if she’d known how to access them.
- c. Last, what can Jean do to maintain her sobriety? What should she have in her toolbox now?



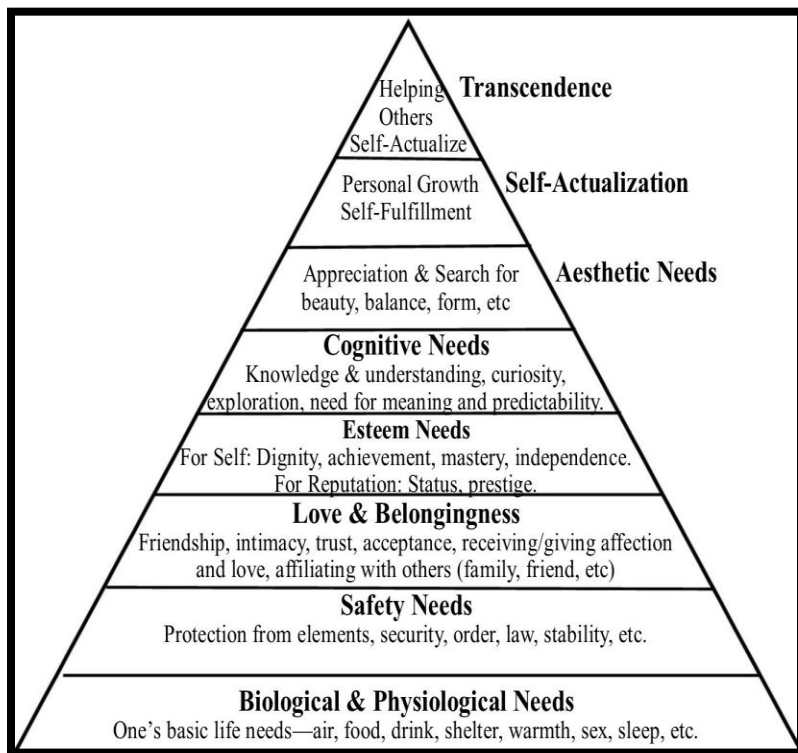
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B.

C.

What Should Be in the Toolbox?

To best understand the contents of a recovery toolbox, *Maslow's Hierarchy of Needs* is a good place to start. Maslow was quite articulate when he structured this identifying the most basic needs for the human condition. In the pyramid, he was able to identify in order of importance from the simplest points of physiological needs as the very foundation for wellness and quality of life, to the most complex points in



self-actualization and being your truest, most authentic self. Full development of self-actualization requires that all the needs below be met in order of “*hierarchy*”; literally from the bottom up. Each

level must be fulfilled in order for the consumer to be motivated to move onto the next need. To fully implement toolbox exercises as part of recovery, you'll need to understand how each of these pieces becomes part of the recovery journey.

Biological & Physiological Needs

Biologically, these needs are required for human survival. As humans, our bodies must be satisfied in order for them to function at their best. Maslow explained that people must meet these very basic needs of air, food, drink, shelter, clothing, warmth, sex, and sleep, before they could ever face the other hierarchy levels. When their physiological needs aren't met, they lack the motivation or interest in any others, making the hierarchy levels beyond physiological needs – secondary.

Think about what the primary circumstances might be for why you and your consumers are in services right now; maybe a mental illness diagnosis, substance use issues, or homelessness. Mental health symptoms can impact one's ability to sleep, their appetite, and even their ability to perform sexually with their partners. Untreated mental illness can cause outbursts, physical violence from fear of one's surroundings, and unexplainable reactions to simple interactions. Substance use has very similar concerns – withdrawals can look like psychosis to those who don't understand what it feels like to the consumer. When substance abuse is a factor, those around the consumer need to have an informed understanding of what that looks like and how to combat those symptoms. Then there is the homelessness that is usually a reactionary issue based on the prior two. Most of the consumers you work with in the beginning of your professional journey will be fairly limited and likely 'stuck' in this level of the hierarchy.

Safety Needs

Your most basic needs have now been met. Next, the focus turns to your need for safety; protection from the elements, security & order, law, stability, and freedom from fear. While safety sounds like it should be more along the lines of your physiological needs, it really is its own entity. It is NORMAL to desire a predictable world with limited unrest. Familiarity naturally fuels one's sense of security. Remember that experience, more often than not, will impact your reaction, and even acceptance of situations as you move through life. Those you'll serve will be no different. Consumers experiencing unpredictability and unrest because their symptoms are unmanageable need compassion and support to trudge forward!

Love & Belongingness Needs

This is the social piece of the hierarchy. As people, everyone needs emotionally based relationships that include an element of affection, trust, and acceptance in them. Friendships, partners,

coworkers, community members, and family. The elements sound off when discussing friends, coworkers, and community members. Truth is, you wouldn't even engage them if you weren't at least platonically affectionate, trusting, and accepting of those individuals. Relationships play a crucial role in symptom management and warding off negative social emotions that sneak in when people feel isolated, alone, and unwanted.

Esteem Needs

Reality is, one's self-esteem and self-respect are built off their interpretation of other's stated or assumed views. Part of the human condition is the need to be respected which in turn fuels their self-esteem and self-respect. Esteem is a sense of achievement, status, responsibility, and reputation. This is obtained by contributing to the bigger picture of the world – meaningfully. When this area is lacking, it can lead to feelings of inferiority and distress. By assisting consumers in this area, you are able to progress through the fourth E – Evolve. Evolving the consumer through their actions and recovery to effectively become a contributing participant of society.

Cognitive Needs

This is the ACT of chasing knowledge, meaning, and self-awareness. Maslow explained human cognitive needs as a natural desire to learn, discover, explore, and create – otherwise known as a chase for knowledge. The chase is for knowledge is driven by an underlying want to understand the world around us. Being open-minded to the ability to learn from all interactions and experiences assists in building towards one's self-actualization, thus, avoiding confusion and an identity crisis.

Aesthetic Needs

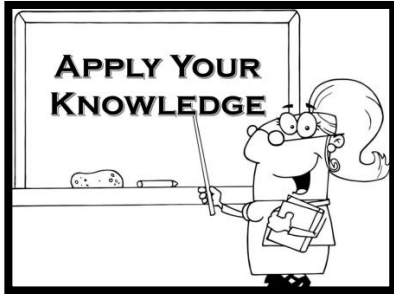
Self-actualization evolves from this final stage in Maslow's Hierarchy which addresses ones need for natural imagery that's visually pleasing. As humans a refresh gifted by natural surroundings is brought by the search for beauty, balance, and form in the world around them. The notable beauty of nature being absorbed and observed as an entity invested in the world's projected possibilities, builds a different feeling of intimacy, paving the way to self-actualization.

Self-Actualization

All of the *Hierarchy of Needs* is built on human instinct. Self-Actualization is the intent to seek personal growth and peak experiences by realizing your potential and using your abilities to be your best self in the world. Often times, this plays out by expressed concern for the future (beyond self and family), a desire to nurture and guide others, in addition to contributing to future generations with your identified talents.

Transcendence

Later added to address spirituality in the human condition; an extraction from self-actualization to help others pursue self-actualization through the service of one who's already reached it.



1. With that information, what would you add/remove from your toolbox? Take a few minutes to review your ideas on **page 120-121**.
2. Be prepared to share how this helps you be better prepared to identify your consumer's strengths in your new role.

Where does the Hierarchy of Needs fall into the recovery journey?



Contributors of Consumer Recovery

The toolbox concept is used to identify a single storage space for all that goes into one's recovery. Mentally, physically, and emotionally, one needs to have a compartment in their toolbox for each of the following:

1. Understanding Recovery as a Personal Responsibility to Self
2. A Healthy Living Environment
3. Healthy Self-Care Habits
4. Healthy Relationships
5. Healthy Coping Skills
6. A Confident Understanding of Your Strengths
7. Understanding Spirituality as a Strength
8. Effective Treatment Participation

The purpose of this dialogue and knowledge is to address the fact that not everyone was gifted with a healthy upbringing. Some of you have had to learn these skills like writing the alphabet and reading. Many of you've experienced this firsthand and each have moved through the process of developing your toolboxes effectively to be here today.

Understanding Recovery as a Personal Responsibility to Self

Addiction, trauma, mental illness – none of these are your fault. They aren't drive-thru orders and definitely aren't some preconceived notion you're stuck living out with no opportunities to improve the situation. In the big picture, your responsibility starts and stops with the recovery component. Recovery in any circumstance is a personal responsibility.

Recovery plays out like the grief process in its purest of forms. It includes the denial and isolation, anger, bargaining, depression from notable losses, and finally a sense of acceptance. Just like the grief process, these components have no specific order, yet they all play a role in owning your recovery. Mental illness, addiction, and trauma steer through these stages, often sourcing consumers with a crutch to justify continuing the behaviors. To a point, consumers need that 'rock bottom' space to realize they deserve better than what they currently have filled with chaos, unpredictability, and distress.

Once you get your consumers to steer themselves over the hump that has them driven to be in that headspace of distress, using it to be the crutch that continues to drive their less than desirable quality of life – now is where you step in to encourage ownership. Personal responsibility in recovery requires Emotional Sobriety. Emotional sobriety is the act of taking control of your decisions in life, owning mistakes, and accepting your role in the downfall.

By taking ownership, you are able to accept what happened in your past while acknowledging that you are your best self, a stronger person, because of the experiences. This helps with self-improvement and healing by removing the blame from the behaviors – people become much more open to changing.

Personal responsibility in recovery is about action, accountability, and effort, while avoiding discussions around blame, anger, and cost. This requires an investment of self and being fully immersed in the recovery process. Full immersion is accomplished by positive investment and sometimes seeking out formal help. Once the consumer takes responsibility, they're ready to begin the process of recovery:

1. Admit you have a problem
2. Accept your vulnerability as it applies to your problem
3. Swallow your Pride & Ask for help
4. Follow up on obtained referrals
5. Accept responsibility for recovery and its challenges
6. Be determined to make positive changes
7. Take action & avoid any form of hesitation

The whole point of owning one's recovery is so they feel in control. That is why the one day at a time component is constantly referenced as part of the process. Today may be the worst day you've experienced since you made the choice to control your recovery and that is ok. Today may only be manageable by the "one day at a time" concept. Your job is to model recovery ownership and show that responsibility requires perseverance when working through the turmoil experienced in the past.



1. What part of your story would you share to help your consumer understand that recovery is messy, but they're in control and responsible for the process & outcome? Take a minute to jot down your ideas. Be prepared to share.

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A Healthy Living Environment

Consider this, "One cannot recover in the same environment that once ailed them." Keep that in mind while reviewing this section about environment and its impact on recovery.

As a whole, the human race are creatures of habit; and habits stem directly from one's environment. Human behavior shows that actions are respondent to location based on past experiences. That would imply that because of the environment, you are more likely to repeat the symptom, behavior, drug use, and response simply because you are there. Based on that, one would argue that recovery is reliant on the current environment being used by the consumer.

When discussing environment, you need to remember that it isn't just where your consumer sleeps. Their environment is anywhere that has the potential to influence their recovery: a specific part of town, certain people, the bar, a restaurant, etc. For one recovering from trauma, it could be certain songs or noises that trigger them. If you were once addicted, you might need to avoid using a pipe and not being outside after a certain time to avoid running into specific people. Maybe your mental illness symptoms flare up when go near the last hospital you were forced admission to, and you just can't be in a certain proximity of it because of that.

How do you know when your environment is impacting your recovery negatively? As consumers trying to overcome their demons and recover with confidence, the most crucial point of recovery is an alertness to what makes you vulnerable. Why did you just lash out at your partner? Did they say something that triggered you? Did you have a flashback? What happened that in that moment, you were suddenly on the mission to get your meth fix? Why did it work in inpatient when you role played, but not at home?

All environments have the potential to negatively influence the recovery process, sometimes even sabotage it. Accountability is a crucial component and sometimes, those around you aren't sharing your best interests. When looking at the environment being used by the consumer attempting to recover, consider this:

1. Are those around the consumer behaving in ways that are conducive to their recovery?
2. Do their social connections share their recovery interests?
3. Does your consumer have a daily routine that supports healthy recovery?
4. Is your consumer focused on building a healthy recovery environment for themselves and their success? What do they see that looking like?



1. What part of your story would you share to help your consumer understand that their environment impacts their recovery – positively & negatively? Take a minute to jot down your ideas. Be prepared to share.

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Healthy Self-Care Habits

Self-care, no matter your role (consumer or professional) is probably the most difficult part of recovery to enforce and adhere to. Reality check, self-care is crucial to recovery and wellness, serving a frontline role as you move through the process. Trauma, addiction, and mental illness, each in their own way are forms of self-abuse and all self-abuse is a batch of harmful coping skills used to cover up how one really feels about their story of self from them (trauma, addiction, and mental illness).

Before anything else, one needs to develop the belief that self-care and self-love isn't nearly as selfish as self-sabotage. Self-care is a compilation of caring for one's entire self with a balanced lifestyle, healthy enforceable boundaries, acceptance, and a more mindful awareness of your thoughts, behaviors, and actions. The problem is that being in recovery requires confidence (fake to start), an ability to stand alone, and an expectation to fail along the way. Because of how the trauma happened, the addiction came to be, or the mental illness trickled in, the reality is that your consumers will break several times throughout the recovery process. That is why you need to teach them that *Self-Care fuels Recovery*.

SELF-CARE TO FUEL RECOVERY

Write things down. Forgetfulness is natural when the focus turns from hiding turmoil to changing things. Get a planner, buy a notepad, text yourself. Give yourself the ability remember things as opposed to beating yourself up for forgetting.

Complete the simple tasks first. When you focus your attention on everything at once, there is more room for error. When you focus on the big stuff first, you're more likely to quit because you feel overwhelmed. When you focus on the simple or small tasks first, you are showing yourself you are capable, and this encourages you to do more rather than quit.

Positive self-talk. How you talk to yourself tends to reflect your perception of how others see you. When you add trauma that you can't just get over, a drug you can't just quit, or a mental illness you can't just cure, those negative thoughts and statements are amplified. Tell yourself you are a valuable person, your recovery is important, and you deserve happiness and quality of life. Those self-talk statements will soon shift how you perceive yourself in the recovery journey.

Quiet time. Quiet time allows for silence to support your recovery. No time restraints, no dialogue, no electronics or media – simply a quiet space to allow the silence to refresh you. Sometimes this is meditation, a walk in nature, a stop at the gym, a space to rejuvenate detached from everything else.

Medicinal and physical health. Just like mental health can negatively impact your physical health, physical health can negatively impact your mental health. By including things like a healthy diet, gut health, and maybe even an exercise routine in you daily habits, your ability to process situations, problem solve, and positively progress through your recovery.

Go to therapy. Not everyone needs to be in therapy. Not every therapy stent has to last forever. But, don't be ashamed about including it in your recovery process either. There is value in seeing your therapist once a month, even if it is just to avoid having to do an intake and tell your story all over again the next time you actually NEED them.

Try new things. While doing the same thing helps form healthy and unhealthy habits, sometimes stepping out of one's comfort zone and trying new foods, new activities, or even exploring new places can serve as an opportunity to change things up and steer yourself further from the people, places, and things you're trying break away from.

Declutter & organize. Sometimes clutter interferes with one's wellness because it is viewed as a continuous failure when it doesn't get accomplished. (Refer to the second point on this list – complete the simple tasks first.) Break down the organizational tasks into smaller baby steps. Complete the baby steps in a realistic time frame. Before you know it, you're organized and decluttered.

Budget to reduce your stress. By budgeting, setting up automatic payments, and maybe even reducing or increasing payment amounts, you'll have effectively reduced a key stressor in daily living – allowing yourself more opportunity to try new things, take a day off, or even attempt a big purchase.

Commitments. When it comes to recovery, the guilt and shame attached to it will cause you to say, “YES,” every single time someone asks something of you. That doesn't make it right. Consider the following: Do I have recovery commitments that interfere with this? Do I have underlying issues that will negatively impact my recovery if I do this? Will I feel better or worse after I do this? Did I take care of myself enough to commit to this and positively support my recovery?

Cancellation. The purpose of self-care is to sprinkle the fun stuff amidst the commitments and less enjoyable parts of adulthood. If ever you need to cancel something, make sure you've done fun things in between, be respectful when canceling or rescheduling, and OWN the reason you are choosing to cancel. Don't be ashamed that you are deciding to support your recovery.

Social media. Clean up your social media relationships (make sure the people on there, positively impact your recovery) and reduce your screen time. Replace these with real people in real places – social gatherings, coffee dates, lunch dates, mall walking, and window shopping.

Reward yourself. As you complete your goals and tasks, make sure to recognize your work without relying on others. “Toot your own horn on this journey.”

Animal visits. If you have pets, bond with them. If not, go to the animal shelter or connect with a friend who has them. History has shown that animals play a large, very healthy role in recovery. Animals have the ability to soothe humans without saying anything. That empathic bond is very validating when your journey hits a snag.

Sleep. Get more sleep. Sometimes that extra hour can mean all the difference between problem solving a situation and a complete meltdown.

As you can see, a lot of things that you consistently do, good and bad, play into self-care for recovery. Those can be broken down even further to six categories, each equally important; physical, emotional, mental, spiritual, social, and practical self-care.

The reality is that you've spent a good amount of time making poor choices for yourselves physically; what you ate, what you didn't eat, what you drank or didn't, where you spent your free time, what you did in your free time, and so on. By acknowledging opportunities to improve your physical self-care through exercise, dietary consumptions, sleep habits, and personal hygiene, you

are beginning to take better care of your body giving you the tolerance and patience to deal with your emotional and mental health.

When people begin the recovery journey from addiction, they often must face the experience that pushed them to self-medicate in the first place – usually trauma related or untreated mental illness. Processing the emotions and feelings that stem from the want to recover, with people you trust will help reduce internal and external health concerns because your aren't allowing how you feel to be ignored. Emotional wellness can also be promoted by applying enforceable boundaries and developing a more conscious understanding of your thoughts and feelings.

Mental self-care is different from mental health. In this section, it is about challenging and stimulating yourself through new things. Amidst the illnesses and struggles, everyone is a creature of habit. During that timeframe, you probably minimized attempting new things and stuck with what you knew. Challenging yourself mentally will help get rid of the stagnation that comes from doing what's familiar.

Spiritual health is built around ones views or beliefs of THEIR higher power. Spirituality is NOT religion. In recovery, spirituality is a personal connection of self, oneness and universality, while helping reduce feelings of isolation and loneliness. It can be with God, nature, or the universe. Your spirituality is no one else's. It is personal and powerful in its own right.

When beginning your recovery journey, one might have to avoid certain people and shrink their social circle to assure recovery and wellness along the way. Changing your social circle to support your recovery goals can be as important as not using the drug, or other unhealthy coping mechanisms. Meaningful relationships are important to the process as they help us to feel valued and included in the world around us.

While this last one is really obvious, it is often overlooked, and causes huge problems for consumers trying to get their lives straight. Practical self-care is all the things you require to build the life you crave, such as, housework, groceries, logistics, and finances. By acknowledging the



practical self-care, your consumers will be able to apply their recovery goals to the whole picture of their recovery and independence.

TAKING CARE OF YOURSELF

THOMAS WRIGHT, LMFT

1. *Learn* to air your feelings
2. Avoid comparing yourself with others by admiring their gifts and ignoring yours
3. Form a small group of people you can call for emotional support
4. Take time to play
5. Don't forget to laugh, especially at yourself
6. *Learn* to relax
7. Protect your right to be human
8. *Learn* to say no
9. Change jobs if you are miserable at work
10. Stretch your muscles
11. Practice being a positive, encouraging person
12. Pay attention to your spiritual life



1. What part of your story would you share to help your consumer understand the importance of self-care in their recovery journey? Take a minute to jot down your ideas. Be prepared to share.

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Healthy Relationships

One of the biggest motivators in recovery is the relationships that help move the consumers through it. Unfortunately, relationships aren't always healthy and bring to face an array of conflict and discord, sometimes forcing the consumer out of recovery. Relationship dynamics are extremely important to recovery and no matter the origin is highly beneficial to the process: family, platonic, social, professional, and romantic are equally valuable. When people are openly supportive, consumers feel compassion and respect for their recovery journey. But, when people

engage the consumer with toxicity, consumers feel criticized and berated. So, where does the priority stand when you are working on your relationships while in recovery?

Recovery can be intimidating and overwhelming, especially in the beginning. Remember when you were just starting to get your feet wet in the transition. Each step felt like you were walking on eggshells. You'd just let go of your primary vice and were facing your journey unarmed. No wonder you questioned your choice and harbored resentment towards yourself. The consumers you serve will face the same, exact challenges.

- RELATIONSHIPS WHILE IN RECOVERY**
1. *Consumer* healing must precede any relationship healing
 2. *Recovery* can threaten an intimate relationship
 3. *Relational healing* takes time
 4. *Relational healing* may require professional help
 5. *Some* relationships aren't salvageable in recovery

The number one priority in recovery is always going to be SELF. Your consumer, just like you did, needs to learn to see themselves as their first priority in this journey. By developing unconditional positive regard for self, your consumers will see themselves as loveable, valuable, worthwhile individuals and in turn prioritize taking care of themselves while maintaining their recovery. Additionally, they will reject allowing others to treat them poorly.

How do you teach someone self-love and assist in building that relationship with themselves? In a lot of cases, this takes a lot of trust and reassurance, but it can be done. First and foremost, stop the negative self-talk. Beginning the journey starts with a ton of shame and anger (remember the grief process). Help them stay active in their recovery. Sometimes this is a daily battle. Assist them in finding activities that make them feel good about themselves. Remember to set

HEALTHY VS TOXIC	
KNOW THE DIFFERENCE	
Healthy Boundaries	Passive-Aggressive
Individual Identities	Abuse – Any
Empathy	Withholds emotion
Support	Withholds affection
Respect	Invalidation
Stability	Discouragement
Affection	Lying
Honesty	Exploitation
Comfort	Manipulation
Attention	Enabling
Feeling Value	Codependency
Loyalty	Sarcasm
Compromise	Put Downs
Communication	Blaming
Commitment	Intimidation
Trust	Isolation
Connection	Neglect
Criticism	Cutting Remarks
Cares for the other	Fighting

attainable recovery goals and celebrate every single one no matter the size. Build a positive network of people to support them as they move through the process. Last, but not least, make sure you teach your consumers how to forgive themselves for their pasts. This is one of the biggest hang-ups in recovery, lack of empathy for self. Remember, “*It was a mistake, not a life sentence.*”

The descriptors speak for themselves when discussing the type of relationships necessary to promote recovery. On the left are the healthy relationship contributors. They offer security, passion, and joy in partnerships built with others. These relationships bring out the best in people – reminding them they’re responsible for their own happiness while emphasizing self-care. Friendships offer support and a sense of belonging – essentials of happiness. Healthy relationships promote love, emotional balance, self-care, and personal growth.

On the right are the unhealthy or toxic relationship identifiers. They splinter, creating instability, and a lack of peace and wellbeing. Toxic relationships are often built or splintered off of patterns of attachment in relationships from one’s childhood which historically causes them to replicate the pattern, no matter the toxicity it brings. These relationships tend to extract emotional distress, anxiety, depression, and hopelessness. In these cases, a large part of the recovery will be trauma focused to build healthier relationship habits. In some of these cases, the only healthy thing one can do is walk away from the relationship because it will continue to wear on the consumer’s mental wellness and abstinence in recovery. You will be responsible for teaching your consumers that their recovery and wellness is worth walking away from unhealthy toxic situations.

HEALTHY RELATIONSHIP TIPS

1. *You* are a great person to be around
2. *The Past* will play a role
3. *Your FIRST* relationship is with yourself
4. You need to be *stable* in your recovery prior to a serious relationship
5. You can *learn* from past relationship patterns
6. *Codependency* may be an issue
7. *Hiding* your past isn’t healthy
8. You are *NOT* automatically the least healthy person in a new relationship
9. It is important to take things *slow*
10. *YOUR recovery* must always take precedence

There are several things that contribute to strong, healthy relationships. For the purpose of supporting your consumer’s recovery, consider how each of these might apply to your relationships with them. *Take a few minutes to fill in your thoughts.*

Honesty	
Trust	
Communication	
Time	
Enforceable Boundaries	
Patience	
Understanding	
Forgiveness	
Responsibility	
Maintenance	

Each of these are key to strong healthy relationships in recovery. The probability your consumers are interpersonally savvy is not very high and that isn’t their fault; very few, if any of

us had that skillset mastered when we began our recovery journeys. This section is just to highlight what to focus on as you support your consumers in recovery.

Honesty	<i>Don't give misinformation to the other party. Using discretion is one thing, but, stay truthful. Remember that lies destroy trust and each of you've experienced that pitfall in your recovery relationships.</i>
Trust	<p><i>By being authentic in your moods and emotions, trust will evolve. While unfortunate, you'll be battling their past to build trust with them, and it is often fragile at best. Trust will require constant nurturing and authenticity to maintain it. Consider these tasks:</i></p> <ul style="list-style-type: none"> • <i>Listen to, and support one another</i> • <i>Show consideration and care</i> • <i>Trust the other that they know what's best for them</i> • <i>Be dependable</i> • <i>Always feel safe, no matter the situation or circumstance</i> • <i>Healthy conflict resolution practices</i> • <i>Words and actions match one another</i> • <i>Don't control or monitor the other person</i> • <i>Strong bond</i>
Communication	<p><i>The Rules for Authentic Communication:</i></p> <ul style="list-style-type: none"> • <i>Give your consumer your full attention</i> • <i>Avoid interrupting them</i> • <i>Always meet in a neutral space</i> • <i>Prioritize face to face meetings to avoid misinterpretation</i> • <i>Use "I" statements whenever possible to avoid "attacks"</i> • <i>Be honest and tactful when doing so</i> • <i>Take a timeout to support improved authentic communication</i>
Time	<i>All relationships require time. You make time for those that matter and excuses for those that don't. Yours and your consumer's time is valuable. Remember to include these factors into your commitments; time for self-care and wellness, time for detailed support with your consumers, and time for your relationships outside of work and recovery.</i>
Enforceable Boundaries	<p><i>Boundaries show both, personal- and self- respect. These are things you outline in the beginning of the relationship to assure you and the consumer feel safe in your interactions and that they maintain the professional restrictions to support recovery.</i></p> <ul style="list-style-type: none"> • <i>Always communicate your thoughts to one another</i> • <i>Never assume or guess the person's feelings</i> • <i>Follow through on what you say and commit to</i> • <i>Take responsibility for your own actions</i> • <i>Know when it will best serve everybody involved to move on</i>
Patience Patience (cont'd)	<p><i>Patience is an umbrella of all the things that go into recovery. Recovery requires kindness because it is relentless and sometimes hostile when pursuing it. Patience is a compilation of the following:</i></p> <ul style="list-style-type: none"> • <i>Accepting your consumers where they are without judgement</i> • <i>Communicating with compassion and focusing on empowerment</i> • <i>Active listening</i> • <i>Be your authentic self and encourage the same in your consumers</i> • <i>Be willing to compromise and adjust yourself to positively influence recovery in your consumers</i> • <i>See beyond the consumer in their setbacks by focusing on their strengths</i> • <i>Be open and alert to what each of you and your consumer bring to the relationship</i>

Understanding	<i>Understanding is legitimately an ability to offer compassion and empathy without judgment. As the specialist, imagine being in your consumer's shoes and fulfill your desire to desire "ease their suffering" by offering attention, kindness in your words, active listening, appreciation for their perseverance, and acceptance for where they are in their recovery journey.</i>
Forgiveness	<i>History will play a large role in how consumers interact with you as they pursue their recovery. As consumers, their focus is learning. So, you are the leader in this part. Whatever the banter, your response should be assessed by:</i> <ul style="list-style-type: none"> • <i>Consider the outcome you are aiming for</i> • <i>Drop the case if you need to (maybe revisit at another time)</i> • <i>Don't listen to your critical inner voice and model that rejection for your consumers</i> • <i>Be alert to any fears presenting themselves in these interactions</i> • <i>Avoid recreating either of your traumatic relationships by focusing on authenticity and forgiving each other's flaws.</i>
Responsibility	<i>Neither, you or your consumer are fully responsible for the relationship and its success. Responsibility should be evenly distributed and look like this:</i> <ul style="list-style-type: none"> • <i>100% - you are responsible for your participation</i> • <i>100% - your consumer is responsible for their participation</i> • <i>0% - your responsibility for the consumer and vice versa</i> • <i>50% - your responsibility for the relationship and its success/failure</i> • <i>50% - your consumer's responsibility for the relationship and its success or failure</i>
Maintenance	<i>All relationships take work. You literally get out what you put into it. Your investment is noted when working with others. Tune-ups are a crucial part of relationships. Always review your relationships to assure they're effectively moving through the recovery process and making strides for independence:</i> <ul style="list-style-type: none"> • <i>Check in with your consumers every so often, specifically to asses if there is anything NOT currently working in the relationship</i> • <i>Assess for opportunities that could support improvement</i> • <i>Support the transition and maintenance as it is applied to the relationship</i> • <i>Have a plan for how you can support your consumers without inappropriately connecting with them or solving their problems for them</i>



1. What part of your story would you share to help your consumer understand that the importance of healthy relationships **OR** avoiding toxic ones in recovery? Take a minute to jot down your ideas. Be prepared to share.

Healthy Coping for Recovery

When you think about *coping* as an act of living, consider its definition: *to invest conscious effort, to learn to solve personal and interpersonal problems, and try to master, minimize, or tolerate*

stress, and conflict. Coping is something that everyone has to do in order to move successfully through their life's experiences. Some days, it's smooth and easy going. Other days are like trying to nail jell-o to a wall. Either way, it's a daily occurrence. Considering how many people live on this planet, the fact that there are four categories and multiple subcategories to fully understand coping, will come as no surprise.

As peer support specialists, your focus is to help consumers recognize healthy coping skills for their recovery, while dodging their maladaptive coping skills and ego defenses. In the face of stress and/or trauma, coping mechanisms are the strategies or actions used to combat the situation. These help one adjust to the stressful situations as they arise, while maintaining their emotional, mental, and physical wellness. Coping is the body's way of dealing with anger, loneliness, anxiety, or depression – the emotional responses to life.

So, what's the difference between utilizing your coping or defense mechanisms? Simply put, there is a singular factor that explains both: **Protect or React**. Coping is one's conscious reaction to situations they face. Defense mechanisms are the ego's unconscious protecting itself from the "threats."

Defense mechanisms are basically the unconscious protecting itself through conflict and resistance. A lot of times, one will project and displace their fear onto someone else as a way to deny and repress whatever their current ego threat is. As a consumer's fear of change increases, their defense mechanisms will run rampant and your job will be to focus their attention on all the healthy coping skills, safe places, and natural supports they have in their journey – affirmation that their fear can be overcome by all the work they're consciously doing.

Additionally, recovery breaks this down a little more by identifying coping strategies, styles, and skills that are specific to the consumers' needs and their skillsets in the process. It is here that your consumers can go two ways consciously: Adaptive or Maladaptive.

When your consumers are adaptive, that means they can effectively adjust their emotions and actions to focus on the situation at hand and the need to process it in a healthy way. Maladaptive is your consumer's unhealthy responses to the situation when their focus is to escape, use something to numb their feelings, self-harm, or act out in unsafe ways. Both of these are conscious reactions to life experiences and pending on their successes thus far, the probability of them being adaptive or maladaptive are reliant on their history and tools at hand for their recovery.

For every problem, there is an effective solution to process through it and come to a resolution. This won't be the same for everyone. When discussing *problem-focused* coping, you're

talking about elimination of something. Work to change or eliminate the source of stress by researching and learning the skills to solve it. Sometimes that can be changing jobs and cutting people out. Other times might be establishing healthy boundaries, improving time management, or implementing a to-do list. Problem-focused coping is a way to personalize and strategize improving a specific thing.

People emotionally attach to several things. They are wired to be emotionally focused on life as they live it. So, when your consumer is emotional about something, how do you help when it comes to coping? You can start by not judging their reaction. But then start a conversation about things they can do to help shift their mood, a way to self-soothe.



What are some ideas you can offer for healthy emotion-focused coping skills to your consumer?

Unfortunately, a lot of people will focus on self-sabotage and unhealthy coping habits based on their history and uncertainty about change. These habits impact ones quality of life, relationships, job prospects, and future opportunities. Even with that type of warning label, people still find themselves turning to alcohol and other substances, overeating, excessive sleep, venting to others (expecting them to side with you and your behavior), overspending, and avoidance. As peers, it is not your job to fix them. You can only model recovery, offer support, and empower them to be their best selves. The choice to change is theirs. The decision to refrain using illicit drugs, is theirs. The outcome is based solely on their actions and what they put into the process.

Like the majority of the skills needed for a healthy recovery, the ability to refuse participation in something or with someone is a struggle for those fighting for it. Since refusal is a valid issue, consumers need to focus on their confidence and their need to say “NO,” to maintain their recovery. Often times, you’ll need to role the various scenarios that can arise in recovery with your consumers – focusing on the confidence portrayed in their tone and body language. It might be beneficial to teach your consumers the PATH model.

<i>Pause</i>	By pausing instead of offering an immediate response to the feelings that are stirring the pot, you are able to pause briefly and process your feelings through.
<i>Acknowledge</i>	What is it that you are feeling in that moment? Remember that it is okay to feel that way.
<i>Think</i>	How can you make yourself feel better? What healthy coping skills can you use to respond to this set of feelings?
<i>Help</i>	Help yourself by using the action decided on in the <i>think</i> step.

While PATH works for a lot of things in the recovery journey, it serves when attempting to stand your ground using refusal as a source to maintain your wellness in recovery.

There is no question that people respond emotionally to everything in life. It is unavoidable. Because of that, everyone needs a lesson in Emotional Regulation. Emotional regulation is just your body’s way of keeping your emotions in check and manageable. When your emotions aren’t regulated, you find yourself being regretful of your words and actions, overwhelmed by your feelings, and likely allowing the feelings to control how you’re acting. In these cases, your consumer would likely benefit from recovery tools like meditation, mindfulness, and stress management.

Stress is part of life. It’s unavoidable. Stress is something everyone needs to build a tolerance for because it’s not going anywhere and how you deal with stress can make or break one’s recovery. Because stress serves a large presence, often times impacting one’s symptoms and actions in the recovery process, having a couple of stress management tools in your toolbox would serve you well. Research has shown that specific daily activities and thought stopping techniques can go a long way in supporting recovery. Consider the following:

- Accept your inability to control everything
- Assertiveness surpasses aggression by being accepted by others
- Eat well-balanced meals that support healthy energy and mood
- Make time for yourself: hobbies, interests, relaxation
- Don’t rely on addiction sources for recovery and improved wellness
- Positive attitude
- Practice relaxation techniques
- Exercise
- Time management
- Improve your sleeping habits
- Social supports
- Seek treatment when necessary
- Set boundaries & enforce them
- Set limits & enforce them

Anger is valuable in the grand scheme of recovery, but it has a dark side that gets a lot of consumers and other individuals in trouble. The dark side stems from anger’s intensity level and the ability to impact your emotional, mental, and physiological state. It increases heart rates, body temperature – causing one to feel out of control. Anger can direct consumers to their addictive habits, physical violence, and confrontational behaviors. Anger management assists you in developing a non-

confrontational response and avoiding violence or old unhealthy habits to escape the moment. Remember that when managed and controlled, Anger is a healthy and positive part in the recovery process.

In order to regroup from anger before it becomes an unmanageable liability, try some basic calming techniques like the following:

1. **Controlled Breathing** – when breathing increases in a reactive response to anger, take slow, deep, controlled breaths. Inhale, then exhale twice as long. Pay attention to and focus on your body as you slow down your breathing.
2. **Muscle Tension** – Body tension increases when anger is present. By gently and calmly moving your head shoulder to shoulder’ slowly and continually until the tension and stress dissipates.
3. **Controlled Thinking** – Anger consumes you when it shows up. It is in rare form that one can get angry and immediately control the emotion. It messes with thinking and judgement. Because of that, it is encouraged to work through controlled thinking as a technique. Begin by working on the breathing and muscle tension, then, in the newly relaxed state, focus on your thoughts and their impact on your emotional wellness.
4. **Deal with the Emotion** – By focusing on the first three, you have more immediate control over how you react to the anger you’ve now found at the table next to you. Once you’ve regained control, you’ll be able to process why Anger has visited you and how to combat it in a healthy way.



1. What part of your story would you share to help your consumer understand that recovery is messy, and the coping skills or strategies they choose can have a long-lasting impact on their journey? **Take a minute to jot down your ideas.** Be prepared to share.

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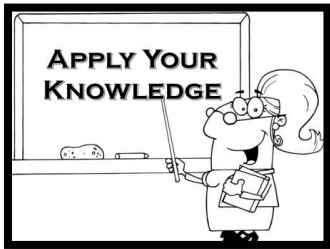
A Confident Understanding of Your Strengths

Strength-based recovery is probably one of the most successful. The journey is pursued by exploiting your consumer’s strengths as opposed to focusing on their limitations. Since society has a history of reviewing one’s failures to identify their future abilities to see things through and fulfill commitments, consumers are driven by their failures. As peer support specialists, you are here to explore how each of those failures assisted your consumers getting to your office and asking for

recovery support today, in this very moment. Strengths fall into twelve categories and all of your consumers are capable of identifying at least one in each of them; use the blank column to identify yours for each category.

<i>Family</i>	Everyone knows addiction and mental illness symptoms can often lead to burned bridges pre-recovery. So, identifying how much love, support and respect is received from family members is important for people who've lost a lot in the heart of their battles.	
<i>Social Connectedness</i>	Interpersonal skills and how one can relate to others. Since communication, social skills, and healthy relationships are crucial to recovery, Social Connectedness is a necessity.	
<i>Optimism</i>	A strong and positive outlook on ones future will improve your consumer's sense of ability and confidence in their recovery.	
<i>Talents & Interests</i>	Having talents and interests shows ones identity of self and their abilities to be artistic.	
<i>Educational</i>	When in school or training, consumers are future focused and participating in a structured environment that adds to their ability to maintain control of their recovery and wellness.	
<i>Volunteering</i>	Based on the experiences gained throughout recovery, everyone crosses paths with a volunteer at least once and more often than not has been motivated to "give back" in some way – feeling of importance to their recovery.	
<i>Job History</i>	Stable employment is often one of the first things lost when consumers experience episodes in their life. Compiling one's job history shows them times that they were actively participating in society and doing well.	
<i>Spirituality & Religion</i>	Spirituality beliefs and structure are important to recovery. Identified points of opportunity and strength assist in supporting the recovery journey	
<i>Community Connection</i>	How involved is the consumer in their community? Groups, activities, support networks, or services.	
<i>Natural Supports</i>	Outside of family, what individuals provide support to your consumer, driven to improve their health and well-being.	
<i>Resiliency</i>	When consumers begin to identify and use their strengths to become their best selves while managing their recovery – they've nailed resiliency.	
<i>Resourcefulness</i>	Having this skill reflects a consumer coming full circle and having an ability to expand their recovery by identifying sources of support and community. This is often times the point where consumers begin lifting one another as peers in recovery.	

Adult Needs and Strengths Assessment



1. Take a couple minutes to review the list below. Circle those that you see as your **Top 12** strengths.
2. Now, using the worksheet on the next page to explore your strengths as they apply to the identified categories. Try and stick with your **Top 12**, but feel free to add one or two more if you need to.
3. Think about how this kind of activity might benefit your consumers in building self-confidence for their recovery.
4. Share with the class how this activity will help you be the Peer Support Specialist.

Adventurous	Ambition	Appreciates Beauty	Artistic Ability
Assertive	Fairness	Gratitude	Bravery
Capacity for Friendship	Capacity for Love	Careful Judgement	Carefulness
Common Sense	Confidence	Cooperation	Courage
Creativity	Curiosity	Discipline	Discovery
Empathy	Enthusiasm	Fairness	Flexibility
Flexible Self-View	Flexible Thinking	Forgiveness	Gratitude
Growing Self	Honesty	Hope	Humility
Humor	Independence	Inner Balance	Intelligence
Kindness	Leadership	Logic	Love
Love of Learning	Modesty	Noticer Pause	Notices Inside
Notices Outside	Open Mindedness	Optimism	Patience
Persistence	Perspective Taking	Problem Solver	Respect
Self-Control	Self-Kindness	Social Awareness	Social Confidence
Social Intelligence	Spirituality	Teamwork	Willingness
	Wisdom	Workability Focus	

Relationships

romantic, friendship, & family

List the strengths you possess that help you in your relationships:

Describe a specific time your strengths were able to help you in a relationship:

What ***two new ways*** you could use your strengths in relationships:

1.

2.

Peer Specialist Role

professionally modeling recovery

List the strengths you possess that help you in your new role:

Describe a specific time your strengths were able to help you support a fellow consumer:

What ***two new ways*** you could use your strengths supporting fellow consumers:

1.

2.

Personal Fulfillment

hobbies, interests, & pleasurable activities

List the strengths you possess that help you achieve personal fulfillment:

Describe a specific time your strengths were able to help you with personal fulfillment:

What ***two new ways*** you could use your strengths for personal fulfillment:

1.

2.

Consumer Self-Confidence

the consumers you'll serve

How might this activity assist you in supporting your consumers in their recovery journeys?



1. What part of your story would you share to help your consumer understand that failure is really just a different way of seeing your ***strengths*** and their impact on recovery? **Take a minute to jot down your ideas.** Be prepared to share.

Understanding Spirituality as a Strength

Spirituality is an independent part of recovery and will always be very personal. It isn't religious and doesn't require one to be associated with a Faith to recover. Spirituality is one's complex desire to know and understand the unanswered questions surrounding life, the human condition, and personal agency; stirring up questions like:

- What is the purpose of my life?
- What does it mean to be a good person?
- Why do I suffer?
- Does everything happen for a reason?
- What is the best way to conduct myself in the world?

By accepting spirituality as a part of recovery, one is saying, "I don't know everything about life and recovery. I'm vulnerable and deserve support and compassion as I recover." Spirituality has been recognized in improving one's wellness while increasing their compassion, empathy, and attention to the world around through contemplative practices like meditation, gratitude, devotionals, and yoga. These practices allow you to build a stronger understanding of self in addition to those around you through an inner reflection from them.

One's appreciation for contemplative practices can also help one feel more grounded and comfortable with building their community through connection, improving their wellness and physical health. When you feel better, you eat better – improving your quality of life and how you respond to it. This allows you to feel more confident when facing negative responses to emotions and life events and to better understand the reality that pain and suffering is a universal life interruption that connects those with similar experiences to grow through the now shared experiences.

Spirituality is complex but allows consumers to assert a sense of value by reintegrating themselves from personal worries to the world around them, renewing their energies amidst the struggles, building feelings of uplifting comfort amidst the turmoil. Spirituality builds healing from one's past mistakes and broken relationships. This is often done by journaling and emotionally processing through feelings that have been stockpiled under addiction and untreated mental health or trauma.

Healing opens the door to self-acceptance and strength which helps one to face themselves and their mistakes. When relearning one's strengths, it requires privacy and is often done through meditation, walking, or even yoga – a safe place to become re-centered and focused on their wellness and its impact on those around them.

The worst part of wellness and recovery is that you've quit the behaviors that guarded yourself from being vulnerable and in doing so, one now experiences shame and guilt for how they've acted towards themselves and others pre-recovery. By focusing on the positive points of recovery, consumers develop a sense of gratitude for the opportunities to improve their quality of life and be in recovery. It reminds consumer how recovery benefits wellness in the big picture.

Once the mind is cleared, there is a feeling of loss. People in earlier parts of their recovery struggle to find meaningful ways to contribute to society and utilize their time effectively. There is a sense of inadequacy. When people have no purpose, they begin to step backwards in their recovery. It is here that spirituality supports them seeing beyond themselves, out of their comfort zones, and into a space of helping others or giving back. Activities like volunteering, sponsorship, or even going back to school will increase the consumer's feelings of usefulness, importance, and value. These activities will build a meaningful connection with others and restoring the consumer's sense of belonging.

Remember that spirituality doesn't require four walls and a cross. It requires a love for one's self and humanity, an understanding of compassion and empathy, and a sense of belonging to more than just yourself. Recovery needs spirituality to keep consumer's grounded in their recovery and connected with like people to help them when the struggle is real, then returning the favor when someone needs the boost.



1. What part of your story would you share to help your consumer understand that *spirituality* is a crucial part of the recovery journey? *Take a minute to jot down your ideas.* Be prepared to share.

Effective Treatment Participation

Just like each of you did, every single consumer you meet and serve will have their own track record of attempted and completed recovery services. Whether the courts ordered them, a family intervention, or they woke up one day and decided they needed to change their behaviors – the

decision was made to recover. Your consumers will likely resist some or all of your efforts because they “know” it won’t work. Include your consumers in developing their service plans with you. Their input is valuable – they’re the professional when discussing their lives and experiences.

How do you know you’re leading your consumers on the right recovery journey? Take turns reading aloud NIDA’s Principles of Effective Treatment as it applies to the overall treatment of behavioral health.

1. Behavioral Health is complex and impacts brain function in addition to behaviors, but it is treatable.
2. No single treatment is appropriate for everyone.
3. Behavioral Health treatment needs to be readily accessible.
4. Effective Behavioral Health treatment tends to all needs of the individual.
5. Remaining in and participating in treatment for an adequate period of time is crucial to outcome and varies by individual.
6. Behavioral Health Therapy types support addiction and mental illness by including individual, family, and group supports as determined to benefit the consumer.
7. Medications are an important **element** of treatment for many of the consumers you’ll serve; best results come when combined with counseling and other behavioral health therapies.
8. Ongoing review and needed modifications of treatment services to ensure consumers changing needs are being assessed for and met.
9. Be alert to dual diagnosis and your consumers need to treat both as they move through their recovery.
10. No one service will ‘cure’ behavioral health issues. Multiple attempts and services may be needed to change longstanding behaviors.
11. Voluntary services aren’t the only effective services of recovery. Sometimes involuntary interventions may be required.
12. Behavior changes and addiction abstinence must be monitored. It only takes one bad day or experience to change paths. Consumers are vulnerable to relapse and need reassurance that their efforts are making notable changes.

Treatment should NEVER be anticipated as a lifelong commitment. Recovery is the lifelong commitment. Your consumers must participate in their recovery planning to assure that it reflects their ambitions and hopes moving through the process. The NIDA principles are vital to your consumers in developing an accurate understanding of their recovery while attempting to stabilize themselves and planning a service exit that supports an ongoing recovery-focused plan. The goal here is to encourage participation and fulfill the consumer’s ability to move beyond treatment by maintaining their recovery.



1. What part of your story would you share to help your consumer understand that recovery requires active treatment participation to be successful? *Take a minute to jot down your ideas.* Be prepared to share.

Tying it All Together

All of these pieces contribute to one's ability to work through recovery and attaining an effective toolkit to support it. When working to build your consumer's toolbox, it's important to have a confident understanding of their recovery and wellness needs as they apply to *Maslow's Hierarchy of Needs* (**page 121**), then remembering that those needs of focus will change over time within the recovery process. That discussion moved into helping your fellow consumers accept personal responsibility for their recovery journeys and what that entails. Being responsible for anything can be overwhelming and complex which is why the responsibility was broken down into seven subcategories to be processed through independently and attached to the recovery journey as a piece of the puzzle of success.



Once you build your toolbox, it's time to make sure you use it's contents effectively. Do the following and your recovery journey will be in your control, even when the bad days stir the pot causing distress and frustration.

What's Your Plan?

Pause & Break Down Your Crisis

Baby steps will help you steer the storm

Know Your Limits

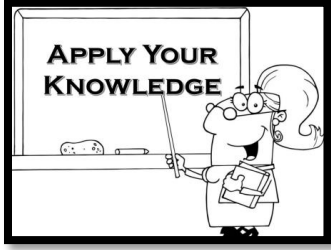
- There is no shame in asking for help
- Remember to recruit your personal advocate and know when to hand over the reigns

The WRAP Plan

The WRAP Plan can be a primary tool in Peer Support work. Mary Ellen Copeland was a person of recovery in the eighties and would build the Wellness Recovery Action Plan by the end of the century. The tools she's developed have empowered people experiencing behavioral health issues toward independence in recovery and wellness. The WRAP plan is a thorough compilation of what works and what doesn't, specific to the consumer utilizing it. It should be developed in a supportive environment to maintain a level of support as the consumer revisits past behaviors and experiences, identifying their own best practices when working towards recovery. For more information, visit her website at: <https://copelandcenter.com>

Building Recovery Plans with Your Consumers

Recovery plans are personalized tools and require a lot of attention to develop, execute and implement. As the peer support specialist, it is your job to be able to make this look easy for your consumers while giving them complete control of the task and its direction. By having your own Recovery Plan as a reference point for your consumer, they can see how it could potentially help them. Being a PSS, you have built your recovery journey into your job and will likely find ease in sharing about how your Recovery Plan was built throughout it. When you are teaching your consumers how to begin their recovery journeys and building their toolboxes to integrate a set of healthy recovery skills, tools, and supportive individuals; use this exercise to identify what's in their toolboxes, then building their Recovery Plan from its contents.



1. Begin by working independently.
2. Complete each question in this section individually. (Instructor will cue you to move on to the next item in this exercise.)
3. Now, break up into four groups by counting off, 1-4
4. In your groups, review your case study and complete these worksheets again for your identified consumer
5. Share with the class how this activity will help you be the Peer Support Specialist.

List activities you have to do EVERY day to maintain your recovery & wellness:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

List things that UPSET you and could probably DERAIL your recovery if left unattended to:

- 1.
- 2.
- 3.

Identify things you can do to redirect frustration and derailment in your recovery. Include activities, people, places, or other. If possible, identify why each item helps & how:

Task:	<i>Person</i>	<i>Place</i>	<i>Thing</i>	<i>Activity</i>	This Helps Me:
Task:	<i>Person</i>	<i>Place</i>	<i>Thing</i>	<i>Activity</i>	This Helps Me:
Task:	<i>Person</i>	<i>Place</i>	<i>Thing</i>	<i>Activity</i>	This Helps Me:
Task:	<i>Person</i>	<i>Place</i>	<i>Thing</i>	<i>Activity</i>	This Helps Me:
Task:	<i>Person</i>	<i>Place</i>	<i>Thing</i>	<i>Activity</i>	This Helps Me:
Task:	<i>Person</i>	<i>Place</i>	<i>Thing</i>	<i>Activity</i>	This Helps Me:
Task:	<i>Person</i>	<i>Place</i>	<i>Thing</i>	<i>Activity</i>	This Helps Me:

That is the very core of your recovery tools. You have to know what makes you tick. When you know what has the potential to interfere with your wellness and recovery and have the basic tools to intervene and deflect those issues, your ability to maintain your recovery and wellness will improve.

Group # _____

Case Study Client _____

List activities you have to do EVERY day to maintain your recovery & wellness:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

List things that UPSET you and could probably DERAILED your recovery if left unattended to:

1. _____
2. _____
3. _____

Identify things you can do to redirect frustration and derailment in your recovery. Include activities, people, places, or other. If possible, identify why each item helps & how:

Task:	<i>Person</i>	<i>Place</i>	<i>Thing</i>	<i>Activity</i>	This Helps Me:
Task:	<i>Person</i>	<i>Place</i>	<i>Thing</i>	<i>Activity</i>	This Helps Me:
Task:	<i>Person</i>	<i>Place</i>	<i>Thing</i>	<i>Activity</i>	This Helps Me:
Task:	<i>Person</i>	<i>Place</i>	<i>Thing</i>	<i>Activity</i>	This Helps Me:
Task:	<i>Person</i>	<i>Place</i>	<i>Thing</i>	<i>Activity</i>	This Helps Me:
Task:	<i>Person</i>	<i>Place</i>	<i>Thing</i>	<i>Activity</i>	This Helps Me:
Task:	<i>Person</i>	<i>Place</i>	<i>Thing</i>	<i>Activity</i>	This Helps Me:

Client Toolbox

<p><u><i>My Living Environment</i></u> My current living situation is: _____ _____ I feel it is SAFE UNSAFE</p>	<p><u><i>My Healthy Self-Care Habits</i></u> 1. 2. 3. 4. 5. 6. 7.</p>	<p><u><i>My Healthy Relationships</i></u> 1. 2. 3. 4. 5. 6. 7. 8. 9.</p>
<p><u><i>My Recovery Plan</i></u> I have an active/current recovery plan. It was reviewed on ___ / ___ /20___. I have given a copy to: _____ _____ use and enforce when I am unable to advocate for myself.</p>	<p><u><i>My Strengths</i></u> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.</p>	<p>5. 6. 7. 8. 9.</p>
<p><u><i>My Healthy Coping Skills</i></u> 1. 2. 3. 4. 5. 6. 7.</p>	<p><u><i>My Treatment Participation</i></u> I am actively engaged in treatment and see my provider times per month. Provider Name _____ Provider Address _____ Provider Phone _____ Provider Email _____</p>	<p><u><i>Spirituality as My Strength</i></u> How do you utilize spirituality in your recovery? _____ _____ _____ _____ _____ _____ _____</p>



This was an intense module that covered extensively how to face off and power through your recovery struggles by building strong tools and relationships that support such. What do you need to know more about before we move forward?

Slide	Time	Video Title	YouTube Link
78	2:25 m	Maslow's Hierarchy of Needs	https://www.youtube.com/watch?v=zLHiWjMFYUU&t=54s
82	1:48 m	Recovery as a Personal Responsibility	https://www.youtube.com/watch?v=nrnuBgVO6P4
88	7:40 m	Coping Skills	https://www.youtube.com/watch?v=fXD1gcaFXwc
91	18:40 m	Turning Struggles into Strengths	https://www.youtube.com/watch?v=VZE7V-UL5zA

Module 5: Partnering with Cultural Competence

This was touched on briefly in your online course and you are going to learn more in depth, today, to assure that your consumers get the best services possible, with as few hiccups as can be. As peer support specialists, cultural competence is a large component of your job.

Complete Before Class Resumes on:



Based on your experiences and the online course, what do you confidently know about **culture**?

What do you believe **culture** has to do with the Peer Support Specialist role and the work they do?

Cultural Competence Terminology

Culture	The customs, arts, social institutions, and achievements of a particular nation, people, or other social group
Cultural Role	What one identifies as, as it applies to their family and community matriarch
Life Stage	The phases everyone will pass through in life, no matter their background or experiences – infancy, childhood, adolescence, young adult, adulthood, middle age, and old age.
Nationality	The status of belonging to a particular nation, whether by birth or naturalization
Ethnicity	A group of people who share a common heritage, culture, and/or language
Body Type	One’s genetic and biological makeup falls into one of three categories: Ectomorph Has minimal body fat and muscle with a board straight line for shape Mesomorph Has a tighter body with an increase in muscle and tends to have a square shape Endomorph Has more fat, than muscle and tends to be loose and flabby with a rounded shape
Sexual Orientation	One’s emotional and sexual attraction to another person – heterosexual, homosexual, bisexual, queer, and asexual
Gender Identity	One’s personal sense of their gender. This doesn’t always correlate with one’s gender at birth – transgender, nonconforming
Age	The biosocial process of human development in the lifespan. One’s age tends to categorize them in their cultural identity by labeling – Generation X, Baby Boomers, Millennials, etc.
Race	The division of the human species based on inherited visual traits and physical characteristics – skin color, cranial, facial features, and hair type
Spirituality	One’s efforts to find meaning for existence
Hobbies/Interests	The feeling one has when their attention, concern, or curiosity is engaged by something
Living Situation	One’s living environment – compiled of location, individuals with them, homelessness, residence type (house, condo, apt, shelter, etc.)
Vocations/Profession	An occupation for which a person is suited, trained, or qualified
Socioeconomic Status	(SES) the social standing or class of an individual or group measured by the combination of education, income, and occupation
Bias	A tendency (known or unknown) to prefer one thing over another that prevents objectivity and influences understanding or outcomes in some way
Conflict	A competition focused on the distribution of resources, power, and inequality

SAMHSA identify Cultural Competence as one of its core requirements when developing the Peer Support model and articulated it with the following statement:

Help that is sensitive and responsive to cultural differences. Caregivers are aware of the impact of culture and process skills to help provide services that respond appropriately to a person’s unique cultural differences, including race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They also adapt their skills to fit a family’s values and customs.

You each have a responsibility to be flexible and understanding that others might think differently than you. Every person you meet and work with is a culture in and of themselves, that differs from your own and effects everything from who we are to how we interact with others to the choices we make, and even how we view behavioral health concerns like addiction and mental illness.

Sometimes culture interferes and keeps people from getting the help they desperately need. Your job isn't to change their beliefs or yours. Your job is to respect those differences, support their normal, and empower them to help themselves. This is important to understand because being culturally competent brings the difficulty of leaving your personal biases and beliefs at the door and accepting views and beliefs different from your own. While that is hard, how you respond is the important part. Let's take a few minutes and review everyone's understanding of culture.

What is Culture & Why Does it Matter?

The dictionary defines culture as, "the way of life, especially the general customs and beliefs of a particular group of people, at a particular time." Based on that, culture is always a compilation of shared, learned, internalized, and mutually constructed beliefs that build communities with notable differences from their societal counterparts.

In the treatment and recovery settings, culture will need to be part of the service planning and implementation; also known as Cultural Awareness. Like several parts of the peer support role, Cultural Awareness comes from knowing one's own culture, values, their cultural norms, roles, morals, and bias.

Culture is a large part of what you're taught to perceive in the world around you, in addition to the 'appropriate' responses – that doesn't make them right for everyone. It makes them normal interpretations and responses for your community of like people. When working in a culturally diverse environment like behavioral health, you are forced to check yourself at the door to build a positive and safe environment for those you'll serve and their recovery without judgment.

What is My Culture?

Starting with what you can't control about yourselves, fill in the following questions:

I identify myself as (gender)	_____
I identify myself as (race)	_____
I am _____ years old (age)	

I identify myself as (sexual orientation)	_____
I identify myself as (body type)	_____
I identify myself as (ethnic background)	_____
I identify myself as (nationality)	_____
I identify myself as (life stage)	_____
I identify myself as (cultural role)	_____

Each of these are related to your family dynamics or biological makeup. You don't have a say in any of them and for that reason, lack the ability to change them.

Next are the things that one develops from their interpretations of life experiences (positive and negative). These will impact everyone differently based on how your origin was presented and its reaction to your presence, concerns, and successes. Because of that, this section is about what you control in your ideals surrounding life, developed interests and beliefs – built off your original cultural identifiers. Try answering the following questions:

My belief in a greater good/higher power is (spirituality)	_____
My personal interests built from my upbringing (hobbies)	_____
I reside in a healthy/unhealthy environment (living)	_____
Because of my interests and upbringing, I went into a profession (vocations)	_____

A clear understanding of your own cultural background will serve its purpose in spades the longer you work in this field. Consider the last two exercises regarding your cultural identifiers – do any of them cause conflict, cultural challenges, or even bias when working with or connecting with people that are different from yourselves and your community? Think about that as you complete this next activity.

Culture Differences May Cause Challenges & Bias?

Cultural differences are the dimensions that add challenges to the dynamics of cross-cultural interactions. As peer support specialists, you'll need to examine and be alert to your own beliefs and values to assert effective support for your consumers.

“Cultures are more than language, dress, & food customs. Cultural groups may share race, ethnicity, or nationality, but they may also arise from cleavages of generation, socioeconomic class, sexual orientation, ability and disability, political and religious affiliation, language, and gender.....”

~M. LeBaron, July 2003

LeBaron does a great job identifying several opportunities for conflict amidst cultures and the human condition. These are especially notable when working in a helping role. As individuals, we utilize cultural messages to derive our beliefs, values, and interpretation of the world around us. Those, then extend to the relationships we build, how we communicate, and the process in which we resolve conflict.

When facing conflict in the role of a peer support specialist, often times, it has grown from those cultural identifiers causing transference and uninformed interpretations of consumer interactions. The conflict of culture tends to be responsible for barriers faced by the consumers and their culture's acceptance of Behavioral Health, service availability, medicinal beliefs, and so on. These barriers, when “confronted” by professional team members often times face pushback from the consumers who are stuck between their needs to care for self and the want to save face with their culture based on biases taught to them over the years.

When working with your consumers, keep the following in mind:

Cultural Stigma

Stigma is the mark of disgrace against a specific circumstance, quality, or person. Behavioral Health is seen differently in every culture, often times making consumers feel their challenges are something to hide and limiting the probability that they'll seek support or even treatment.

Cultural Explanations of Behavioral Health

Referred to as *explanatory models*, Dr. A. Kleinman studied at length how a cultural explanation of the origin of one's behavioral health problem would impact the consumers response to the diagnosis or episode, positive or negative. Negativity could mean demonizing or banishing the consumer while positive support and acceptance could raise one's cultural standing in addition to their willingness to participate in treatment.

Cultural Understanding of Symptoms

Based on how one's cultural community speaks to Behavioral Health symptoms, consumers may limit what is shared with their providers to only physical or only emotional symptoms, sometimes they'll share both.

Isolation vs Support

Isolation and support are directly extracted from a compilation of cultural stigmas, symptom explanations, and the culture's definition of behavioral health. When the culture is accepting, the consumer feels supported. On the other hand, when they're not supported, they tend to isolate.

Cultural Pride

Pride is a strong part of one’s decision to accept or reject their Behavioral Health diagnosis. When surrounded by like minds, agreed interests, principals, morals, and values, everyone is vulnerable to be complacent and hiding behind their pride, no matter whether they choose to participate or not.

Accessible Resources

Because of the impact culture plays on Behavioral Health, one must be alert to the way services are presented and received. Some mannerisms and interactions are different when discussing Behavioral Health in specific cultures. Consumers need to access, be linked to, and utilize Behavioral Services that support their Culture.



Review your answers, **pages 156 & 157**. Use the definitions listed on **page 155**. Then using the boxes below, identify things you need to be culturally alert to when working with consumers. We’ll take about 20 minutes for this.

What is ***Your Cultural Role?*** _____

What challenges has this caused you?	What biases do you have because of your..
_____	_____
_____	_____
_____	_____

What is ***Your Life Stage?*** _____

What challenges has this caused you?	What biases do you have because of your..
_____	_____
_____	_____
_____	_____

What is ***Your Nationality?*** _____

What challenges has this caused you?	What biases do you have because of your..
_____	_____
_____	_____
_____	_____

What is ***Your Ethnic Background?*** _____

What challenges has this caused you?	What biases do you have because of your..
_____	_____
_____	_____
_____	_____

What is ***Your Body Type?*** _____

What challenges has this caused you?

What biases do you have because of your..

_____	_____
_____	_____
_____	_____
_____	_____

What is ***Your Sexual Orientation?*** _____

What challenges has this caused you?

What biases do you have because of your..

_____	_____
_____	_____
_____	_____
_____	_____

What is ***Your Age?*** _____

What challenges has this caused you?

What biases do you have because of your..

_____	_____
_____	_____
_____	_____
_____	_____

What is ***Your Race?*** _____

What challenges has this caused you?

What biases do you have because of your..

_____	_____
_____	_____
_____	_____
_____	_____

What is ***Your Gender Identity?*** _____

What challenges has this caused you?

What biases do you have because of your..

_____	_____
_____	_____
_____	_____
_____	_____

What is ***Your Spirituality?*** _____

What challenges has this caused you?

What biases do you have because of your..

_____	_____
_____	_____
_____	_____
_____	_____

What is *Your Hobbies/Interess?* _____

What challenges has this caused you?

What biases do you have because of your..

_____	_____
_____	_____
_____	_____

What is *Your Living Situation?* _____

What challenges has this caused you?

What biases do you have because of your..

_____	_____
_____	_____
_____	_____

What is *Your Vocations/Professions?* _____

What challenges has this caused you?

What biases do you have because of your..

_____	_____
_____	_____
_____	_____

What is *Your Socioeconomic Status?* _____

What challenges has this caused you?

What biases do you have because of your..

_____	_____
_____	_____
_____	_____

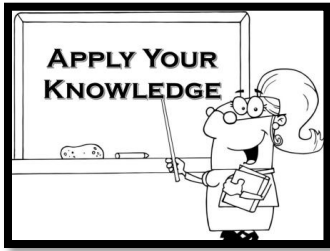


These questions are meant to provoke thought surrounding your opinions, your values, and how your experiences and beliefs may have influenced your current position in society, your community, your family and friends. Take turns sharing something you learned about your own possible bias and how that might impact your service style.

Culture is a Large Part of Peer Support Services

Peer support services are one of the most intimate professional relationships in the recovery field. To be a peer support specialist, you must have participated in your own recovery, be at a point where you are able to successfully maintain it, and then be willing to share both, the good and bad

aspects of your journey to support the next consumer. While that may seem simple enough, consideration should be given to how your consumers were raised, their personal beliefs surrounding behavioral health, and the complexity around one’s willingness to participate in treatment.



1. Begin by working independently.
2. Complete each Aspect in this section individually. In the space provided, share what fits each space for Cultural Aspects that could impact the services you provide as a Peer Support Specialist. (Instructor will cue you to move on to the next item in this exercise.)
3. Now, break up into pairs by counting off,
4. In your groups, review your aspects and share them with your partner.
5. Discuss how those aspects identified might impact your relationship if you were working with your partner as a consumer.

<i>Cultural Aspect</i>	Your Name	Partner
Culture		
Beliefs		
Values		
Customs		
Traditions		
Art		
Music		
Language		
Daily Life		
Government		
Religion		
Relationships		
Family & Matriarch		
Marriage (Choice/Arranged)		
Friends		
Opposite Sex		
Right of Passage		
Holidays		
Food		
Jokes & Humor		
Superstition		
Fashion & Clothing		

Cultural Awareness in Peer Support Services

Being the peer support specialist, the responsibility falls on you to be alert to the challenges that differences can provoke between you, those you serve, your colleagues or even leadership. Each of you are independently responsible for your beliefs, values, and biases, in addition to how they impact the services you'll provide your consumers with. Take a few moments to look over the exercises done this far around Cultural Competence and identify three things you find most important to who you are and how you interact respectfully with others. Jot those down below:

What Helps & What Hurts

Cultural Awareness is always a good thing. However, it's execution can leave a lot to be desired when one is restricted in their understanding of their own cultural limitations. This is a good place to go over what helps to support cultural awareness in peer support services as well as what hinders the process when building rapport and supporting your consumers. Let's start with what hinders it.

What Hurts Supporting Cultural Awareness in Peer Support Services?

There are five things that will always negatively impact Cultural Awareness in a helping role, especially peer support; discrimination, stigma, bias, prejudice, and privilege. Each of you have the gumption to combat these things before they ever become a problem. All too many of us have experienced these struggles firsthand – discrimination, stigma, and even oppression.

Discrimination is described as the unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex. These acts can be deliberate or unconscious and include way beyond just excluding people for those reasons but acting in ways that harm the individual(s) the behaviors are directed at. The best way to combat discrimination is to allow yourselves to learn how to accept other ways of thinking without making them your ways.

Stigma expands from discrimination by treating people negatively for the beliefs and attributes they possess. It is connected to ignorance. When people act in ignorance around cultural factors, they lose out on opportunities, partnerships, referrals, and knowledge. Worse, your

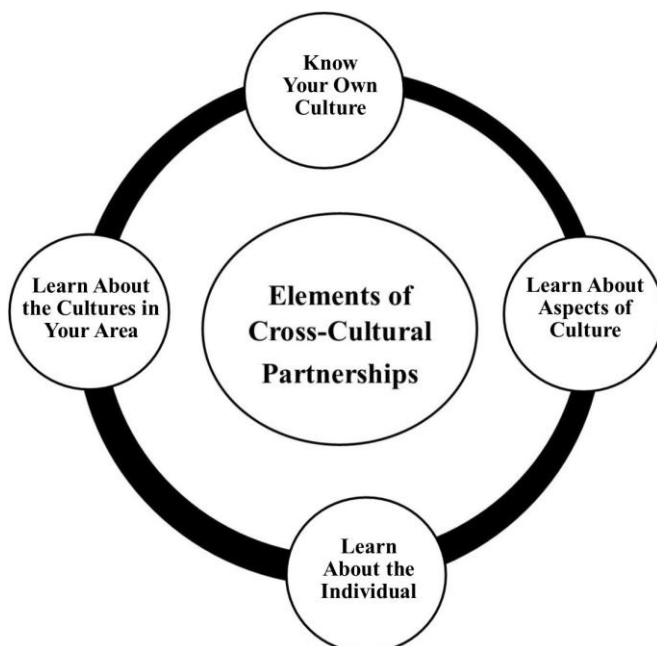
consumers skip their appointments, have an increased fear around seeking help, lack understanding of services offered, and feel unwelcome. All of these things reduce recovery outcomes.

Based on minimal, to no facts, bias and prejudice run rapid and build walls rather than bridges. These are your beliefs in favor of or against a person, group, or thing, compared with another of the same category and tends to feel unfair to those it's directed at. "Everyone has biases. A bias may be for something such as, "Asians are good at math", or against something, such as "Mexican people are lazy". It should be your goal to notice your biases and overcome them." (CPC 2019, p 71)

Privilege to those experiencing it is normal. That doesn't mean it should be like that. So, how do you know if you are privileged? Think about things you do every day. Does everybody get to do it or have access to it? Or do you have an advantage? Privilege is when you think something isn't an issue, because it isn't an issue to you and your quality of life. What is identified as privilege is not always recognized by those that have the privilege because to them, it is normal. They did nothing to obtain it and have no intent to change it since the privilege benefits them.

As human beings, you each have the capacity to unintentionally inflict pain and regression based on a lack of understanding when it comes to your own cultural identifiers, beliefs, and understanding of the world based on those. Be conscientious when meeting your consumers for the first time, as that interaction will set the tone for the relationships success moving through the journey with them.

What Helps Support Cultural Awareness in Peer Support Services?

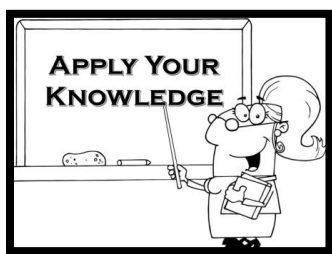


Everyone needs to have a comprehensive understanding of their own culture, privilege, bias, and prejudice. This is why the exercises at the beginning of this Module were so important to your PSS training. Understanding what you 'stand for' before you accidentally impose that belief on someone else is crucial to your consumer's perception of the Peer Support they're receiving. By applying the contents of this diagram with the newfound understanding around your cultural dynamics, you can

avoid the negative experiences. The first two are drawn out pretty clearly in the first part of this module.

The next priority is to learn about your consumer and the culture which they represent. What of their cultural background is present in their current situation and how can you be supportive as well as respectful of those identifiers when starting this relationship and working through their journey. This is the simplest task in all of the cultural competency piece: Listen to your consumer for cues and ASK questions to assert understanding.

Above all else, the best way to support Cultural Awareness is to become educated. Take the time to learn about specific cultural populations in the area you'll be serving. Using the exercises completed in this module, connect with local resources that can offer formal insight to their fellow people and how to support them in wellness and recovery. Go down the lists and take notes asking each question as it applies to the services you'll be providing. Pay attention to interactive responses specifically so to avoid conflict at the beginning and throughout your working relationship with someone. Turn to **page 167** and review how behavioral health is seen in the cultures across Alaska.



1. You should have an envelope in your book. The contents will identify two things – your cultural background & the reason you are seeking peer support. Write those cultural identifiers next to consumer.
2. Now, that you have your identifier & circumstances, take a couple minutes to flip to **page 167** and find your culture. Go ahead and review your how your culture deals with behavioral health.
3. Now pair off. One of you will be the Peer and the other the consumer. Use the boxes below and take notes about how the culture impacted how you served this person
4. When told, go ahead and switch roles.

	Peer Support Specialist	Consumer -
How did your culture impact this interaction		
Which aspects of culture were observed in this interaction		
What did you learn about your consumer		
Did you feel discriminated against in this interaction		
How did your cultural knowledge and understanding or lack thereof impact this interaction		
Did you feel stigmatized, How?		
Was privilege blatant or low key?		
Did you feel any bias or prejudice against you in this interaction?		



Culture Awareness will always be one of the trickiest things to master in the helping field. That is mostly due to how 'normal' all of these things are to us, and how little we discuss it. Let's talk about things you noticed in this exercise around your own privilege and bias, as well as things to watch out for.

Population Specific Cultural Awareness – Exercise Dynamics

Everyone should have a Coin Envelope that was with their Manual the first day. Pull out your envelopes and there should be a card inside it with an acronym and a number. Find the acronym by looking at the population specific cultures listed on **pages 167-171**. Now, find the number in the experience profiles on **page 172**. Once you figured out your identifiers, take a moment to review how that experience would be treated by your culture. Use these in the exercise on **page 165**.

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ)

Population

- 3.3% of the US population or 9 million
- .4% identify Transgender or \leq 1 million

Behavioral Health Status

- 2x more likely to have a behavioral health issue in their lifetime
- 2.5x more likely to experience depression, anxiety, and substance misuse
- Higher utilization rate of Behavioral Health services

Disparities

- L/B Women are 2x more likely to engage in Heavy ETOH use
- Transgender who also identify as a minority population experience an increase in suicide attempts over their white counterparts
- L/G/B youth are 4x more likely to die by suicide
- Q youth are 2x more likely to die by suicide

Barriers

- Stigma based on who they love and how they identify
- Discrimination based on who they love and how they identify
- Trouble accessing health care services based on who they love and how they identify
- Reduced social supports based on who they love and how they identify
- Rejection by family or origin based on who they love and how they identify
- Transgender individuals have higher rates of poverty and unemployment based on who they love and how they identify, amplified by lack of federal protection
- More likely to be victimized in a violent crime based on who they love and how they identify. This is increased in racial/ethnic minorities

Hispanic/Latino (HL)

Population

- 17.6% of the US population or 57.5 million
- 1/3 of the HL population is under 18

Disparities

- Older adults and youth are vulnerable to psychological stress associate with immigration and acculturation.
- 21% are uninsured
- 1 in 10 diagnosed use behavioral health services through a general practitioner
- 1 in 20 diagnosed use behavioral health services through behavioral health providers

Behavioral Health Status

- HL – low risk to be diagnosed than whites
- US born HL report higher rates than their immigrant HL counterparts

Barriers

- Language barriers – shortage of bilingual providers
- Stigma associated with Behavioral Health
- Lack of services tailored to meet the cultural needs of HL population
- Lack of culturally competent providers
- Lack of insurance
- Importance of family privacy
- Lack of knowledge regarding available treatments
- Difficulties recognizing signs of Behavioral Health
- Problems identifying psychiatric symptoms

African Americans (AF)

Population

- 13.3% of the US population or 36.4 million
- Culturally diverse African immigrant population
- 27% live below the poverty line
- 30% of households are headed by women

Disparities

- Higher use of illicit drugs than whites – 12.4%
- Lower use of ETOH than whites – 44.2%
- Opioid OD amongst African Americans is less than half that of whites – 6.6%
- More likely to be incarcerated than receive treatment
- More likely to use Emergency Department or PCP than behavioral health specialists when seeking services
- Less likely to be offered evidence-based medications or services
- When reporting the same symptoms as their white counterparts, African Americans are more likely to be diagnosed with schizophrenia as opposed to a mood disorder

Behavioral Health Status

- 1 in 3 African Americans who needed behavioral health services received it
- Higher use of inpatient services than whites
- Lower use of community-based services than whites

Barriers

- Stigma associated with Behavioral Health
- Distrust of the Health Care System
- Lack of providers from diverse racial/ethnic backgrounds
- Lack of culturally competent providers
- Lack of insurance
- Importance of family privacy
- Lack of knowledge regarding available treatments
- Denial of Behavioral health problems
- Receiving dehumanizing services

Asian American/Pacific Islanders (AA/PI)

Population

- 5% of the US population or 15 million
- Composed of 50 subgroups
- Second fastest growing population under, only Hispanics/Latinos
- 100 Different Languages
- 2/3 are US Citizens
- 1/3 AA/PI speak English (less than well)
- AA OVERALL – better educated, higher income, and lower poverty rates than whites
- PI OVERALL – less educated, lower income, and higher poverty rates than whites

Barriers

- Economics
- Stigmas associated with behavioral health
- Lack of awareness about Behavioral Health issues/services
- Language & Cultural barriers (poor cross-cultural understanding)
- Lack of involvement of AA/PI individuals and family members
- Lack of accurate data and research on AA/PI
- Lack of appropriate intervention strategies for diverse AA/PI populations
- Perceptions of Behavioral Health – AA/PI sees it as a weakness and source of shame/burden on families
- AA/PI appropriate Behavioral Health Interventions

Behavioral Health Status

- Overall prevalence rate of Behavioral Health is similar or lower among AA than whites
- Foreign-Born AA are less likely to seek out and use Behavioral Health Services
- American-Born AA are more likely to seek out and use Behavioral Health Services

Disparities

- Less likely than whites to report Behavioral health issues to professional or natural supports (likely based on shame/stigma amongst AA/PI)
- AA/PI see Behavioral Health as a weakness and are more likely to express their symptoms through physical behaviors
- Higher suicide rate amongst women; Elders & Young adults (15-24)
- Much lower rates of Substance Use
- Symptoms are usually worse when beginning treatment due to the delay from onset to service based on their beliefs
- Language barriers

Improved Responses and Approaches to AA/PI

- Conduct stigma awareness training with gatekeepers
- Educate providers about AA/PI behavioral Health Issues
- Improve language accessibility
- Increase awareness of behavioral health and chronic disease
- Advocate for policies that promote social justice, equity, and equality
- Increase presence of Asian Americans in research
- Comprehensive and affordable behavioral health services for all
- Focus on prevention and early intervention

American Indian / Alaska Native (AI/AN)

Population

- 1.5% of the US population or 4.1 million
- 564 Federally Recognized Tribes
- 100 State Recognized Tribes
- 200 Different Languages
- \leq 12% Adults live with Unmet Behavioral Health Needs
- \geq 1/3 of all AI/AN live on reservations at this point

Behavioral Health Status

- AI/AN are 1.5x the general population likely to experience Serious Psychological Distress
- Common Diagnoses: Depression, SUD, Anxiety, & PTSD
- 2x more likely than the general population to experience PTSD
- Suicide is the 2nd leading cause of death amongst 10-34-year-olds

Barriers

- Economics
- Stigmas
- Lack of awareness about Behavioral Health issues/services
- Lack of education & pervasive poverty
- Lack of culturally appropriate services
- Mistrust
- Lack of accurate data and research on AI/AN
- Lack of appropriate intervention strategies
- Shortage of Behavioral Health professionals and a high turnover

Strengths

- Cultural Healers & Health Practices
- AI/AN identify with their cultures
- Family
- A continued connection with their pasts
- Adaptability
- Wisdom of Elders & connection through the generations

Disparities

- Life expectancy is reduced by 6 years
- 1/3 experience poverty
- 2x more likely than African Americans and 2.5x more likely than White populations to experience violent crime victimization
- 6x more likely to die from Tuberculosis, Diabetes, and ETOH Misuse
- ETOH Misuse
- Enduring Spirit (Stubborn, hard to accept change)
- Clashes between AI/AN & non-AI/AN views in Behavioral Health
- Long memories
- Trauma is communal

Improved Responses and Approaches to American Indian/Alaska Native Communities

- Increase awareness of behavioral health and chronic disease connection
- Educate providers about unique behavioral health issues
- Increase presence of AI/AN in research (as subjects and researchers)
- Focus on prevention & early intervention
- Increased use of technologies (telepsychiatry) to better serve remote populations
- Conduct stigma awareness training with gatekeepers
- Advocate for policies that promote social justice, equity, and equality
- Comprehensive behavioral health coverage for all
- Better integration of traditional healing and spiritual practices
- Person-centered care and respect for the role of family

#1: You and your partner went out last week and you'd promised you wouldn't anymore at the club because you'd been bingeing all day. When you got to the club, you ran into a friend and they handed you a beer. You were alert to how much you consumed already and knew that the one you'd just received would not end well. Rather than decline, you accepted it and left it on the table. But then justified consuming it because someone else got it for you making it not count. You downed it, then blacked out. You woke unclothed in a strangers house and learned that you'd cheated on your partner twice. To amend with your partner, you have to go to counseling and maybe substance use. Using your Cultural Identity, work with Peer Support Specialist to plan for today, beginning the process of support and wellness.

#2: Your spouse died by suicide last month and you've become significantly depressed; which is out of character for you. You are experiencing survivors guilt and an increase in despair and hopelessness but believe that you shouldn't feel this way because your partner died by those very things. You've begun withdrawing and becoming uninterested in your life without them. This past week, you've called out and no-showed at work, stopped returning calls, and have begun to decompensate. A close friend has reached out and requested a welfare check from the local police department. The police show up with a Peer Support Specialist. Using your Cultural Identity, work with Peer Support Specialist to plan for today, beginning the process of support and wellness.

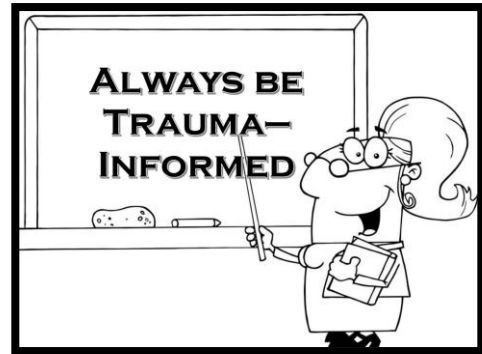
#3: You learned about your mental illness when became hospitalized. Up until then, you'd seen your behaviors as reactive to your surroundings and circumstances. Your symptoms came out as fear and anger toward life. Those emotional responses spilled over into your relationships with family and friends, inability to hold down a job, and eventually included police interactions. Your life felt like a void and you had nowhere to go. At intake, your Peer Support Specialist is brought to help with your admission, and you begin sharing about how your Cultural Identity has impacted you thus far. Using your Cultural Identity, work with Peer Support Specialist to plan for today, beginning the process of support and wellness.

#4: You experienced a traumatic event. While you were on your way to meet with friends (you walked), you were assaulted by a group of individuals because of your Culture. The words were hurtful, and the assault left you with some torn clothes, a couple bumps and bruises, and a broken index finger trying to catch your fall. No one tried to intervene, and you ended up just going back home. Your friends called to check on you since you were delayed, and you said you were fine but decided to stay in tonight. They then shared that they were concerned because a group came in bragging about beating someone up and they couldn't help but think of you and become a little worried. You become emotional and hang up. Shortly after, your friends show up with a police officer and a Peer Support Specialist. Using your Cultural Identity, work with Peer Support Specialist to plan for today, beginning the process of support and wellness.

Slide	Time	Video Title	YouTube Link
101	7:22 m	Counseling Multicultural Clients	https://www.youtube.com/watch?v=3n54C6rNito
109	3:52 m	The Importance of Cultural Competence	https://www.youtube.com/watch?v=E6u-T_P8VDg
111	17:57 m	Challenges & Rewards of a Culturally Informed Approach	https://www.youtube.com/watch?v=VrYmQDiunSc&t=298s

Module 6: Being Trauma Informed & It's Impact on Recovery

There was an overview of Trauma Informed Care in your online course that you are going to learn more in depth throughout this module to assure that your consumers get the best services possible, with as few hiccups as can be. As peer support specialists, being trauma informed will help you as a consumer in addition to your professional role by giving you the tools and the context to help others without stirring up your past or theirs and still working through a successful recovery.



Complete Before Class Resumes on: _____

Based on your experiences and the online course, what do you confidently know about **Trauma Informed Care**?

What do you believe **Trauma Informed Care** has to do with the Peer Support Specialist role and the work they do?



Group Discussion: Let's answer the following questions

1. How do you think trauma affects people, and especially those who use behavioral health services?
2. What do you feel is most important for you to know about Trauma-Informed Care moving into your roles as Peer Support Specialists?
3. Do you feel you have those tools at this point in the training?
4. Tell the group one thing you look forward to learning about Trauma-Informed Care.

Take notes or jot down thoughts that will help you in the future as this book becomes a resource.

As peers, the probability that each of you experienced trauma at some point in your life, either once or multiple times, is much more likely than not. No matter how much work you do, historic trauma has a way of exposing itself when life is on the upswing. Because of the work you've selected, this can happen. Take a few minutes to mentally prepare yourselves for this module by privately answering the following questions:

How will you take care of yourself throughout this Module? Grounding, taking breaks, breathing, etc.

How can you support those in class with you?

What is Trauma Informed Care?

If it re-traumatization can happen to people this far into their recovery, keep that concern in the forefront of how you work with consumers to avoid re-traumatizing them and impeding on the success of their current journey. As a key part of successful peer support, trauma-informed helps avoid re-traumatizing your consumers while maintaining your wellness. Empowering your consumers as they come to terms with their experiences and make them the focus of their journey

– is your goal. This also helps to better equip you when offering recovery and resiliency as they move through their journeys with you.

Understanding Trauma as a Peer Support Specialist

SAMHSA is well-versed in how they’ve identified trauma and its effects on society.

Individual trauma results from an event, series of events, or set of circumstance that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. Trauma is a normal response to extreme events. People can experience recovery from the effects of trauma. ~SAMHSA, 2014

Because of all those factors, understanding and implementing trauma-informed care is mandatory for your new role as peer support specialists. The problem with the spectrum laid out by SAMHSA is that it covers a large scope of life experience and they don’t impact people equally. Your job is to fully understand where trauma comes from as a way to avoid re-traumatization. There are several sources that cause trauma responses (See below).

Sexual Assault	Grief	Domestic Violence	Accidents	Institutional Abuse
Natural Disasters	Medical Procedures	Abandonment or Neglect	Emotional, Sexual, or Physical Abuse	Terrorism, war, combat
Experienced or witness violent crime	Cultural dislocation or sudden loss	Prolonged, repeated racism & poverty	Historical violence against a specific group	What would you add? Use the box below to add it.

Prevalence of Trauma

Common, widespread, and universal as a unit equals prevalence. Go around the room and take turns reading the statistics around prevalence of trauma in society.

- *70% of adults in the U.S. have had some kind of traumatic experience at least once. That's over 223 million people. (SAMHSA/HRSA).*
- *90% of people being served in the mental health system have been exposed to trauma. (Rosenberg, 2010).*
- *Most people in mental health systems exposed to trauma have had multiple experiences of various types of traumatic stress (Meuser 2004 and 1997; Felitti 1998).*
- *97% of homeless women with mental health diagnoses have experienced physical and sexual trauma in childhood and adulthood (Goodman, et al. 1997).*
- *At least 75% of adolescents involved in the criminal justice system have trauma histories.*
- *People who have challenges related to trauma often end up diagnosed as "mentally ill" when these challenges are often rooted in traumatic life experiences. (National Council for Behavioral Health, 2014).*



Group Discussion: Let's talk about those statistics.

1. What is your reaction to those numbers?
2. In your work, how likely do you think it is that you know who has experienced trauma and who has not?
3. Given the prevalence of trauma, especially among the peers you'll support as PSSs, how important is working from a trauma-informed perspective?

Impacts of Trauma

Trauma is capable and does directly impact one's ability to form healthy relationships. Let that sink in. Take a moment and think about how that statement was true for your trauma experience(s). So, how does trauma affect your consumers? Use the space below to fill in the blanks as your instructor goes through the impacts of trauma with you. (YA, 176)

Trauma affects
Trauma affects
Trauma affects
Trauma affects
The service system
The impact of trauma



Group Discussion: Let's talk about those impacts.

1. What do these impacts have to do with peer support work?
2. How does this increase your interest in partnering with people who have experienced trauma?
3. Now, let's take a few minutes to prepare ourselves. Below is the ACE test. When you are ready, complete the test and then go to break. We'll talk about it when everyone is done.

Adverse Childhood Experiences (ACE)

Prior to your 18th Birthday, put a 1 (one) next to any of the following which you experienced.

_____ Did a parent or other adult in the household often or very often...Swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt.

_____ Did a parent or other adult in the household often or very often...Push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?

_____ Did an adult or person at least five (5) years older than you ever...Touch or fondle you or have you touch their body in a sexual way? Or attempt or actually have oral, anal, or vaginal intercourse with you?

_____ Did you often or very often feel that...No one in your family loved you or thought you were important or special? Or your family didn't look out for, feel close to, or support each other?

_____ Did you often or very often feel that...You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to a doctor if you needed it?

_____ Were your parents ever separated or divorced?

_____ Was your mother or stepmother / father or stepfather: often or very often pushed, grabbed, slapped, or had something thrown at them? Or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard. Or ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

_____ Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

_____ Was a household member depressed or mentally ill, or did a household member attempt suicide?

_____ Did a household member go to prison?

_____ **Add up your 1s**

GREAT JOB!!! Take a few minutes to move around and get some fresh air while regrouping.

The ACE scores are extremely helpful when trying to understand your consumers (or your own) emotional limitations and misplaced anger. Knowing our own ACE scores can be hard to process and accept because you've had to revisit things long past. No one wants to believe that they're broken by someone else's behavior; particularly the one's that were supposed to protect you. As you saw in the questions, five are personal and five are family members.

Personal

- Physical Abuse
- Verbal Abuse
- Sexual Abuse
- Physical Neglect
- Emotional Neglect

Family Member

- A parent who's an alcoholic
- A parent who's a victim of domestic violence
- A family member in jail
- A family member diagnosed with a mental illness
- Disappearance of a parent through divorce, death, or abandonment

What trauma can look like

Be alert to trauma and its lasting impact on those who've experienced it, by developing your ability to recognize the signs when you see them.

One's response to a traumatic experience can lay dormant for years, then suddenly without provocation, it shows up as behaviors or "symptoms". Your consumers, much like each of you did at some point in your journeys, use behaviors and symptoms whether known or not, for the sole purpose of communicating ones feelings.

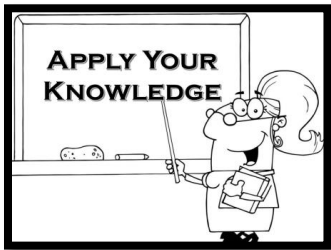
All of us respond to trauma this way. Because of these responses, those experiences will interfere with our relationships, beliefs about oneself, others, and ones place in the world. As peers, you need to be prepared to partner with your consumers and be alert to the impacts by understanding that symptoms of trauma are really just the effects of the traumatic experience or coping strategies. See below. These are your symptoms and coping strategies

Feeling Helpless	Feeling Fearful	High Risk Behaviors
Not Showering	Being "Manipulative"	Flashbacks
Frequent Nightmares	Sensitive to Noise/Touch	Exaggerated Startle Response
Feeling Numb/Disconnected	Feeling Anger, Anxiety, & Shame	

Fight, Flight, or Freeze. This is often misinterpreted as defiance, manipulation, noncompliance, service resistance, laziness or lack of motivation. This can retraumatize the

consumer you're trying to support. Re-traumatization can ignite feelings of loss, lack of safety, and helplessness or hopelessness.

Coping Strategies Stop Working. The key focus of consumers is getting their needs met. Behaviors may appear manipulative and off-putting to people when first meeting consumers. But those behaviors had a purpose at one point in their journey. Sometimes, peers can help consumers by discussing and modeling more acceptable behaviors.



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

1. Discuss in groups of three and write your answers below.
2. Be prepared to share **WHY** you chose the support you did. Share with the class.

How would you engage Jennifer?

How could you be trauma informed in your interactions with her?

What would you do first as a peer on the unit to support de-escalating and avoiding re-traumatization?

Peer Support & Trauma Resiliency

While knowing how traumatic experiences negatively impacted your development can stir up those long past feelings of anger, shame, and resentment; this next part shows and celebrates how far you've each come. Continuing to SOAR to your best selves. As peers, you model wellness and focus on recovery. When working with consumers whose life experiences have impacted their ability to grow into their best selves, your role (per SAMHSA) is to move from the label of being "ill" and into a trauma-informed overture that:

- *Realizes the widespread impact of trauma*
- *Understands potential paths to wellness & recovery*
- *Recognizes the signs and symptoms of trauma in clients, families, staff, and others*
- *Responds by integrating knowledge about trauma into policies, procedures, and practices*
- *Seeks to actively resist re-traumatization*

Knowing how important being Trauma-Informed is to your new role, remember the need to be aware of the Principles attached to it. Revisit *Jennifer* from the last exercise (page 180) and take a few minutes to independently answer the following questions as they relate to the Principles:

<p>Safety: Avoid traumatizing your consumers by maintaining an awareness of their story</p>	<p>How can you do this?</p>
<p>Trustworthiness/Transparency: Consistency in providing services and policy compliance, as well as reasonable expectations is crucial to peers</p>	<p>How can you do this?</p>
<p>Peer Support: Remember that support is a partnership of equality. You are their equal. Your presence is to reaffirm their direction in the journey.</p>	<p>How can you do this?</p>
<p>Collaboration/Mutuality: Your consumers are in charge. Work to partner with them.</p>	<p>How can you do this?</p>
<p>Empowerment/Voice/Choice: Be alert to signs of helplessness. Give consumers as much control as safely possible by fostering empowerment.</p>	<p>How can you do this?</p>
<p>Cultural/Historical/Gender: Respect the consumers needs to limit who they work with in response to their trauma history</p>	<p>How can you do this?</p>

Peer Support Skills Used in Trauma-Informed Care

(2019 CPC Manual, 54)

Express Confidence & Hope that healing and trauma recovery are possible ***Form Authentic, Supportive Relationships***. Your relationship is the anchor that allows people to use their own voices, understand their own stories and gain power and control over their own lives. People who have experienced trauma often have difficulty fully trusting others. Relationships are key. Avoid suggesting you are “more” in recovery or in any superior role. Questions you can ask yourself include:

- Am I showing unconditional regard and respect?
- Am I conveying a mutual relationship instead of power over?
- Am I supporting the peer to explore and express their feelings, wants, and needs and strengths?
- Am I being collaborative in interactions, including inviting people to participate in writing progress notes and talking with the treatment team?
- Do I accept and understand big and difficult feelings?
- Do I try to understand that each consumer’s experience is different and each finds meaning differently? Am I careful not to presume I share someone else’s trauma experience, even when our stories are similar?
- Do I express support for crisis and difficult times as opportunities for growth?
- Do I use the language of common experience, not clinical language?

Support a Trauma-Informed Environment. Encourage and support your agency in becoming more trauma-informed by considering the following:

- Avoid having separate “staff” bathrooms
- Wear name badges where they are not conspicuous
- Keep keys where they don’t jingle or show
- Encourage all staff to be trained in Trauma-Informed Care

When you work from a Trauma-Informed perspective, consumers are able to work at a pace they are comfortable with. This is a Post-Trauma quiz that is scored the same way as the ACE study. By reviewing the Resilience Questionnaire, you are able to get a clear understanding of where people are at in the recovery process and meet them there. While the ACE & Resilience Questionnaires will always be completed with a Licensed Clinical Staff, their contents will benefit a better understanding of how you can support each and every consumer.

Resilience Questionnaire

(Aces Connection 2017)

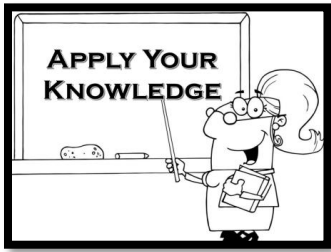
- I believe that my mother loved me when I was little
Definitely true Probably true Not sure Probably not true Definitely not true
- I believe that my father loved me when I was little
Definitely true Probably true Not sure Probably not true Definitely not true
- When I was little, other people helped my mother and father take care of me and they seemed to love me.
Definitely true Probably true Not sure Probably not true Definitely not true
- I've heard that when I was an infant someone in my family enjoyed playing with me, & I enjoyed it too.
Definitely true Probably true Not sure Probably not true Definitely not true
- When I was a child, there were relatives in my family who made me feel better if I was sad or worried.
Definitely true Probably true Not sure Probably not true Definitely not true
- When I was a child, neighbors or my friends' parents seemed to like me.
Definitely true Probably true Not sure Probably not true Definitely not true
- When I was a child, teachers, coaches, youth leaders or ministers were there to help me.
Definitely true Probably true Not sure Probably not true Definitely not true
- Someone in my family cared about how I was doing in school.
Definitely true Probably true Not sure Probably not true Definitely not true
- My family, neighbors, and friends talked often about making our lives better.
Definitely true Probably true Not sure Probably not true Definitely not true
- We had rules in our home and were expected to keep them.
Definitely true Probably true Not sure Probably not true Definitely not true
- When I felt really bad, I could almost always find someone I trusted to talk to.
Definitely true Probably true Not sure Probably not true Definitely not true
- As a youth, people noticed I was capable and could get things done.
Definitely true Probably true Not sure Probably not true Definitely not true
- I was independent and a go-getter.
Definitely true Probably true Not sure Probably not true Definitely not true
- I believed that life is what you make it.
Definitely true Probably true Not sure Probably not true Definitely not true

How many of these *protective factors* did I have as a child and youth?

How many were **Definitely or Probably True**? _____.

How many of these are still true for me? _____.

GREAT JOB!!! Take a few minutes to move around and get some fresh air while regrouping.



Anna has just been admitted to a 24-hour crisis triage program. She is actively suicidal, and the organization's policy requires that someone be in the room with her at all times. Anna's intake paperwork reveals she has a history of sexual abuse, and she seems to be uncomfortable around the male staff on duty.

1. Discuss in groups of three and write your answers below.
2. Be prepared to share **WHY** you chose the support you did. Share with the class.

How you would engage Anna?

How could you be trauma informed in your interactions with her?

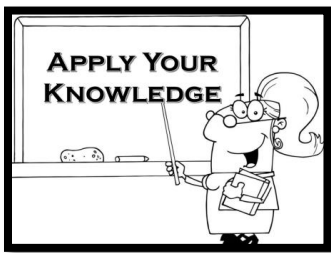
What would you do first as a peer on the unit to support de-escalating and avoiding re-traumatization?

Sharing Your Story to Support Resilience & Recovery

There are just a few things to remember when trying to support consumers with traumatic backgrounds. Before you even meet them, assume that Trauma-Informed care is necessary – ask questions later. A big part of your new role is to empower your consumer through like experiences and support. Know when it is right to share your story in addition to what part will directly benefit the consumer you are serving. Your focus for storytelling is to provoke Hope, Wellness, & Recovery. Anything past that is outside of your scope of services. Remember that there is a Code

of Ethics that you serve under and keeping that in mind as you decide how to support your consumers will assist immensely as you begin this role. “Me, too” can be powerful in the correct setting and context. Just keep some basics in mind when you consider sharing.

- Sharing your own traumatic experience should not be done in depth
- We do not want to encourage people to focus on details of traumatic events
- Too many details in sharing can re-traumatize people and trust and healing more difficult
- Keep a clear and ethical line between shared experience and providing counseling. The peer support role is to listen and support. Keep in mind that it may be difficult to stay in the peer support role.



1. Pair off.
2. Use your identity card from the last Module for your culture (**page 167-171**) & situation number (**page 188**).
3. Take turns being the consumer and the peer support specialist. (about 6 minutes each – Instructor will let you know when to switch)
4. Next, take a few minutes to complete the exercises below, independently (20 minutes)
5. Be prepared to share **WHY** you chose the support you did.

How did you engage your consumer?

How were you able to be trauma informed in your interactions with your consumer?

What did you do first as a peer to support de-escalating and avoiding re-traumatizing the consumer?

Consider the following and use the space to identify how you were able to enforce each in your interaction:

<p><u>Safety</u>: Avoid traumatizing your consumers by maintaining an awareness of their story</p>	<p>How did you do this?</p>
<p><u>Trustworthiness/Transparency</u>: Consistency in providing services and policy compliance, as well as reasonable expectations is crucial to peers</p>	<p>How did you do this?</p>
<p><u>Peer Support</u>: Remember that support is a partnership of equality. You are their equal. Your presence is to reaffirm their direction in the journey.</p>	<p>How did you do this?</p>
<p><u>Collaboration/Mutuality</u>: Your consumers are in charge. Work to partner with them.</p>	<p>How did you do this?</p>
<p><u>Empowerment/Voice/Choice</u>: Be alert to signs of helplessness. Give consumers as much control as safely possible by fostering empowerment.</p>	<p>How did you do this?</p>
<p><u>Cultural/Historical/Gender</u>: Respect the consumer's needs to limit who they work with in response to their trauma history</p>	<p>How did you do this?</p>

Peer Support Specialist Self-Care

Did you experience any triggers when engaging your consumer and how did you handle them?

How did you show support and trauma-awareness for your consumer? How did you avoid conflict and offer support?

Were you able to identify any room for improvement on this role play when working trauma consumers?

What feedback do you have for your fellow peer and how they handled you as the consumer?

#1 You struggle to make friends, are socially awkward and recently experienced an incident at work that, while innocent, has caused a wildfire of taunting and judgment from your colleagues. You've finally had enough and recently called the local Suicide Hotline. While talking to the counselor, they suggested connecting with a peer support specialist to help you in some skill-building techniques that would allow you to become more confident and engaging. You're meeting your peer for the first time and you are already set off by the environment they chose, but you didn't feel comfortable suggesting somewhere else.

#2 You've recently agreed to participate in an inpatient treatment facility. Your partner and you gave temporary guardianship of your child(ren) to their parents as a way to assure you work through your situation. But, because of your experiences of childhood abuse, you are struggling being away from your child(ren) and not being able to "protect" them. At this point, your focus is on leaving the facility and terminating the arrangement. But you haven't told anyone or engaged in anything since being admitted.

#3 Your adolescent (age 14-16) child just made a serious suicide attempt and drugs were found in their bedroom. They were ambulated to the hospital and admitted for evaluation. The doctors have been seen talking down to your child in the Emergency Department, and when you attempt to advocate for them, you are stonewalled and told your child doesn't want to see you. Instead they tell you to talk to the peer support specialist because the current situation with your child does not concern you.

#4 You were raised by an alcoholic father who could be quite uninterested in you but managed to pay enough attention to be abusive. Due to a recent fight with your partner that escalated to a place you haven't seen or experienced since your father, you become suicidal and instead of acting on it, you go to the Emergency Department. Upon check-in, Triage tells you to have a seat and directs you to sit next to the person who arrived moments before you. Once you do, you can't help but smell an intense odor of Alcohol causing you to turn pale and stand. Triage has a peer specialist check in with you.

Slide	Time	Video Title	YouTube Link
117	12:22 m	The Paradox of Trauma Informed Care	https://www.youtube.com/watch?v=jFdn9479U3s
120	6:02 m	ACEs Impact on Brain, Body, & Behavior	https://www.youtube.com/watch?v=W-8jTTIsJ7Q
122	5:20 m	Stress, Trauma & Work: How to Look After Yourself	https://www.youtube.com/watch?v=DOQWa-T1sh0