

Avoiding Peer Support Drift: Maintaining Your Role as a Change Agent



Krasmancentre





Peer Drift – What is It?

- Peer Drift occurs when the peer support providers do not feel comfortable in their recovery-oriented role, and they begin to shift to a more medical treatment role.



VA Peer Support Toolkit

Why this topic? Why now?



- Peer Support is an emerging workforce in healthcare. Many peer supporters work side-by-side with clinicians on ACT teams, in emergency departments, crisis services, rehabilitation programs, forensics, family health teams, inpatient units, first episode psychosis teams, etc.
- There is no doubt that Peer Supporters have many unique skills that enrich the entire team.
- However, within these traditional clinical settings, I have noticed that it's not unusual for PS to begin to adopt the language and practices associated with the clinical worldview, in other words, over time the work of many Peer Supporters begins to resemble the work of other clinicians on the team.

In my opinion, it is important that Peer Supporters remain peer in order to:

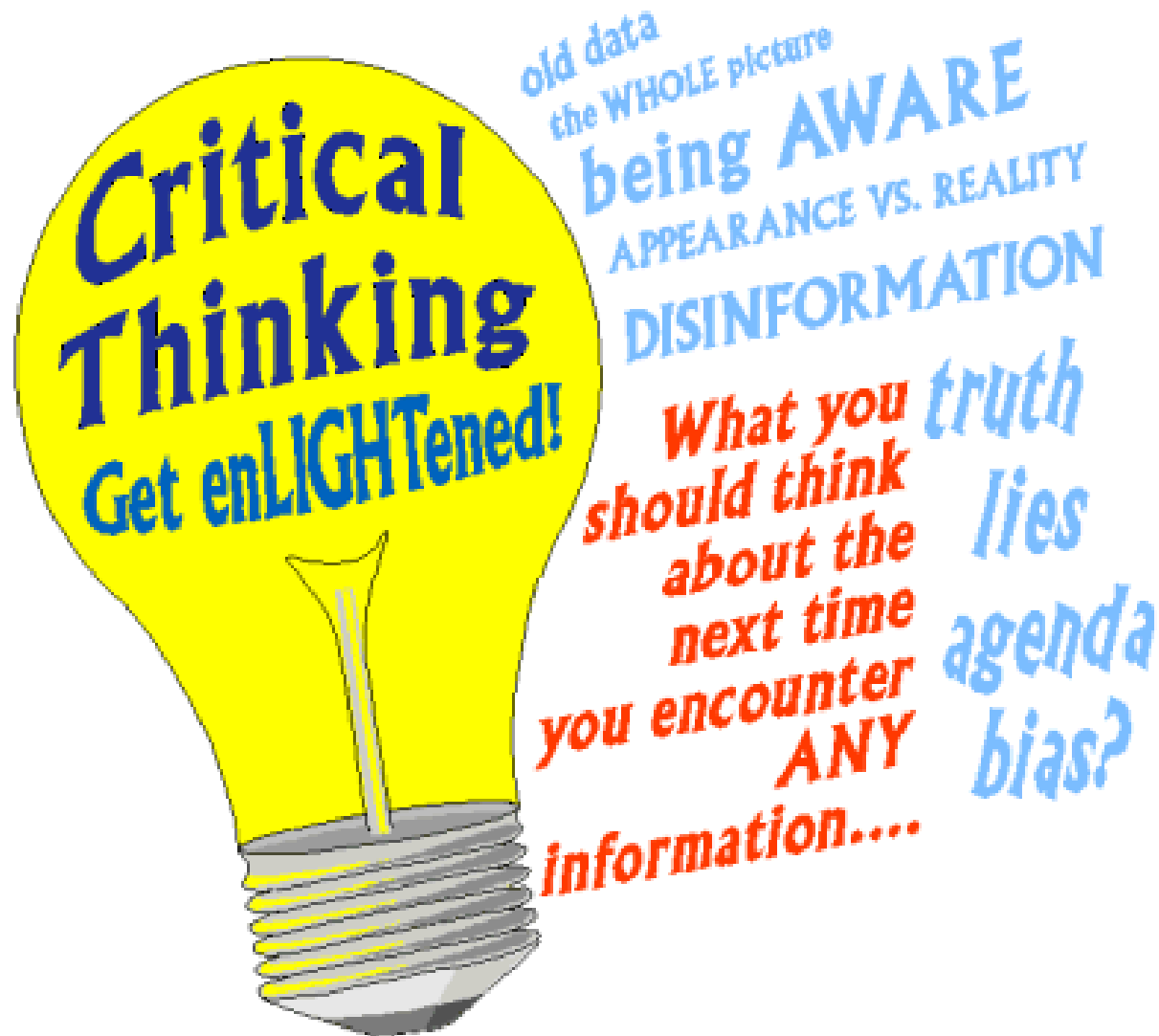
- Grow the practice of Peer Support
- Integrate Peer Support as a core service within an integrated mental health system;
- Provide the tools and the environment so peer supporters can thrive;
- Ensure we continue to have a strong “voice” in the health and social service systems



**CHANGE
AGENT**

— ★ ★ ★ —
**BECAUSE
FREAKIN'
MIRACLE WORKER
ISN'T AN OFFICIAL JOB TITLE**

Fair Warning

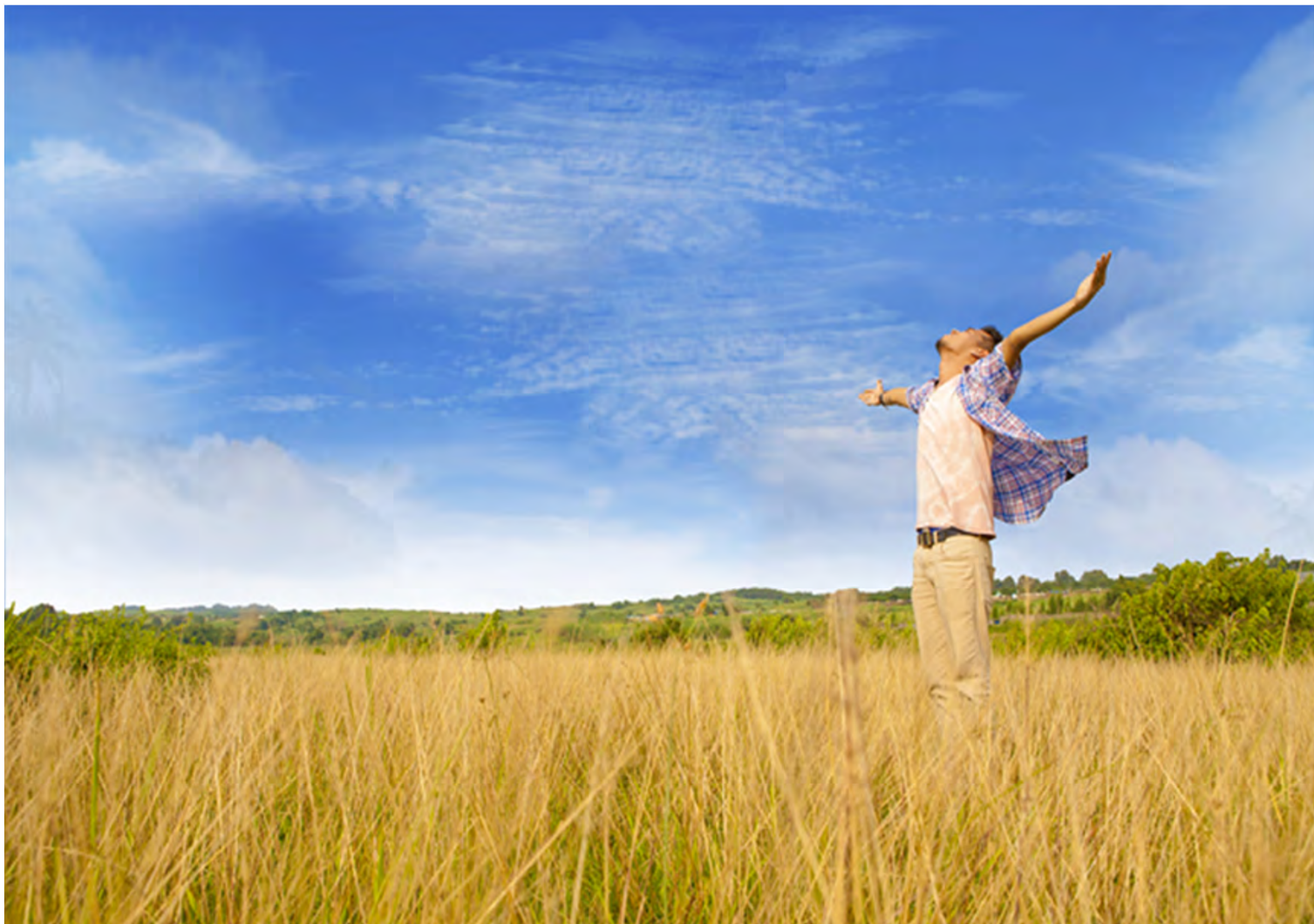


The Centre for Building a Culture of Recovery describes recovery as:



...the hard work a person does him or herself, with the kindness and compassion of the people they choose to support them – in an environment that acknowledges and believes in their potential for wellness.©

Healing & Recovery Happen Through Peer Support



Intentional Peer Support

- Intentional Peer Support (IPS) is a process where two people (or a group of people) use the relationship to look at things from new angles, develop greater awareness of personal and relational patterns, and to support and challenge each other as we try new things.

www.intentionalpeersupport.org



IPS is different from traditional service relationships because:

- It doesn't start with an assumption of “a problem”. Instead people are taught to listen for how and why each of us has learned to make sense of our experiences, and then use the relationship to create new ways of seeing, thinking, and doing.
- IPS promotes a “trauma-informed” way of relating – instead of asking “What’s wrong” we think about “What happened”

IPS is different from traditional service relationships because:

- IPS looks beyond the notion of individuals needing to change. Instead it examines our lives in the context of our relationships and communities
- Peer Support relationships are viewed as partnerships that enable both parties to learn and grow rather than as one person needing to “help” another

Intentional Peer Support

- It is in a relationship that is based on mutual respect and trust that we allow ourselves to “try on” new ideas and take risks to learn and grow. One person is not more important than the other because in IPS, the relationship is based on “we” and “us”.
- In this mutual relationship we consider each person to have needs and expertise, thus we learn from each other. It is not a power over another, or even working to support one person in the relationship. It is “we” creating a new story that has the potential to change both personal lives.

Intentional Peer Support utilizes four basic principles or tasks to accomplish its goals

- Connection
- Worldview
- Mutuality
- Moving Toward

How to detect whether you may be drifting away from your true sense of peer support:

Peer Identity

- Comfort using recovery story as tool
- Peer support as an opportunity of mutual learning
- Focus on strengths, opportunities & skills
- Find your voice, make decisions, take risks
- Self-confidence, security and pride

Peer Drift

- Uncomfortable in sharing recovery story
- Peer support as opportunity to instruct
- Focus on barriers, symptoms & diagnoses
- Defer decisions, avoid challenge & stress
- Self-doubt, insecurity and shame

Growth fostering relationships empower all people in them.

These are characterized by:

- A sense of well-being comes from connecting with another person or other persons.
- The ability and motivation to take action in the relationship as well as other situations.
- Increased knowledge of oneself and the other person(s).
- An increased sense of worth.
- A desire for more connections beyond this particular one



“Peer Supporters **Are Not** Clinicians”

Pat Deegan www.patdeegan.com

- What are the differences and where is the overlap between the Peer Supporter perspective and the clinical perspective?



- The following chart(s) offers some thoughts.

Peer Support & Clinical Perspectives

Peer Support Perspective	Overlap	Clinical Perspective
Work is guided by the Principle of Mutuality defined as a focus on the connection between the Peer Supporter and the peer wherein there is reciprocity.	Unconditional positive regard for the individual being served.	Clinicians are in the role of helping and supporting participants with a focus on diagnosis, identification of strengths and treatment. There is not an expectation of reciprocity in clinical/participant relationships.
Focus on learning together rather than assessing or prescribing help.	A desire to support recovery and the person's achievement of their human potential.	

Peer Support & Clinical Perspectives

Peer Support Perspective	Overlap	Clinical Perspective
Emphasis on sharing and exploring life experiences where both individuals share personal experiences and perspectives.	The importance of connection, finding common ground, and respect.	Emphasis on exploring program participants' experiences, with less expectation for the clinician to share their personal experiences.
There are many ways to understand the experience of what get diagnosed as mental illness: bio-psychosocial; spiritual; cultural; distress as teacher; altered states; a natural variation of human experience, etc.	A commitment to support the person in making meaning of their experience.	The bio-psycho social approach is the main framework for diagnosis and treatment while utilizing a cultural competency framework.

Peer Support & Clinical Perspectives

Peer Support Perspective	Overlap	Clinical Perspective
Do not participate in the delivery of involuntary interventions such as commitment to a hospital or outpatient commitment. Peer Supporters walk with rather than do to.	Both clinicians and Peer Supporters recognize the importance of choice and self-determination in the recovery process.	Involuntary interventions such as commitment to a hospital can be justified as clinicians struggle to balance the Duty to Care with the Dignity of Risk.

Peer Support & Clinical Perspectives

Peer Support Perspective	Overlap	Clinical Perspective
Trained to be advocates for and with participants. Advocacy may include speaking up about participant needs and goals, and/or coaching participants in speaking for themselves. Advocacy may also include advocating for participant's legal rights, civil rights and human rights.	Both clinicians and Peer Supporters strive to listen carefully to the needs, preferences, goals and aspirations of participants.	Many are trained in recovery oriented practice which is strengths-based, person-centred and aimed at supporting participants in achieving their unique goals.

Peer Support & Clinical Perspectives

Peer Support Perspective	Overlap	Clinical Perspective
Peer Supporters are members of a socially devalued group often referred to as “the mentally ill”. As such they are keenly attuned to stigma, dehumanizing practices, objectifying language, prejudice, discrimination and even offensive or traumatizing practices in mental health and social service systems. As advocates, Peer Supporters will speak up if clinicians slip into language or practices that (often unintentionally) devalue participants or reinforce the status of being socially devalued.	Together, clinicians and peer supporters strive to create a culture of respect throughout behavioural health systems and in the general public.	

- Peer Support for people with similar life experiences has proven to be tremendously important towards helping many move through difficult situations. In general peer support has been defined by the fact that people who have like experience can better relate and can consequently offer more authentic empathy and validation.



EMPATHY

- When people listen using empathy to understand what the person is thinking/feeling without trying to change or fix them, the person feels valued.
- When people feel valued they feel safe and that they matter, which gives them the freedom to be themselves and perform to their highest potential.

<https://www.youtube.com/watch?v=1Evwgu369Jw>



Empathy fuels Connection, Sympathy drives Disconnection

- Perspective taking and recognizing their perspectives as truth. To be able to see the world as others see the situation through another one's eyes.
- Staying out of judgement. Judgement of another person's situation discounts the experience and is an attempt to protect ourselves from the pain of the situation.

Peer Supporters Engage in Empathetic Support

- Recognizing emotion in other people. To understand another person's feelings, we have to be in touch with our own feelings in order to understand someone else's. Again, this requires putting our own "stuff" aside to focus on someone else's.
- Communicating emotion with people. To communicate your understanding of that person's feelings. Rather than saying, "At least..." or "It could be worse"... try, "I don't know what to say, but I am really glad you told me"; "It sounds like you are in a really hard place now Tell me more about it."

Peer Supporters Engage in Empathetic Support

- Empathy is a skill that strengthens with practice and encourages people to both give and receive it often. By receiving empathy, not only do we understand how good it feels to be heard and accepted, we also come to better understand the strength and courage it takes to be vulnerable and share that need for empathy in the first place.

- It is also not uncommon for people with similar lived experiences to offer each other practical advice and suggestions for strategies that professionals may not offer or even know about.
- Peer support in mental health however has a more political frame of reference.



- Whereas some support group's form around the shared experience of illness, peer support in mental health grew out of a civil/human rights movement in which people affiliated around the experience of negative mental health treatment (e.g. coercion, over-medication, rights violations, as well as an over-medicalized version of their "story"). In other words, the shared experience had more to do with responses to treatment than the shared experience of mental illness.

A Recovery Movement is Born



The Independent Living Movement

- Reaction to social, physical & treatment barriers for people primarily with physical disabilities
- Arose at a time when other movements were gaining headway in establishing rights for oppressed groups of all kinds
- Consumer/survivor movement influenced and inspired by the various movements – women's civil rights, Gay Pride, peace, etc.

The Independent Living Movement

Focus on three areas:

1. to enforce the civil and benefit rights for people with disabilities;
2. To develop a way of thinking created by people with disabilities; and
3. To create alternative services and advocacy centers

Deegan, 1992

Consumer/Ex-patient Movement

The consumer movements in mental health and addiction started because people were:

- Punished for experiencing distress or addiction.
- Locked up in hospital or in prison.
- Left on the streets.
- Forced to take treatment.
- Denied access to treatment.
- Told they would never recover.
- Had no voice.

Consumer/Ex-patient Movement

- The poor treatments discussed on the previous slide is why consumer movements began. People began organizing as far back as the 1930's with 12 step programs.

Consumer movements work in two ways:

- Peer Support
- Political Action

Also, many consumers working in mental health/addictions system.

“Those who do not learn about our history are doomed to repeat it.”

- Important to understand the historical background that underpins consumer movements.
- Reminds us that there is good reason to keep speaking out and that we have a community to do it with.



**The job title of 'peer' is much more than an identity.
It includes a specific job focus and approach.**



What Makes a Peer Role 'Peer'?

There's still a great deal of debate and misunderstanding about what 'peer' means when it becomes a job title.

The biggest point of confusion seems to be understanding the difference between a traditional role filled by someone who discloses that they have experience being given a psychiatric diagnosis, receiving mental health services, and so on; and a peer role.

Traditional Role Filled by Someone Who Discloses:

- There are any number of traditionally-oriented positions within the mental health system, including therapists, mental health counselors, case managers, program directors and so on. As our belief in the human potential to heal and grow beyond any psychiatric diagnosis strengthens, the belief that these roles can be filled by people who have experienced significant distress and diagnosis at some point in their life has caught on. However, that does not mean that if someone who has these experiences becomes a therapist or support worker that they are a 'peer therapist' or 'peer supporter' simply because they have that life experience.

Peer Roles

- People who work in peer roles fill positions that – on the surface – can look quite different from one another. However, there are some common threads that make their positions unique.



Use of personal experience as a tool

- People who are working in peer roles have specifically agreed to use the wisdom they have gained through their personal experiences in an intentional way. We are, in fact, using those experiences as one of our primary 'tools' on the job. While people in traditional roles may choose to disclose & may choose to disclose and also use personal sharing to enhance their connection and impact of their work, it is not typically one of the main focal points.



Mutuality

- In peer roles in particular, there is a great deal of focus on mutuality. In the most basic sense, mutuality means a focus on the relationship rather than either individual. It also means an acceptance that both people involved can learn from and be impacted by that relationship, regardless of their specific roles. By that definition, there is potential for mutuality between a traditional provider and someone receiving services. However, there is a particular focus on it in peer roles.

There's also a focus on using mutuality to reduce power imbalances in peer support, which is a central part of the work.



“In but not of the system”

- There is a foundational concept of peer work commonly referred to as being ‘in but not of’ the system. This can be a somewhat confusing concept to understand at first, but makes a lot of sense after closer examination. The idea is that the person in a peer role is working IN the system, but does not use the standard language or approach OF the system. Similarly, although the person in a peer role is working IN the system, they are operating under a different framework than that OF the system. Specifically, they have a **primary responsibility to support the voice of the individual** without having major functions of the system become barriers to that responsibility.

For example,

- someone in a traditional role who discloses might be responsible for giving out medications. During that process, they might reasonably share a story of talking to a psychiatrist or other related experiences in effort to support a person who is questioning some aspect of their medications. In other words, their primary responsibility would be to give the medications and document the process, though some conversation about personal experiences may be included.

On the other hand,

- someone in a peer role would not ever be responsible for giving out medications. 
- This would be a conflict of interest because there is an inherent power dynamic in being responsible for administering and documenting someone's medication. It also shifts the balance of responsibility toward the system.

In other words,

- the primary responsibility of the person in a peer role is to support an individual's voice and choice to be heard.



- Sometimes, people misunderstand, and feel that it is an insult to not involve people in peer roles in medication administration, for example. They are concerned that the message being sent is that people who have been given psychiatric diagnoses are not capable of managing these tasks. They see it as a limitation. However, consider the following example:

Peer Role

- “George works as the head chef at a local (fictional) restaurant called Chez Jacques. George is a terrific chef, and has received rave reviews from all the food critics in the area. However, George also happens to be a fantastic host, and when Manny the host unexpectedly quits, the owner of the restaurant asks George to step in. While George does a great job at the front of the restaurant, there’s no way for him to keep up his standards as a chef. Consequently, the food suffers and the next food critic review is terrible. The owner immediately hires another host and asks George to return his full attention to the kitchen.

- Is the problem that George isn't good enough to host the restaurant?
- Or is the problem that hosting the restaurant interferes with George's ability to be a great chef?
- Similarly, it's not so much that someone in a peer role couldn't be good at administering medications, doing assessments or writing treatment plans; but it's not their job, and it detracts from them being able to do their job on a number of levels.

It's
your
choice



Mutual Responsibility

- It is assumed that both people learn from each other
- Both people figure out the rules of the relationship
- Power structures are always on the table and negotiated

Mutual Responsibility

- In traditional helping relationships, it is assumed that it is primarily up to the helper to take responsibility for making the relationship work.
- When things are not working so well this kind of dynamic has led helpers to feel like they're "doing something wrong", or to blame for the other person for not trying.

Mutual Responsibility

- We stop saying what we see, what we need and we begin to disconnect, falling into an assessment and evaluation role rather than working on it together. On the other hand, as “patients” we have been implicitly taught that we cannot or don’t have to take responsibility in a helping relationship. We fall into believing that we are victim to our own reactions and then wonder why people disconnect or take over when we say things like “I’m suicidal.”

Mutual Responsibility

- In peer support relationships it is important to remember that it is not our task to assess or evaluate each other but rather to say what we see (our perspective), what we feel, and what we need to build connection.
- For example....



- **Peer 1:** I can't go with you today. I'm really suicidal.
- **Peer 2:** When you talk in the language of suicide I feel kind of scared and a little bit frustrated. If you're feeling lousy and don't want to go out with me, I need for us to figure out a way to talk about it differently.
- In this scenario rather than starting a suicide risk assessment, we are once again exploring the use of language without presuming it means imminent action. We bring the relationship back to negotiating what will work for both of us and we remember that both our needs are important.

Mutuality – Redefining Help

- Everything we have learned about help in the mental health system push us to think of help as a one-way process.
- We feel better just by providing help.
- It is not uncommon for someone who moves from helpee into helper role to build a sense of confidence and even to abuse power in much the same way as was done to them.

Mutuality – Redefining Help

- One starts to identify as the more “recovered” person and begins to see the relationship with his or her peer as one of service.
- Mutual help in peer support implies both people taking on both roles (helper/helpee) with each other. It means sharing our vulnerabilities and our strengths and finding value in each other’s help.

A Conversation

Peer: I was just on my way to the gym, would you like to come with me? I have actually had some difficulty going along, I always feel so overly conscious of my body. I feel like everyone's staring.

Peer turned Peer Supporter: *Wow! I used to feel that way and it kept me from even wanting to use the locker room. Finally I just asked myself if I worried about what anyone else looked like. I realized that we all kind of think about ourselves and decided that probably no one really was paying attention. That thinking took practice, but now I feel pretty comfortable at the gym. I'd be happy to go with you if you think it might help.*

Perhaps we can consider our job to model peer support rather than to be a provider of service.

- The reciprocal nature of this interaction helps both people see themselves in multiple roles throughout the conversation. It is this level of mutuality that allows us to move towards full citizenship rather than feeling simply integrated in the community. It is crucial that we figure out how the relationship can be more mutual and reciprocal.

Redefining Safety: Sharing Risk

We're Nuts About Safety



Redefining Safety: Sharing Risk

- We cannot talk about doing something fundamentally different until we address the topic of safety and the fact that it's simply come to mean risk assessment in the field of mental health. We've been asked/we ask, "Are you safe, will you be safe, will you sign a safety contract? As recipients this has left many of us feeling quite fragile, out of control, and has left us thinking of safety as simply soothing someone else's discomfort. If we don't begin to address issues of risk and power, we cannot help but replicate many of these dynamics in peer support.

Redefining Safety: Sharing Risk

- For most people a sense of safety happens in the context of mutually responsible, trusting relationships.
- It happens when we don't judge or make assumptions about each other. It happens when someone trusts/believes in us (even when they are uncomfortable), and it happens when we are honest with each other and own our own discomfort.
- It is with this interpretation of safety that we can begin to take risks and practice alternative ways of responding.



T R U S T

**Takes years to build,
seconds to break and
forever to repair.**

We can choose who to be with, when we can be there, and we can begin to talk about shared risk.



- Sharing risk in peer support tackles the issue of power, what its like to lose it, abuse it, or balance it. We talk about how we each are likely to react when we feel untrusting or disconnected.
- We begin to pave the way for negotiating the relationship during potentially difficult situations. This level of honesty works well in trusting relationships but it is critical to the health of a peer support group or program.



Language

- Using language that helps explore each individual's subjective experience is important in beginning to redefine recovery. The new use of language, however, becomes especially difficult when we are doing peer support in a traditional setting.
- When we are working with a team of traditional providers it becomes a much more simple and quick communication to talk about symptoms, illness, coping, etc. As peers we find that we are misunderstood if we use other language and in order to feel part of the team, we begin to talk about people in medical terms.

Language

- Dr. A runs into a peer supporter in the hall one day and asks him how Joe Peer is managing his symptoms. The Peer Supporter says: “Gee Dr. A, Joe Peer seems really symptomatic today.”
- The symptom language has generated a set of assumptions that have major implications. What are both of their assumptions about symptoms and what constitutes them?
- Unfortunately, this simple conversation may result in the team deciding to increase Joe Peer’s medication.

- Different language supports a different conversation. If we avoid the code language of mental health we find that we are having very different conversations, which then require a different type of response.
- One example of this shift in language might include talking about experiences instead of symptoms.

The Language of Experience

- The language of experiences allows not only for unique description of that particular event, it also presumes only one person's interpretation. With this starting point we can explore other ways of knowing as well as reflecting on how the use of medical language keeps us stuck.

- As long as we continue to adopt the language of mental health, we are stuck in power structures that impose a narrow meaning on our words and conversations.
- It becomes easy to talk about “my depression” rather than “I am feeling pretty down and out today.”
- This leaves us with a “thingness” that is intrinsic to us, generalizable to others, and occurs because we have “it”.
- The language and constructs of mental illness begin to limit our much more subjective experience. If we take the time to really explain to each other, we begin a conversation that is rich with possibility rather than limited by what we know about the illness.

Using Our Critical Learning

- Critical learning doesn't assume a medical definition of the problem and opens us to exploring other ways of thinking about the experience rather than trying to deal with "it".
- Asking about the phenomena of eating and sleeping vs. calling it depression, we change the direction and consequently the outcome of the conversation. By sharing our own personal process with this shift we aren't telling the person what to do but offering our own critical learning experience. In this sharing we are exposing the other person to a potentially larger story, which may help them consider other ways of thinking about what's happening and therefore options that weren't previously available.

What Can Organizations Do to Prevent Peer Drift

- Help create the culture and climate to empower peer supporters to be change agents
- Develop a clear job description (job expectations and requirements, role clarity)
- Periodically revisit the job description
- Keep the focus of supervision on work performance not on peer supporter's mental health
- Provide continuing opportunities for education and growth
- Relationships with co-workers. Deal with staff resistance
- Wellness strategy
- Policies & Procedures role

What Can Organizations Do to Prevent Peer Drift

- Orientation and training to all constituencies about the peer role (include peer)
- Clear communication
 - The value of peers, reflected in a mission statement that supports recovery
 - Strong leadership in supporting the mission

“Peer Drift” What Can WE Do



How to detect whether you may be drifting away from your true sense of peer support:

Peer Identity

- Comfort using recovery story as tool
- Peer support as an opportunity of mutual learning
- Focus on strengths, opportunities & skills
- Find your voice, make decisions, take risks
- Self-confidence, security and pride

Peer Drift

- Uncomfortable in sharing recovery story
- Peer support as opportunity to instruct
- Focus on barriers, symptoms & diagnoses
- Defer decisions, avoid challenge & stress
- Self-doubt, insecurity and shame

Staying on Track

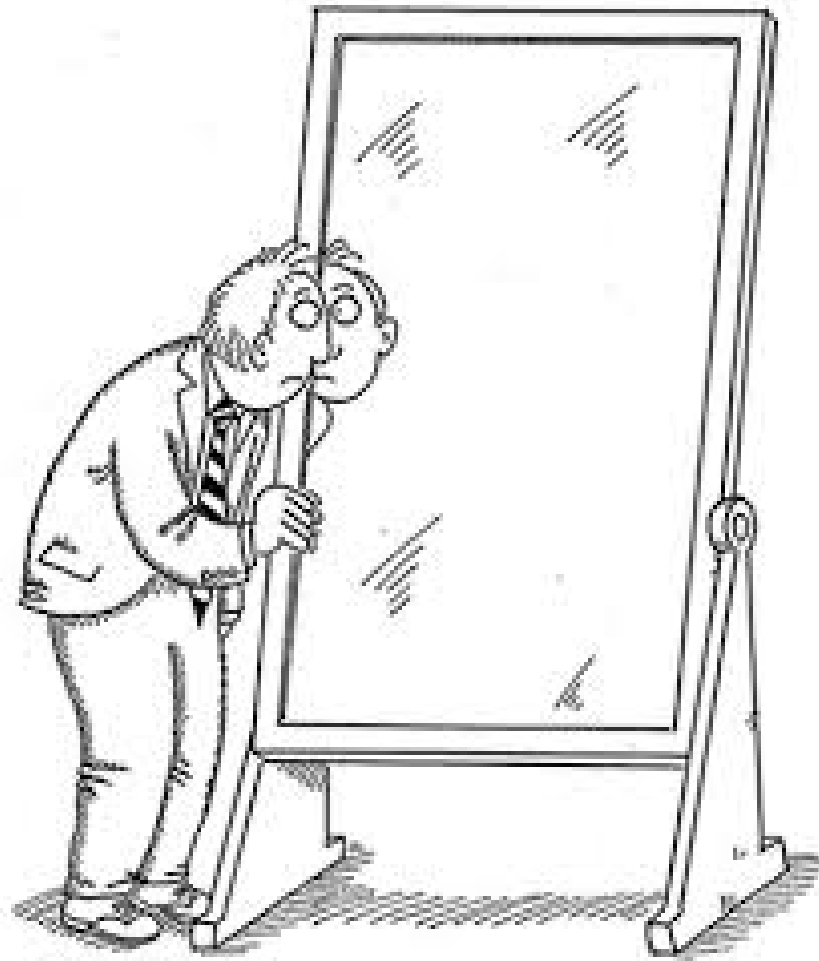
- We can all get off course as Peer Supporters, but we need to check whether we are daily developing a Wellness or Illness mindset. We must seek daily to move from Patienthood to Personhood. To fully embrace wellness and ourselves as ambassadors of wellness.

Peer Supervision/Mentor

- “A mentor is someone who allows you to see the hope inside yourself. A mentor is someone who allows you to know that no matter how dark the night, in the morning, joy will come. A mentor is someone who allows you to see higher part of yourself when sometimes it becomes hidden to your own view.” ~ Oprah



Engage in Reflective Practice



Engage in Reflective Practice to Stay Grounded in Peer Support

- Reflective Practice is the application of the skill of reflection to our peer support practice in order to improve performance.
- It involves creating a habit, structure or routine around reflecting on experience.

What is Reflection?

- Reflective Practice is an active process of witnessing one's own experience in order to examine it more closely, give meaning to it, and learn from it.

Reflection involves three elements:

- Returning to experience
- Attending to feelings
- Evaluating experience

Reflection can be of two main types:

- Reflecting on action
- Reflecting in action
("thinking on your feet")

Reflective Peer Support Practitioner Competencies

Self Knowledge

Understanding of and insight into one's self-worth, motives, character, and capabilities.

Inquisitiveness

The willingness to be curious and inquiring e.g. by asking reflective questions

Critical Thinking

The application of logical principles, rigorous standards of evidence, and careful reasoning to the analysis and discussion of claims, beliefs and issues.

Emotional Intelligence

The ability to identify, assess and manage one's own emotions and those of other individuals and groups.

NOTICE

**TURN OFF
CELLULAR PHONES,
PAGERS AND
OTHER WIRELESS DEVICES**



Self-Care



Is your Self Care being nurtured?

So hold up. What is self care?

Self care is taking time to prioritize your personal well-being in ways you deem constructive and positive.



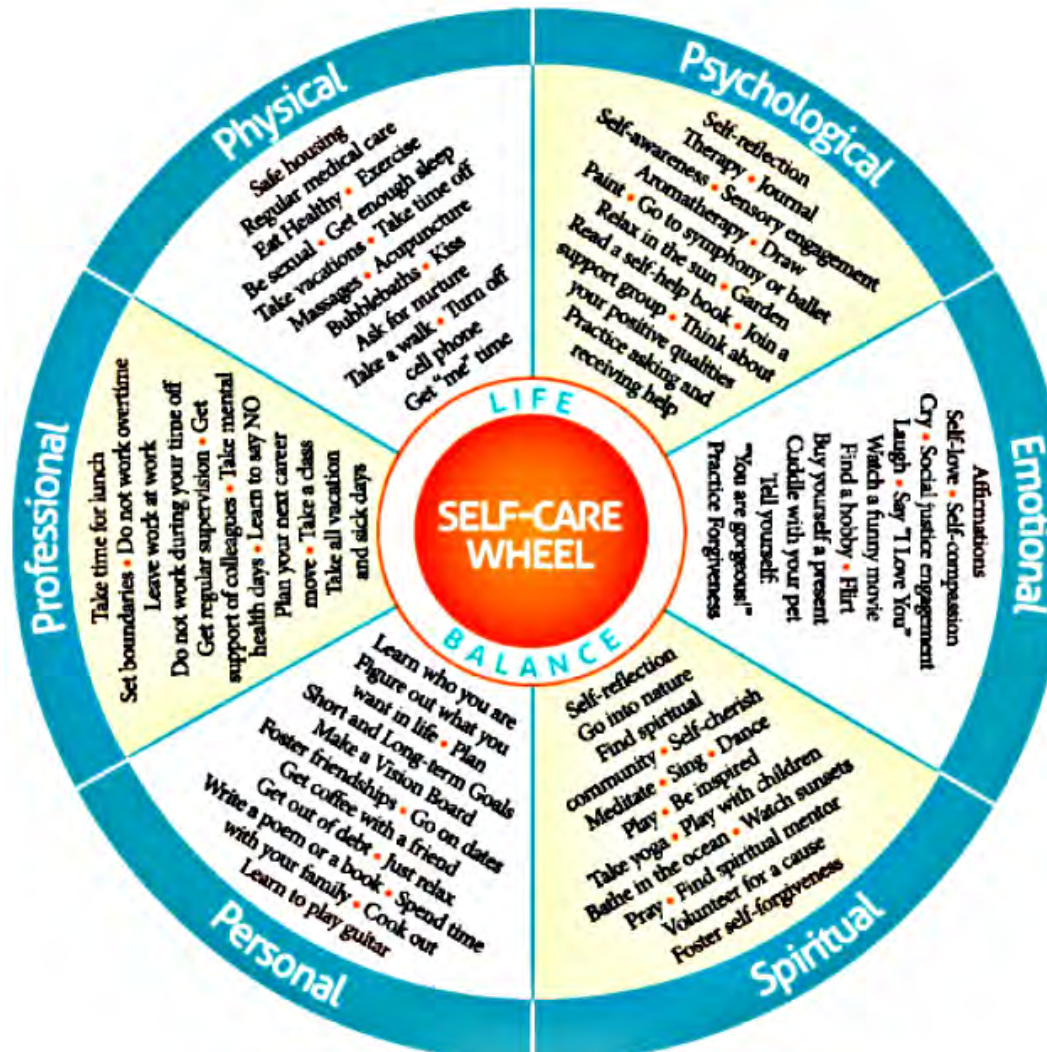
Much of mainstream society pushes people beyond the point of exhaustion and strive for success, despite the cost. And many schools and businesses require people to produce more while offering less support, benefits, and pay. We still have a long way to go.

It is important to take our own well-being into account as much as possible. Mental health is real and it deserves to be looked after. Plus, we should be allowed to have fun! So let's start the list of self care.



Self-Care is a
priority and necessity
- not a luxury –
In the work that we
do.

SELF-CARE WHEEL



Do Nothing for 2 Minutes – What?

www.donothingfor2minutes.com/





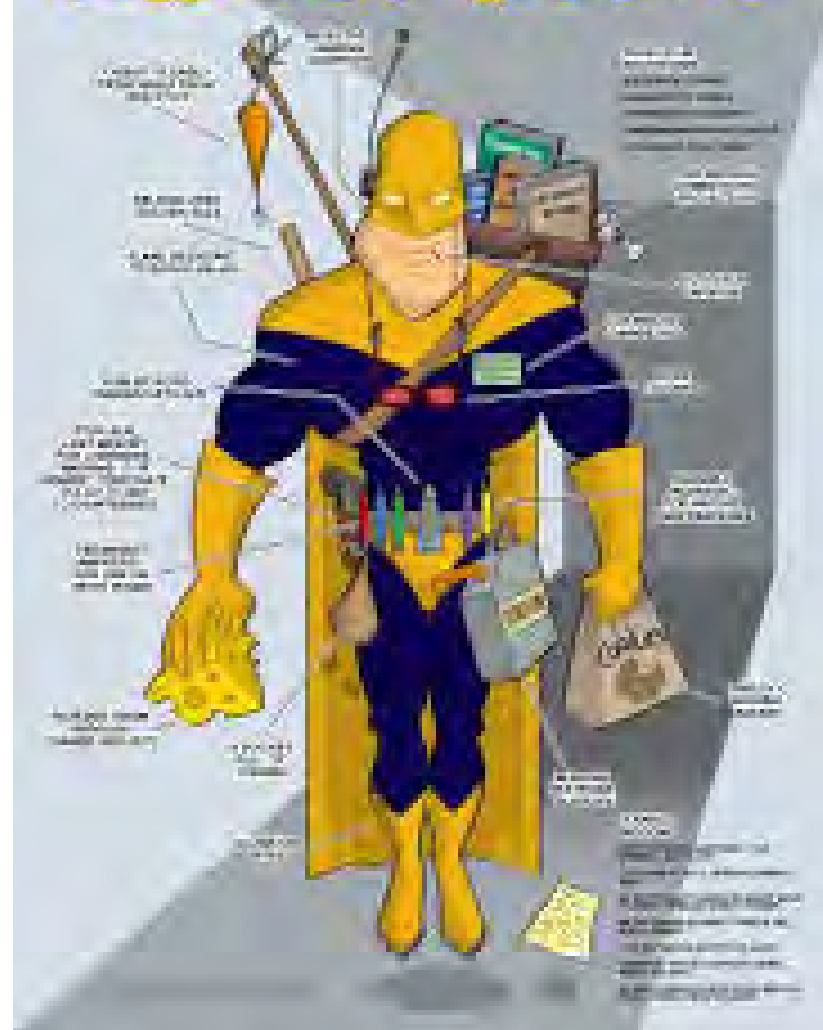
- **“Voice”** differs from participation in being more overtly autonomous. Voice contains the meaning of being heard but does not prescribe how or where. It presupposes organization, and contains the idea of collectivity and identity.





“When in a supportive relationship with my peers, I find it valuable both for myself and for those who I am supporting to recognize the various experiences they bring to the table and to validate their struggles with realities such as poverty and systemic racism. By looking at the power dynamics inherent in our society (and in our connection as well), I am able to provide a **much richer and fuller peer support relationship**, that honours their experiences and recognizes that social justice must be a factor in mental health recovery.”

THE CHANGE AGENT



Love and Outrage in Peer Support

Pat Deegan

- “There is a tension at the heart of peer support practice. It is the tension between **Love** and **Outrage**. Our **Love** and compassion for our peers is freely given and comes from understanding and respect. **Outrage** occurs when we witness our peers being devalued and disrespected in mental health settings. Because our work is at the intersection of **Love** and **Outrage**, we concern ourselves with supporting peers and changing the system. The tension between **Love** and **Outrage** defines our work and sets us apart from traditional workers who do not have the lived experience of recovery. It can be difficult to balance **Love** and **Outrage** when on the job. That is why it is wise to stay active in the disability rights movement and the consumer/survivor/ex-patient movement in order to give **full voice** to our **outrage** in ways that might not be tolerated in mental health work settings.”

Becoming an Agent of Change



Becoming an agent of change in healthcare is not easy. Working with clinicians and healthcare operational leaders across has exposed two trends.

1. First, discussions dominated by a common theme — tight budgets and cost cutting.
2. Second, many clinicians have become progressively cynical and disengaged, distancing themselves from healthcare reform debates.



- “In my experience, once you've been accepted as a team member you are expected to speak like the other team members. It becomes difficult to remain true to your own language and experience. Even the individuals we serve will sometimes expect that we are clinicians. But no. Reminders of why you are there and your special role as a peer supporter is crucial. I am the only one with my experience and the only one who can recognize things in others the way I do and the only one who can share my experiences. I also know recovery/wellness resources far better than any clinician.”



**THINK FOR
YOURSELF
AND
QUESTION
AUTHORITY**

The Change Agent Compass:

A Model for Leading Organizational Transformation

(Hacopian)



Use of Self:

Authentic & intentional
at all times



Plan the Change: Engage
key stakeholders & define
the desired future state



Respect the Individual:
Acknowledge what's
changing & where people
are on the change curve



Be Aware of Client Focus:
Speak to what is holding the
clients' attention & seek to
understand why

- Approach each client engagement with curiosity, inquisitiveness, and an appreciation for what is possible
- Continuously check your own assumptions, values, and beliefs relative to the cultural context of the client system
 - Create an environment which recognizes diversity and unleashes its power

Let's Not Set Ourselves and/or Each Other Up

- Join change tables within our organization and community
- Bring a buddy. You are not alone.
- Find and/or develop a Peer Support Community of practice
- Find and/or develop a Peer Mentor/Supervisor Community of Practice
- Find a champion, like-minded people in the organization/clinical setting (peer, clinician, program director, physician)
- Debrief, vent (safely), share with others
- Step out of your comfort zone

10 Things That Will Happen When You Start Stepping Out of Your Comfort Zone

by @OscarNowik bit.ly/10comfortzone

@sylvia duckworth

Your comfort zone



1 You'll start growing quickly



2 You'll begin to love challenging yourself



3 You'll realize all your fears are fictional



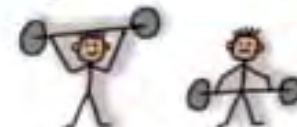
4 You'll replace regret with excitement



5 You'll laugh at your past self



6 You'll find out more about your strengths & weaknesses



7 You'll boost your self-confidence



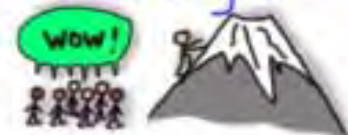
8 You'll create a new source of satisfaction



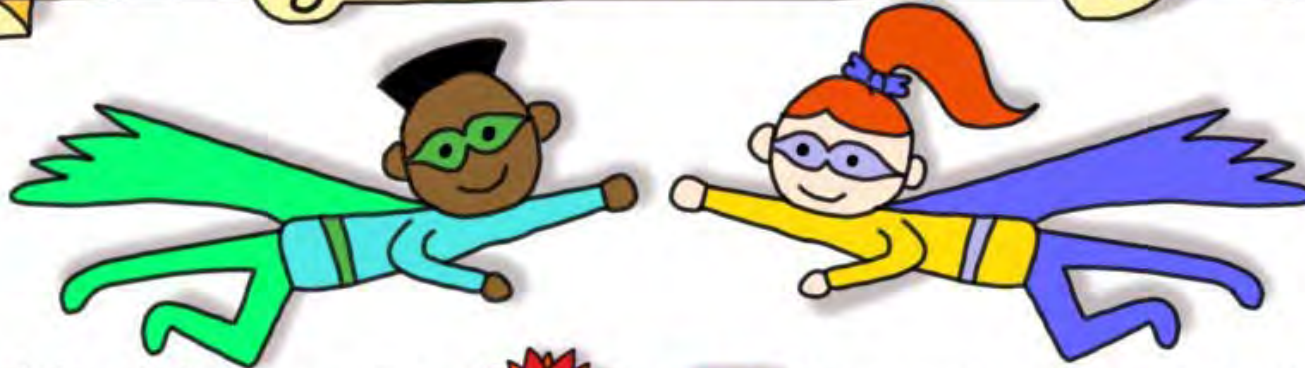
9 You'll realize the only way to success leads through discomfort



10 You'll begin inspiring people around you



10 Things We Can Learn From Superheroes



1

We all have something we are good at.



2

Being different can give you power.



3

Embrace who you are and be proud of it.



4

Adversity can be overcome.



5

True strength is helping others find their own.



6

Facing danger is the best way to overcome your fears.



7

Not everyone needs rescuing.



8

Nice guys don't always finish last.



9

You don't need superpowers to be a hero.



10

If you want to change the world, start with yourself.



@sylvia duckworth



Community of Practice

- Group of people who share a concern and passion for peer support and learn how to do it better as we interact regularly
- www.cultureofrecovery.org
- www.krasmancentre.com



CLHIN Consumer/Survivor Network

To Engage Empower and Enable the Voice & Participation of Citizens Living with Mental Illness and/or Addictions to Transform the Health Care System.



“Disruptive Innovators”

We Are the Evidence

- We are the evidence for recovery; that recovery is real and our very presence shakes up the theories about the course of mental disorders.
- By simply showing up at work, we disrupt the paradigm of hopelessness and chronicity that has surrounded mental illness for decades.
- We are the evidence that it is possible to live our lives, not just our diagnoses.

Recovery is the goal.

Leadership Manifesto

“It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; . . . who at best knows in the end the triumph of high achievement, **and who at worst, if he fails, at least fails while daring greatly.**”

—Theodore Roosevelt



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obrigado

Dank U

Merci

mahalo

Köszi

спасибо

Grazie

Thank
you

mauruuru

Takk

Gracias

Dziękuję

Děkuju

danke

Kiitos