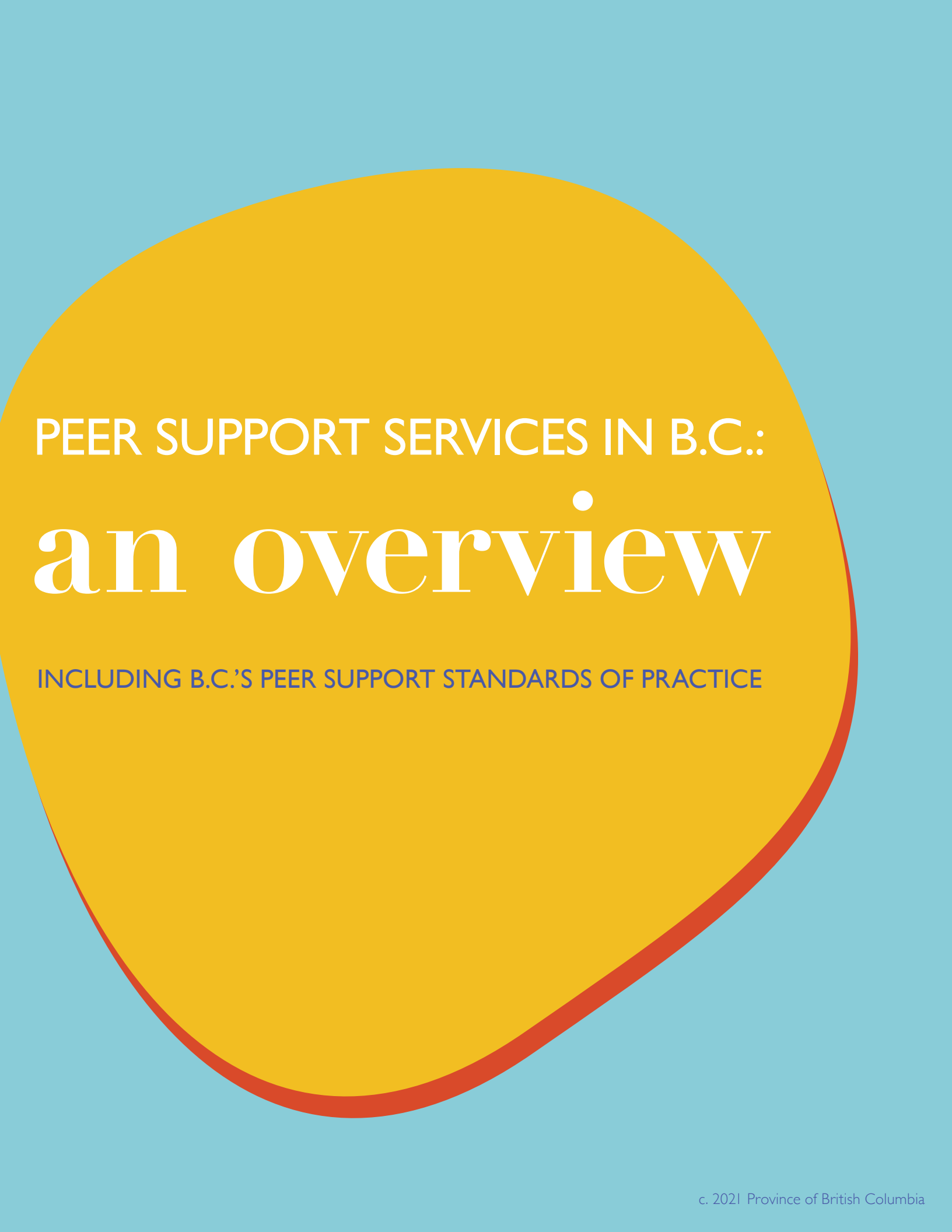




PEER SUPPORT SERVICES IN B.C.:

an overview

INCLUDING B.C.'S PEER SUPPORT STANDARDS OF PRACTICE

acknowledgements

It is with sincerity that we credit this project to the wisdom and tireless efforts of people with lived and living experience working in British Columbia's mental health and substance use system. Thank you for your commitment to collaboration, and for your everyday efforts in this diverse and challenging profession.

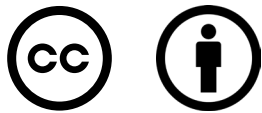
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HOPE and WHOLENESS FOR ALL



CORE VALUES & PEER SUPPORT

introduction

Peer support is all about relationship and connection. What brings together a peer and a peer support worker is the lived experience of struggle and the desire for growth. At the foundation of peer support is a belief that hope can be restored, and that recovery, wholeness and well-being are possible for everyone. (*We will explore and define our definition of recovery in the “What is recovery?” section of this document.*)

This lived experience of struggle can relate to mental health or substance use in one's own personal journey, or in the case of family peer support, in that of a family member.

Peer support practices, applied with intention and adherence to the standards of practice as outlined in this document, can be a major catalyst to support change. That change can show up as personal individual growth, overall systems change and in the development of more inclusive communities.

The document *Making the Case for Peer Support* (2016), published by the Mental Health Commission of Canada, makes the case for the effectiveness of peer support:

“

Canadian research has contributed significantly to our knowledge base. Several experimental and quasi-experimental studies have demonstrated not only the benefits to individuals involved, but also to the mental health system and communities as a whole, by saving millions of tax-payers dollars through reducing the use of the most expensive types of services.

The key to the success of peer support programs — both those that are independently run and those that are located within mainstream mental health organizations—is to hold on to the values of peer support and its unique features, while at the same time providing adequate funding and support to run efficient and effective programs. Research shows that the values and processes of peer support—among them, recovery, empowerment and hope—help individuals develop the skills they need to take charge of their lives and help change mental health services so that they can better contribute to the recovery process. (MHCC, 2016, pp 4-5)

Peer support modalities have been used both formally and informally in B.C. for decades. Peer support has appeared in volunteer-based programs such as Alcoholics Anonymous and the formation of the MPA Society in 1971, and has been embedded in various health authorities as well. We have also seen many other iterations of peer support throughout the years.

However, peer support services in British Columbia are not consistent across the province, and are generally underutilized and underfunded. “The B.C. Peer Support Training” initiative is an intentional effort to boost the use and consistency of peer support through education.



purpose of this document

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



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

Develop peer support worker training resources

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

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



*(Ministry of Mental Health, 2019)



purpose of this document

The B.C. Provincial Peer Support Training project is composed of three major sections. This document includes sections one and two. The three sections are as follows:

1

A BRIEF OVERVIEW OF PEER SUPPORT SERVICES with the goal of creating common language and a shared understanding of peer support services among all stakeholders in British Columbia.

2

STANDARDS OF PRACTICE AND CODE OF CONDUCT for Peer Support Workers practicing in British Columbia.

3

CURRICULUM GUIDE

An overview of what will be included in the curriculum modules:

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

“

“The goal of recovery is not to become normal. The goal is to embrace the human vocation of becoming more deeply, more fully human.” ~ Pat Deegan

what is peer support?

“

“Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another’s situation empathically through the shared experience of emotional and psychological pain.” ~ MEAD, HILTON, & CURTIS (2001)

Peer support is a supportive relationship grounded in the principles of mutuality, empathy, and connection. Peer support harnesses the personal lived experience of a mental health, substance use, and/or trauma issue to create a mutually supportive relationship.

Peer support is a paradigm shift away from a clinical focus. It is grounded in connection and takes a horizontal approach to support.

Peer support is about making sense of one’s own pain and channeling that experience empathically to walk alongside, acknowledge, connect with and support someone else who also understands the pain of a mental health, substance use, and/or trauma issue.

Peer support services are diverse and adaptable to serve many demographics. However, there are commonalities in all types of peer support service delivery.

Peer support services are:

- Always voluntary & self-directed
- Based on a shared lived experience
- Rooted in hope
- Relationship based (not clinical)
- Recovery focused
- Grounded in the action of moving toward wholeness, rather than away from illness
- Different than peer-delivered services, which are services delivered by someone with lived experience but not necessarily rooted in relationship-based connections, which is essential to peer support.

While services may look different depending on the unique people within the peer support relationship, the relationships are always intentional and purposeful. Everything begins with connection and mutuality. Peer support is about coming alongside one another and walking together.

In the article *Defining “Peer Support”: Implications for Policy, Practice, and Research* (Penny 2018), author Darby Penny provides a great definition of peer support:

“

Broadly defined, “peer support” refers to a process through which people who share common experiences or face similar challenges come together as equals to give and receive help based on the knowledge that comes through shared experience (Riessman, 1989). A “peer” is an equal, someone with whom one shares demographic or social similarities. “Support” expresses the kind of deeply felt empathy, encouragement, and assistance that people with shared experiences can offer one another within a reciprocal relationship.” (Penny 2018)

definition of family peer support worker



“In my role, I walk alongside families, sharing pieces of my story, connecting, and offering hope. I aim to empower families to advocate for their loved ones and themselves. We meet for coffee, go for walks, and I hear about their experiences. I offer supportive listening and find resources that will work best for them.” -Kathy Shettell (Family Peer Support Worker)

Family peer support is an emerging practice in the field of peer support. A few British Columbian agencies have provided family peer support for years. However, at this point the need is greater than the services available.

Many families who have a loved one with a mental health or substance use issue are struggling themselves. They can find themselves overwhelmed with the role of caregiver and the challenges of navigating the system. Many family members or loved ones within a person's circle of support can find that while supporting their loved one, their own mental health may be suffering. This adds an extra stress on top of supporting their loved one.

Family peer support workers provide support to family members, whether traditional family members or chosen family members, who

are struggling. Family members who receive peer support services can be parents, spouses, partners, siblings, and adult children of those who are struggling with a mental health and/or substance use issue.

Family peer support is based on the same principles and values as individual peer support. In this case, a family peer support worker comes alongside to provide support to the family member who is functioning in a caregiver role.

Please note that most everything in this document, in the curriculum guide and in the modules is applicable to family peer support workers. We also have created a module specifically for family peer support.

definition of peer support worker role



“Peer support workers walk alongside individuals. Power dynamics are lessened just in knowing this person has experienced a similar kind of pain. Peers know the dark places I have been, without necessarily speaking of these places. There is a quiet knowing which allows two individuals to connect in a genuine and honest way. Feeling understood without the use of words is a powerful place to start.” ~ (T) a B.C. Peer Support Worker

A peer support worker is someone who (1) has lived experience with a mental health, substance use, addiction and/or a trauma issue, (2) is able to draw from their lived experience and (3) engage in a mutually supportive relationship with someone struggling with a similar issue. Many peer support workers experience intersectionality and also have lived experience of homelessness and/or poverty.

Family members or caregivers of someone with lived or living experience of mental health, substance use, addiction and/or a trauma issue can also provide peer support services to another family member.

desired attributes of peer support workers

In preparing for this project, surveys were sent to peer support workers currently working in B.C. Two hundred peer support workers responded. The following data was gathered and compiled from those surveys.

Those surveyed were asked: “There are a number of values or attributes that are important for those who work in peer support. In your opinion, what are the top three most important values or attributes for a peer support worker to have?”

The following are the results:

- Compassion/caring
- Empathy
- Authenticity
- Good interpersonal communication skills
- Relationship building
- Intentional presence

We can all agree that having the opportunity to work with someone who possesses these attributes would be amazing. How can peer support workers develop these traits? That is the mission of this project.

core values of peer support

Implementing the core values of peer support is the first step in developing those desired attributes we listed above.

Despite the diversity and the potential differences in practice, there are common values and principles that are fundamental to all peer support.

HOPE AND WHOLENESS



“Hope is born in the stillness of a courageous, resilient moment when one ever so slightly begins to believe that they might be able to experience relief, happiness, contentment, connection and joy.” ~ J. Cusick (written for PSR/RPS Canada)

Hope is the spark that motivates us to step into the realm of possibility. All growth and change, whether we realize it or not, begins with hope. Hope is similar to that tiny whiff of hyacinth that tickles your nose after days and days of spring rain. The whisper of that sweet floral scent tells us that though the unrelenting rain may feel dark and dreary, warmer weather is on the way. When cultivated, hope allows us to envision possibility.

In peer support we choose to believe that everyone we work with has the capacity for healing, growth and life satisfaction. Hope is a core value of this work, and we choose to nurture and cultivate it in ourselves and others.

We understand that healing and growth don't come easily, but that holding onto hope can make all the difference in someone's recovery journey.

Hope is different than optimism. It's not all sunshine and roses. There is much more to hope than looking at the bright side. Hope is messy and uncertain. Acting on hope is brave and courageous, and always involves risk of some kind. Hope is not sentimental. It's gritty and can sometimes feel scary. All movements and societal change begin with hope – peer support is no exception.

When we consider Maslow's hierarchy of needs, neuroscientist Beau Lotto (2020) argues that hope is one of our most basic needs – even

more so than food and water. Lotto suggests that though our cells can't survive without energy, our spirits cannot survive without hope. Having a reason to get out of bed and believing that our existence matters are essential for healing and growth.

We are all interconnected, and when one person loses hope we all lose out. When one person catches a little spark of hope, it also affects us all in a beautiful way.



“Wholeness does not mean perfection; it means embracing brokenness as an integral part of life. Knowing this gives me hope that human wholeness—mine, yours, ours—need not be a utopian dream, if we can use devastation as a seedbed for new life.” ~ Parker J. Palmer, (A Hidden Wholeness: The Journey Toward an Undivided Life)

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

Hope and wholeness for all includes the practice of cultivating compassion for both self and others.

In peer support we believe that this kind of hope and wholeness is accessible for everyone.

hope and wholeness for all

THIS IS THE OVERARCHING VALUE OF PEER SUPPORT.

CORE VALUE

Moving towards hope and wholeness for all:

- ACKNOWLEDGEMENT

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

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

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

Self-determination is the right to make one's own decisions, and the freedom from coercion. We support the facilitation and creation of an environment where people can feel free to tap into their inner motivation.

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

RESPECT, DIGNITY AND EQUITY

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

- practicing cultural humility and sensitivity
- serving with a trauma-informed approach
- offering generosity of assumption in communication and conflict
- mindfully addressing personal biases

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

BELONGING AND COMMUNITY

Peer Support acknowledges that all human beings need to belong and be a part of a community. Peer support recognizes that many people have barriers that keep them from developing community. We actively work towards deconstructing those social blockades that prevent inclusion and acceptance. Peer support workers serve with a social justice mindset, and intentionally practice empathy, compassion & self-compassion.

CURIOSITY

We are always intentional about how curiosity and inquiry support connection, growth, learning and engagement.

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

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

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

what is recovery?

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

Since the word “recovery” is the term currently used across the spectrum of mental health and substance use services, we chose to use it in this document, and throughout the B.C. Peer Support Curriculum Project.

Let's look at some common definitions of the term recovery that we can use as a shared reference point.

This statement comes from The Mental Health Commission of Canada's *Guidelines for Recovery-Oriented Practice* (2015):

“

Recovery is personal. Recovery acknowledges the individual nature of each person's journey of wellness and each person's right to find their own way to living a life of value and purpose in the community of their choice. (Guidelines for Recovery-Oriented Practice, p.15).

And the SAMHSA (Substance Abuse and Mental Health Services Administration in the USA) defines recovery as:

“

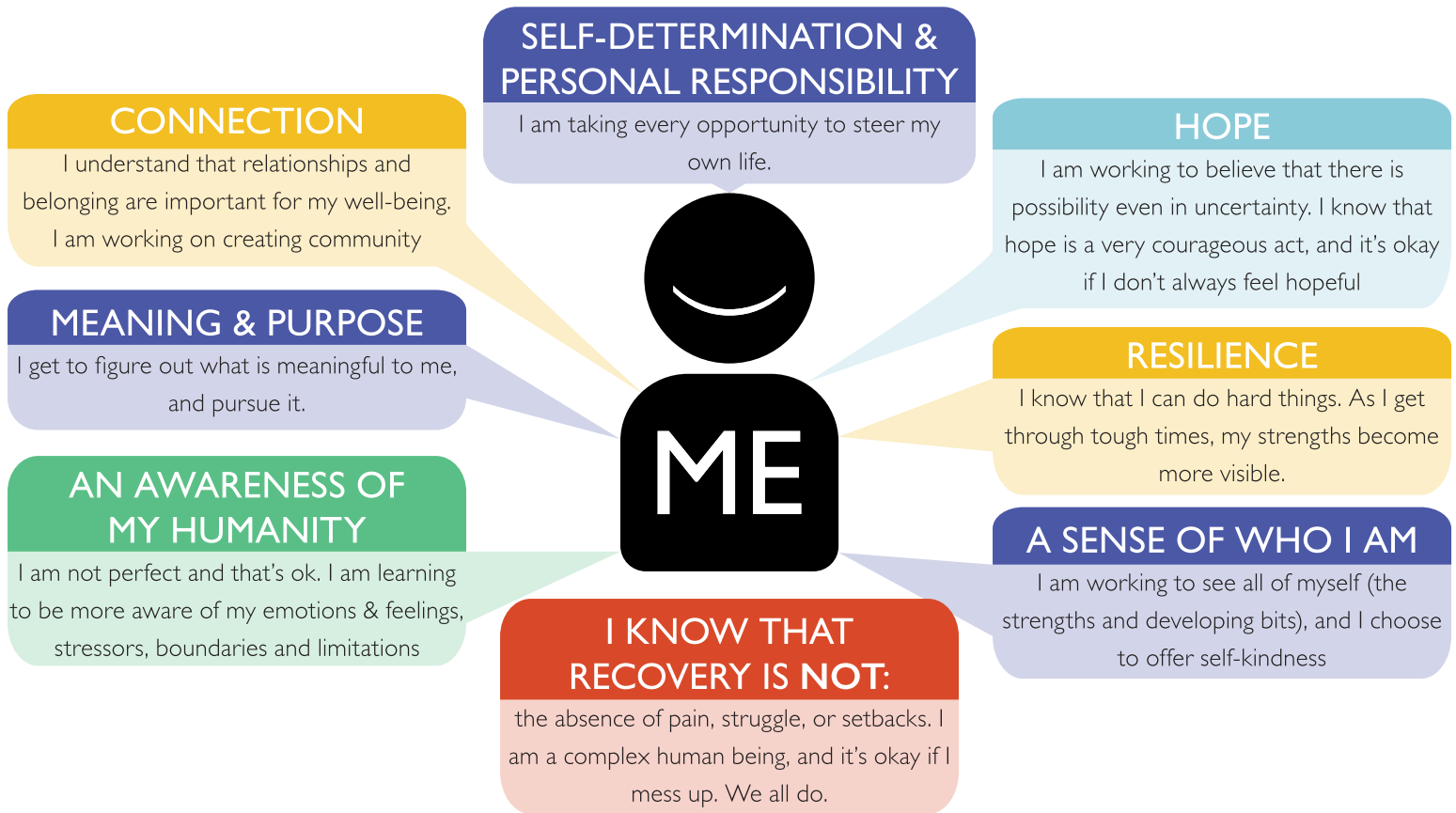
“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

Recovery-oriented organizations recognize that recovery is a *process* not an end goal. It is not about getting to a mythical finish line, but rather the process of growth. Please refer to the MHCC's document called “Declaring our commitment to recovery.”

THE B.C. PEER SUPPORT CURRICULUM PROJECT SEES RECOVERY THIS WAY:

We acknowledge that everyone's path is going to be different. There is no one “right” approach to recovery. Everyone's path will be individual, and it needs to be self-directed.

recovery is the process of building...



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

It's very important to highlight that recovery doesn't mean the absence of pain, struggle or setbacks.

The B.C. peer support project takes a harm reduction approach to substance use. That means that recovery isn't dependent on the absence of using substances. People can use substances and be engaged in recovery. Also, people can use substances and still provide peer support services.

Something very important to consider when we take an "all or nothing" approach to recovery is that we aren't acknowledging that life can be very bumpy. As much as it would be ideal if we always had a forward moving trajectory, our paths are never flat and linear. We will always have ups and downs along the way. When we don't normalize setbacks, we unintentionally create conditions to stay stuck.

The mindset of an "all or nothing approach" with anything, and especially in regards to substance use, removes the capacity for offering ourselves self-compassion. Treating oneself with the kindness and tenderness we need is essential to recovery.

Normalizing setbacks that come with life goes a long, long way to support our overall well-being. The result of absolute “all or nothing” mindsets can generate harm, internalized stigma, and increased isolation. This is especially true for those of us who struggle with mental health and substance use issues.





Setbacks are a very normal part of the recovery process. Setbacks happen. If we give into fear when we experience a setback, we can go crashing into a downward spiral. The antidote to this downward spiral is normalizing the fact that setbacks come with the experience of being human. When we stop and choose to see setbacks through a different lens, we experience a powerful paradigm shift. We can choose to see setbacks as opportunities for learning and growth, introspection and self-awareness. (Cusick 2019)

Navigating the waters of recovery in substance use is tricky, because there are so many different approaches. Though we are taking a harm reduction approach with this training, we acknowledge that many people have success with an abstinence approach. It's important that each person's journey is centred in self-determination, because there are multiple different paths we can take. When we listen to our inner wisdom, we can figure out what is best for ourselves.

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

We see recovery as a transformative, self-directed exploration. It's the equivalent to a mysterious healing process where someone grows

new strengths and abilities through their struggle and subsequent healing process. Recovery is an opportunity for discovery – to see that which may not have been visible before. Recovery includes the discovery, resurfacing and development of hope, self-determination, resilience, purpose, presence and belonging, even in the midst of struggle. It's the revelation of a new sense of being in the world.

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

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

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



trauma-informed approach

Serving with a trauma-informed approach means that we understand that trauma is pervasive, and we serve people with the intent of avoiding re-traumatization.

It is estimated that 76% of Canadians report having experienced a traumatic event during their lifetime. Therefore trauma-informed services assume that the majority of people served by any organization come to the table with a history of trauma.

The standards of practice for peer support services included in this document when applied and practiced, create a trauma-informed foundation. It is very important that all services are delivered in a way

that supports safety, predictability, transparency and choice at all times.

Collaboration and mutuality are also important with a trauma-informed approach. Collaboration shows up in various ways including the need for all staff and volunteers of an agency to be trained in trauma-informed care (everyone from the CEO to the reception staff). It is also essential that people served by a program or organization are involved in decision and policy making.

According to SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach* (2014), an organization that takes a trauma-informed approach is expected to:

REALIZE the widespread impact of trauma and understand potential paths for healing.

RESPOND by fully integrating knowledge about trauma into policies, procedures, practices, and settings.

RECOGNIZE the signs and symptoms of trauma in clients, staff, and others involved with the system.

Actively **RESIST RETRAUMATIZATION**

Also in the SAMHSA document *Concept of Trauma and Guidance for a Trauma-Informed Approach* (2014), they list the following six principles:

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

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

We also understand that all growth comes with discomfort. We recognize that this kind of discomfort doesn't always feel good, but it can still be safe. Peer support workers are intentional to create environments where people can feel safe enough to risk the discomfort of growth.

person-centred approach

A trend within mental health and substance use services in recent years is standardization of services. At its best standardization means people will be able to receive consistent, quality care wherever they live in the province. However, the downside is that people can tend to be treated with a “one size fits all” approach.

Consistency, quality of care, safety, availability of service, accountability are all very important for mental health and substance use services. Standardization of many parts of service is very important. Peer support programs may follow some of these standardized practices as well.

However, amidst the efficiency of this kind of standardized service, it is absolutely essential that the support we provide is person-centred.

It is imperative that each person within peer support programs is supported as a unique individual who is coming to the table with their own personalized set of strengths and needs. The systems that peer support tends to operate within, including mental health and addictions systems, are vast. In systems that big, there is potential for people to fall through the cracks. As a result, peer support workers can find themselves supporting people to navigate through some challenging grey areas. It is essential that we keep flexibility and maneuverability as values in the role of the peer support worker.

Imagine walking into a coffee shop and before you place your order the barista hands you a large latte with three shots of vanilla syrup. But you don't like coffee (you are a tea drinker), plus you are lactose intolerant, and you prefer sugar-free syrups. But the barista says, “Well that's too bad, we only serve lattes to first time customers here.”

As ridiculous as that example might sound, sometimes we get caught up in rules and

standards for their own sake. When that happens, we often miss the mark with meeting the needs of the people we are supporting.

Here is another example: imagine you go to a walk-in clinic because you are having headaches. The headaches are really bad. You have been lying in bed in a dark room for 5 days, and you are no longer able to go to work or engage with life. You had to find someone to drive you to the appointment, because driving is out of the question. However, this friend only has a short window of time available, because they have another commitment. Upon arrival you are asked to fill out a stack of 10 forms before you can see the doctor on call. Since your headache is so bad, writing is almost impossible for you. The rule of the clinic is that you fill out the forms, or you don't get service, and they

won't make an exception for you. It takes you 30 minutes to get through the forms, even with the support of your friend. The process is even worse, because there are flashing florescent lights, and loud noises like kids crying, which makes it even harder for you to concentrate.

When you finally get to see a doctor, they only ask questions about your family history, and a funny mark on your arm. Before you know it time is up, and you leave with a skin cream prescription, and no support for your headache.

This example is not person-centred, nor is it trauma-informed. In peer support, it is essential that we serve people in such a way that their individual felt needs are met; we do not make assumptions about what those needs are.



Peer support is always grounded in a person-centred approach.

It is essential that peer support services do not begin with the assumption of a problem, but rather the possibility of the transformative benefit of relationship.

person-first language

Let’s dive a little deeper. Peer support also uses person-first language.

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

Person-first language is about not defining someone by a diagnosis or challenge they are experiencing. When we don’t choose person-first language we are, perhaps unintentionally, supporting stigma.

NEGATIVE PHRASE	PERSON-FIRST PHRASE
Diabetic	Person with diabetes
Schizophrenic	Person with schizophrenia
Addict	Person who is struggling with substance use
Homeless	Person with is experiencing homelessness



“A broken bone can heal, but the wound a word opens can fester forever.”
~ Jessamyn West

“There exists, for everyone, a sentence - a series of words - that has the power to destroy you. Another sentence exists, another series of words, that could heal you” ~ Phillip K Dick

Language is powerful. The words we choose can actually contribute greatly towards creating the realities we live in. When we think of life in those terms, using person-first language is of utmost importance. The importance goes far beyond being politically correct. As human beings we are so much more than our diagnoses, life situations, or behaviours. All human beings are deserving of kindness, empathy, and compassion. Person-first language supports us in reflecting on the power of language, and then applying strength-based language in other areas of our life and work.

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

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

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

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

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

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

We also realize that language is constantly evolving, and we are all at different places in our journey. We always approach others we work with, who might not understand person-first language, with kindness and respect. We also understand that those who are the victims of oppression and stigmatization do not have to do the emotional labour of educating others about language. Instead, we as peers take an advocacy role to support the system to shift to a paradigm of person-first language.

foundation: relationship & mutuality

Peer support is about a coming together of people who have common lived experiences. Peer support services differ from clinical services in that mutuality and co-creating a relationship are at the center of peer support.

Though it can seem like a new concept, peer support as a movement has a history that spans many decades in North America.

A BRIEF HISTORY

While there are accounts of peer support from as early as the mid 1800s, peer support as we know it today arose in opposition to the oppressive clinical mental health system of mid-twentieth-century era health care.

The 1960s were an important time for societal change.

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

Civil rights groups fought to end racial segregation in 1964. We know that systemic

racism still runs deep today, and 2020 launched another global civil rights movement.

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

- Feminist movement that fought for the rights of women
- Industrial workers movement
- Gay liberation movement
- The Consumer/Survivor/Ex-Patient movement was born in this era. This was the start of peer support, as we know it today

At the same time, de-institutionalization was happening. In the 1970s and 1980s, leaders in the mental health and substance use systems joined together to begin the psychiatric rehabilitation movement. This launched the evolution of systems change to a more person-centred and recovery-focused approach.

In the 1980s we began to see a coming together of the two movements. Involving peer support services in mental health and substance use systems has been a long and arduous journey. We have come a very long way, yet we still have many areas and opportunities for growth.

“

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



If you are a peer support worker, know that you are a part of an international movement with a rich and powerful history. It is a history to be uncovered, studied, and revered. The movement has had a huge impact on shifting mental health and substance use systems to be more recovery-focused today.

Let's look at Darby Penny's quote again here:



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

It is of utmost importance that we remember that peer support is a different paradigm of support than clinical services. Peer support goals, values, and scope of service are unique. Mutuality and equality are at the very foundation.

Peer support services today are very often embedded in clinical services and funded by non-peer agencies.

It is imperative that organizations that run peer support services understand and uphold the unique nature of peer support. If peer support services are treated or

implemented the same as clinical services, we can lose the uniqueness that peer support brings to the table.

A paradigm shift is a fundamental change in how we approach a concept and/or practice. It is about creating a new way of seeing. A paradigm shift challenges assumptions and the status quo.

Peer support services are important. Clinical services are also important. They are very different from one another, and there is a need to keep them separate and distinct from each other.

It is important to note that some peer support workers may work in crisis support settings, and therefore receive specialized training to deal with emergency situations such as overdoses, seizures and the like. This specialized training would depend on the individual's work setting and the scope of their role. In such situations, a peer might crossover into a more clinical role. If this happens, the crossover should always be acknowledged, as it does affect the mutuality of the relationship.

MUTUALITY

Clinical services are by nature hierarchical. Clinical providers are in a position of power over the person they are serving, and there are some important ethical guidelines in place to protect those people receiving services.

Peer support, however, has a totally different grid than clinical services. *It is important to note that many peer support workers are paid, so there is still somewhat of a power differential there, and boundary work is important.*

When we come to peer support with a more clinical worldview, the idea of mutuality can be hard to wrap our heads around.

What do we mean by mutuality in peer support?

- **MUTUALITY IS RECIPROCAL.** We are walking beside someone, rather than in front pulling or behind pushing them.
- **MUTUALITY MEANS THAT BOTH PEOPLE ARE LEARNING.** A peer support worker doesn't need to have it all figured out. Setbacks are a part of life, and it's okay not to have the answers.

- **MUTUALITY MEANS THAT THERE IS GIVE AND TAKE IN THE RELATIONSHIP.** Many of the people we support always find themselves on the receiving end of support. If we unpack that a little bit, constantly being on the receiving end could mean that there is an assumption of a problem. Such an assumption could be interpreted as "you are not in a position to give right now, because you are broken." Healthy community relationships require both people to RECEIVE and to GIVE. The relationship can crumble if it becomes one-sided. Creating space for someone to give is an important part of peer support. All humans grow compassion, empathy, courage, and self-worth when we learn and have opportunities to give.

There are many reasons why peer support workers do not work with medications or treatments, the most important of which is how it disrupts the mutual nature of peer support. When we tread into clinical waters, we lose the uniqueness and the magic of connection that comes from a relationship grounded in mutuality. When this happens, the relationship then becomes something other than peer support.

Peer support workers are people with lived experience who receive training to provide support to others who are struggling with mental health and substance use issues. This training is an important aspect of the work.

Peer-delivered services, however, are not the same thing, and peer-delivered service roles are broader in nature. People hired for peer-delivered service roles must be peers with lived experience, but they aren't necessarily trained for the peer support worker role. Rather, those in peer-delivered service roles may have other training specific to their job expectations.

Peer-delivered service positions can range from employment specialists to clubhouse staff, peer navigators, substance use counselors, rehabilitation workers, job coaches, clerical staff, administrators and organizational leadership roles.

Peer-delivered services can also include positions in the supportive employment or social enterprise fields.

*Note: Supportive employment refers to skill-based teaching programs for people with barriers to employment. These programs are staffed by mental health workers who take a supportive approach to coaching someone

to become work ready. The eventual goal is for people to move on to competitive employment.

Social enterprises have a similar mission to support those with barriers to employment. Social enterprises always operate one or more for-profit businesses with the goal of serving the public with awareness of social impact.

A peer-based agency may choose to have all of their staff take peer support training, but the application of those skills will likely look different within each role.

self-determination

Within each of us is an innate potential to flourish. Like all the potential held in a seed, we have a deep-rooted propensity towards growth. However, many things we face in life steal from the ecology that encourages that potential to grow. We also recognize that within mental health and substance use systems, there are many blockades inhibiting growth. We know that whether a seed grows depends on the conditions where that seed is planted; if the seed doesn't get enough good soil, sun or water, it simply won't grow.

Peer support is committed to creating ecologies where people can feel safe to tap into their inner wisdom and trust the process of taking the reins of their own life.

Self-determination is a person's right to determine their own life, and make their own choices about anything that affects their well-being.

Self-determination is about motivation. We know from Ryan and Deci's self-determination theory *Self-Determination Theory and the Facilitation of Intrinsic Motivation, Social Development, and Well-Being* (2000), that motivation is fueled either:

- Extrinsically (by something outside ourselves-like a reward or punishment; it's less about satisfaction or enjoyment and more about getting something in return)
- Intrinsically (fueled by purpose and meaning)

Lasting change comes through intrinsic motivation. However, we recognize creating ecologies that support intrinsic motivation are sadly uncommon.

Peer support workers play a big role in facilitating ecologies where self-determination can flourish. Peer support is about relationship and connection; we do not fix, save, or rescue anyone.

When we choose to be attuned to the suffering of others, we are able to grow our compassion. As referenced in the "desired attributes of peer support workers" section of this document, compassion is an important component of peer support work.

See the Venn diagram below. The diagram features Compassion (and the desire to alleviate suffering) on one side, and Self-Determination (a person's right for sovereignty) on the other. In the role of peer support worker it is essential that we balance the compassion we feel with supporting someone's self-determination. This means choosing to be thoughtful and intentional about how we offer support. It is important to remember that each person is an expert on themselves even if they have lost their way and are not in touch with their inner wisdom. Creating the ecology of self-determination supports them on the journey to find and begin to trust their own inner wisdom.

intersection of compassion and self-determination



When we do not understand the role of self-determination in this work we can be tempted to direct and try to steer someone's growth. These desires absolutely come from a good place, because the compassion we are cultivating comes with a desire to alleviate suffering. *(Side note: An emergency situation calls for us jumping in to help in a very real way. It is not the time to support the cultivation of self-determination.)*

Fixing or saving someone can feel like the right thing to do, but trying to "rescue" someone undermines their self-determination.

In peer support work we intentionally choose to avoid fixing or saving anyone. Instead, we walk alongside others with a spirit of humility, mutuality, and interconnection. We choose to contribute to the creation of an ecology so people we support can find hope, unearth their strengths, learn to recognize their resiliency, and begin to trust their own inner wisdom. Like a seed, we have the potential to transform when the ecology supports self-determination and interconnection.

worldview

(INCLUDING JUDGEMENTS, ASSUMPTIONS, AND IMPLICIT BIASES)

“

“A worldview is a way of viewing or interpreting all of reality. It is an interpretive framework through which or by which one makes sense of the data of life and the world.” ~ Norman Geisler and William Watkins

We acknowledge that everyone comes to the table with their own worldview based on their past experiences. In this work it is our goal to choose to see worldview as neutral, and non-binary. It is simply a lens through which one sees the world.

In the work of peer support we choose to avoid using the term “non-judgmental” because we recognize that judgements, assumptions and biases are part of the human experience.

In order to make sense of the immense stimulation that comes our way on any given day, our brains need to create containers or categories. If we didn't do this, we would be overwhelmed by all of the sensory data that comes at us all day long.

The creation of categories and containers helps us to make meaning from what we see, hear, feel, smell, taste and experience.

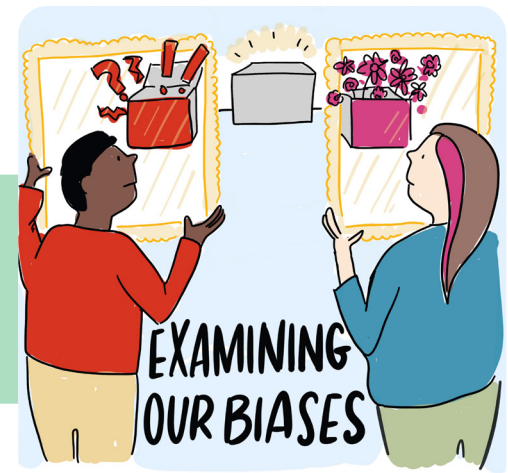
(For example: when I see a chair I put it in the “chair category” of my mind. I assume that it can support my weight, because I have had many experiences sitting on chairs. To go a bit deeper into this example, if I have had an experience with a damaged chair breaking under me, that might change my assumptions about all chairs, and now I might approach all chairs with trepidation.)

Our past experiences lay the groundwork for making meaning from the information that comes our way. It is impossible to remove our past experiences from the way we currently see the world. The meanings we create tend to be automatic reactions. Our brains fire with assumptions and judgements without us having to think consciously about the situation.

Neuroscientist Beau Lotto explores this topic of perception in his book *Deviate: The Science of Seeing Differently* (2017) where he writes that our brains aren't wired to be objective. Instead, we are wired to create categories so we can make sense of the world, and therefore survive.

This wiring is actually key to our survival in the world. *(Consider the quick thinking we need when we're behind the steering wheel of a car. And thankfully we don't have to relearn how to make coffee every day).* However, though these categories we create can be essential for our survival, it is also important that we NOTICE when biases and assumptions come up - especially when they are directed at people or people groups. This noticing is the basis of mindful living.

Instead of creating a guideline of being non-judgmental, which is not attainable, this peer support training curriculum guides peer support workers to become more aware of the judgements, biases and assumptions we



all have. It is essential when doing this work that we recognize when they surface with the people we support, that we learn how to question our biases and assumptions, and consciously do the work to challenge and change them.

This is how we begin to recognize our implicit biases and then move into deconstructing them. The only way we can begin to work with our implicit biases is to bring them out into the open.

Choosing to face our judgements, assumptions and biases, and challenging them are huge steps in creating a safe environment where deep connection can occur. When we deeply understand that all human beings judge, we can mindfully choose to challenge our assumptions because we no longer feel the need to take a defensive stance. With this approach we are seeking to understand another person, rather than seeking to be right. This humility creates greater connection, and is a salve within all types of conflict.

We recognize that no one is perfect, we are all learning, and we create space for that. When connection breaks down, we acknowledge it and work to rebuild it. We commit to learn from our mistakes and do better.

peer support is not clinical or diagnostic

As mentioned previously, it can be easy to slip into a diagnostic worldview in mental health and substance use work, especially since peer support is so different than other services. However, peer support is primarily about the relationship – the connection. It is important that peers don't slip into a more clinical role.

When peer support workers slip into a clinical diagnostic role, the immense value of peer support – the mutual relationship - is lost.

The peer support worker essentially becomes viewed as a junior clinician, and the reciprocity of the peer relationship dynamic changes. This can get very messy and possibly dangerous, because though a person may come to the role with a clinical background, the peer support worker role is not clinical in nature.

Keeping the relationship peer-based and mutual is essential to this work.

range of service

Often, the agencies who are leading the way are those that formally embed peer support into their services and take recovery-oriented, evidence-based, and client-centred approaches to service delivery.

Sometimes peer support services are stand alone, and are not connected to formal mental health/substance use organizations.

Peer support services can range from casual/volunteer to more formalized and integrated in clinical teams. The demographic in which peer support services are used will determine the level of formality of the program. For example, in schools or post-secondary a program could take a more casual, volunteer approach to delivery of peer

services. Other settings likely require a more formalized, paid approach to service delivery.

Peer support roles are many and diverse. In B.C., we have seen peer support show up in both mental health and substance use settings, in both clinical and community settings. We are seeing peer support programs in high schools, post-secondary schools, and also in workplaces. There are peer support programs being established with first responder groups as well. Many demographics and populations benefit from peer support services. .

The B.C. Peer Support Training Curriculum takes the approach that any and all peer support work is valid and important, whether it is of a casual or more formal nature. The material covered in this training is applicable to any type of peer service.

The Core Values and Standards of Practice are also applicable to all providers of peer support services.

scope of peer support services

The primary reasons for peer support services are to build connection and provide support. Peer support workers and the people they support both come to the relationship with lived experience of a mental health or substance use issue. That creates common ground. As human beings it is always so validating when we can talk to someone who, although they have different life experiences, has a firsthand understanding of what it is like to struggle. Peer support services are relationship-based with the goal of cultivating and growing hope while moving towards a greater sense of wholeness.

What a peer and peer support worker do together can vary greatly. As discussed, peer support takes a person-centred approach; this means that peer support services can look different with each person, since we meet everyone exactly where they are.

When the goals of the relationship are support and connection, what you choose to do is secondary. Any activity that is mutually beneficial, healthy, and creates an opportunity for connection is great! Community-based activities can range from working towards self-identified goals, attending classes, getting outside, or participating in community events.

As Charles A. Rapp states in his book “The Strength’s Model: Recovery-Oriented Approach to Mental Health Services” (Rapp & Goscha, third edition 2011)*

(Reprinted and adapted for peer support with permission from Mr. Rapp.)

- The focus is on individual strengths rather than pathology
- The community is viewed as an oasis of resources
- Interventions are based on the person's self-determination
- The support relationship is important
- Outreach is the preferred mode of intervention
- People struggling with mental illness (and/or substance use issues) can continue to learn, grow and change

Peer support services that are embedded in clinical settings may look different than community-based peer support. Peer support workers in clinical settings might find themselves supporting their peers with navigating the health care system. They might find themselves responding to crises more often than community-based peer support workers do. However, it is still important for peer support workers in those settings to work at creating a mutually based connection with the people they support.

Peer support workers are not community support workers. They may provide support with errands and tasks at times when needed, but that is not the purpose of the relationship.

Peer support workers remain focused on the connection. They walk alongside the person with whom they are working. They listen. They support their peer to identify their goals and

desires, and support them in their journey.

Peer support workers are not officially advocates, although at times they may need to advocate for the person they are supporting. This is especially true in systems that are deficient in needed supports and people find themselves falling through the cracks. A peer support worker may need to become more of an advocate because our systems are very broken.

Stephen Covey (Covey, 1990, pp. 95–104) speaks of beginning with the end in mind. This is an important thought to consider when a peer support worker steps into more of an “advocacy” role. The “end in mind” is that we offer our advocacy in a way that supports the people we are serving to become self-advocates. Consider how this slight shift influences the way advocacy works in peer support.

In Mary Ellen Copeland’s “Wellness Recovery Action Plan,” (Copeland, 2018) self-advocacy is identified as a key concept of recovery. It is important that peer support workers understand the importance of self-advocacy in the development of self-determination, and the process of recovery. Peer support workers are intentional about working together with their peers to strengthen both of their capacities for self-advocacy.

However, sometimes along the way, a peer support worker might be in a position where they need to advocate for the peer. The ultimate goal of that kind of advocacy is still to do so in a way that encourages the development of self-advocacy.

Some communities have peer navigator positions, and peer navigators support people to navigate the system. The peer navigator role may take an advocacy approach.

supervision

Whatever the modality of peer support, it is essential to provide some infrastructure to support workers in their roles. Working out in the community in one-to-one settings can pose some challenges. Peer support workers benefit greatly from being a part of a team of peers, and creating a co-reflection approach with their teams.

Typical supervision tends to be hierarchical in that it is a top-down approach from a supervisor who has power over someone. When a supervisor who lacks experience and leadership skills provides supervision, it can bring up difficult feelings for the peer support

worker. People can feel misunderstood and judged. While there is a definite place for formal supervision within peer support, there is room for skill-building toward greater mutuality, interconnection, and a growth mindset. This approach is more strength-based than supervision that is primarily disciplinary in nature. After all, everyone is on a trajectory of growth, including supervisors.

Intentional Peer Support: Co-Reflection Guide (Mead, 2014, p. 2) defines co-reflection this way:



Co-reflection is a process that we can use to help each other reflect on our practice (how we're doing what we say we want to be doing). It is about us creating expertise together through a process of learn, practice, reflection. It is designed to model the peer support relationship so that we are practicing the principles at all levels of our relationships. If done well, it should lead to increased levels of personal development and to deepening relationships. (Mead, 2014)

The establishment of a coordinator position is essential to support the organization in applying the core values and standards of practice to all aspects of peer support service delivery. A peer support coordinator is also the best option for providing support to agencies and clinical staff, as peer support coordinators have a thorough knowledge of the philosophy of peer services.

If a clinical staff member provides supervision or support to peer support workers without input from a peer leader, it can be much harder to keep the program from slipping into a more clinical model.



All clinical staff members who are working closely with peer support workers should have education in peer support so that they understand the philosophy of peer support.

Having regular contact with other peer support workers in a community of practice setting is essential.

Please note: Along with this document, the Curriculum Guide, the training manual/workbook and facilitator guide, we will be including a document to help guide agencies to integrate peer support into their services.

peer support as a vocation

(WRITTEN DIRECTLY TO PEER SUPPORT WORKERS.)

We tend to focus on peer support as simply a role within a system of roles. For a lot of this document we will be looking at peer support in the context of role, but first let's examine it from a different perspective. One goal of this project is that we see the peer support worker position as both a role within a system AND as a unique mindset for engaging with the people we support – a mindset that, as peer support workers, we can take with us into any future position.

When we think only in terms of roles, we can start to see systems from a landscape of hierarchy, where one role appears more important than another. When a system can only see roles from a hierarchical

perspective, we can also begin to take a tokenistic approach to peer support. When peer support is embedded in a system in a tokenistic way, it never achieves the full benefit of having peer support as a unique resource within teams.

Peer support workers who are in tokenized positions often end up doing the role of an advocate or a community support worker. We can find ourselves marginalized by the very system we are working within. As peer support workers, we can begin to see our role as “less than” instead of as an essential, unique contribution towards supporting someone's journey towards greater wholeness.

Let's look at the word “vocation”

The Latin root of the word vocation is all about a calling. It's about listening to what our life is telling us, noticing and intentionally moving in the direction that life is leading us towards. What is our inner teacher, or perhaps our life experience, telling us about our place in the world? Vocation is much bigger than any one role.

Reflect for a minute on peer support

What is unique about peer support?

What does a peer support worker bring to the table that may not be accessible for anyone else on a team?

As peer support workers, we come to the table with our own lived experience. It doesn't matter if our experience is different from that of the person we are supporting. (*We want to be cautious about creating a hierarchy about one person's lived experience being more valid than another's.*) We understand what it's like to feel lost. We have also experienced pain, loss of control and the grief that comes with a mental health, substance use and/or trauma issue. We have experienced hope and healing along our journey and we understand the importance of focusing on our own self-care (something that can take many people years and years to figure out). We GET to come

alongside someone and sincerely share the words “me too.” We can acknowledge the people we are supporting in a way others can't. We get to engage in a mutual, co-created relationship that encourages the expansion of self-determination and inner resilience of the people we are supporting.

Peer support is about making sense of our own pain and channeling our experience to support others. It is about being able to walk alongside, acknowledge, connect with and support someone else who is in the midst of their struggle.

That is the unique power of peer support.

training, ongoing education & community of practice

The work of peer support is very important. As we have already mentioned, we see the role as equal in value to any role within a system of services. Therefore, standardized, ongoing training for peer support workers is essential.

Lived experience is fundamental to the role, but education and training is necessary prior to engaging in the work. Without training, people

often base the service they deliver on support they may have received; it is also likely that this service has been clinical in nature. Peer support work is a paradigm shift. The need for initial training is paramount in order for peer support workers to grasp the differences and operate from this new paradigm.

ONGOING TRAINING

As with any role, the need for ongoing education for peer support workers is also essential. It is recommended that peer support workers engage in some kind of peer support focused training at least once per year. Peer support workers must also be included in any ongoing educational opportunities offered to all staff at the organization where they are providing service.

It is essential that organizations see their peer support workers as equal in value to other employees in their agency, while also recognizing the peer support role as unique.

Organizational leaders and managers must also educate themselves on the history and philosophy of peer support, and the role of the peer support worker, so they can provide the right kind of leadership and oversight to peer support teams.

COMMUNITY OF PRACTICE

Since many peer support worker positions are embedded in clinical teams, it is essential that there are opportunities for fellow peers to connect regularly. Organizations are encouraged to create opportunities for peer support workers to gather in a community of practice. In this setting they are able to support each other and brainstorm ideas on how to honour the philosophy of the peer support paradigm.

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standards of practice for peer support workers

The following standards of practice emerged from the peer support core values. They are written for peer support workers to guide their practice. They are also meant to be a guide for organizations and leaders to support the oversight of peer services. Organizations can use these standards as they develop programs, lead staff and create job descriptions in the field of peer support.

standards of practice components & competencies:

A

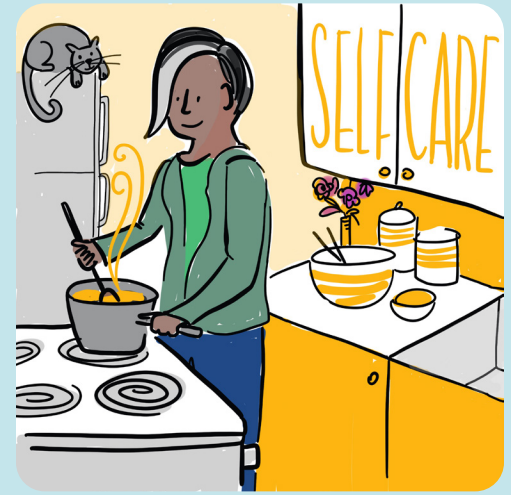
PEER SPECIALIZED PROFICIENCIES

- 1 Demonstrates understanding that there is no one-size-fits-all approach to recovery and wholeness. Each person needs to discover what goals, values, and beliefs work for them. Peer support workers recognize that others' paths may be quite different from their own.
- 2 Demonstrates an awareness and understanding of self-determination, and is able to apply it to the peer relationship. Understands that advice-giving and fixing are antithetical to self-determination.
- 3 Demonstrates a commitment to mutuality. The peer support worker does, however, acknowledge and recognize that there can still be a power differential when in a formal role. The peer support worker actively works to create mutuality, and equality, while honouring boundaries and deeply respecting the well-being of the recipient of the services.
- 4 Chooses to self-disclose and share aspects of their personal story in a way that supports the building of the relationship, connection and inspiring hope. Understands the importance of avoiding the sharing of traumatic details that can trigger a stress response in someone else.
- 5 Engages in active ongoing learning.

B

PRINCIPLES OF SUPPORTING WELLNESS, WHOLENESS, RECOVERY & SOCIAL BELONGING

- 1 Actively creates and engages in self-care practices that support their own well-being.
- 2 Demonstrates awareness of their own stressors and triggers, and has a plan to support their own well-being through those challenges.
- 3 Actively chooses to practice empathy and compassion in interactions.
- 4 Recognizes the importance of clear, well-defined boundaries. Practices co-creating boundaries with the person they are supporting.
- 5 Demonstrates knowledge of recovery-oriented practices including but not limited to harm reduction, trauma-informed care and the importance of person-first language.
- 6 Supports peers to discover strengths, explore new possibilities and continue to build resilience.



C

DIVERSITY, INCLUSION & EQUITY

- 1 Is aware of, and actively reflects on, their own set of values and beliefs
- 2 Is mindfully aware that they have a set of personal biases, and actively makes space for different perspectives
- 3 Understands and can apply intercultural sensitivity towards all cultural groups. Works to avoid stereotyping.
- 4 Understands the harmful effects of colonization and privilege, and works to reduce harm.
- 5 Understands how stigma and the Social Determinants of Health can affect someone's life experience.
- 6 Respects a diversity of modalities and interventions, even if different than their own personal approach.

D

FACILITATING COMMUNICATION & CONNECTION

- 1 Demonstrates an understanding of, and sensitivity towards the effect of personal communication style on others.
- 2 Communicates clearly, respectfully and effectively through spoken, written, and electronic modalities.
- 3 Recognizes the importance of, and chooses to use, person-first language.
- 4 Understands the importance of community and belonging that is needed for one's sense of well-being, and supports community inclusion.
- 5 Actively practices compassionate and empathetic communication.



E

COLLABORATION AND ETHICAL PRACTICE

- 1 Works respectfully and effectively with clinical and community staff, as well as with the peer's personal supporters.
- 2 Demonstrates an understanding of the non-negotiable nature of the Code of Conduct.
- 3 Effectively collaborates with stakeholders in a way that supports the overall existence of, reputation and respect for peer support within the province.

lived experience, embodiment of the core values & sharing personal stories

“

“Empathy is the antidote to shame.
The two most powerful words when we’re in struggle: me too.”
~ Brené Brown

Peer support workers are hired based on their lived experience. Experience with a mental health, substance use issue and/or traumatic incident is essential to doing this work. Peer support workers need to be able to connect and empathize through the sharing of their personal experiences.

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

we are working with to share anything until they are ready.

It is up to each peer support worker to decide what they share and when they choose to share it.

It is essential that before sharing personal experiences in the role of peer support, we ask ourselves, “why am I sharing this?” It is important that we are intentional about what we share about ourselves. Does this story build the relationship? Does it create connection? Does it encourage mutuality? If not, don’t share it.

It is essential that we keep the core values of peer support – especially hope – in the forefront of our minds when we share.

SOME QUESTIONS WE CAN ASK OURSELVES BEFORE WE SHARE OUR PERSONAL STORIES:

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

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

In the training modules we will dig into this further. You can engage in a process of writing your story in a way that is hopeful and feels safe and comfortable to you.

When we get the opportunity to hear others' personal stories, it can be very inspiring. Many people hear someone else's recovery story and even if they are unwell at the time, they might feel encouraged to approach their own journey a little differently. It can impact someone in a profound way, and support them in their journey.

A NOTE ABOUT THE WORDS "STORY" AND "STORYTELLING"

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

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

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

In no way, shape or form is the term "storytelling" synonymous with fiction. Sharing your story is one of the most beautiful and powerful things you can offer another person.

There is a whole school of thought that says storytelling can actually change our society in a significant and very positive way. Check out

organizations such as Working Narratives (workingnarratives.org) and StoryCorps (storycorps.org). They exist for the very purpose of supporting societal change through the telling of personal stories.

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

“

The data from this study suggest that peers represent more than supportive adjuncts to nonpeer clinical treatment providers. They are distinct, legitimate professionals who utilize a range of complex clinical and narrative skills to help others. Making oneself vulnerable by revealing a personal story that involves shame, victimization, or dangerous behaviors to help another is an act of courage. Peers could have chosen to move on to other vocations or professions after achieving recovery. Instead, they have decided to remain engaged with their past experiences to extend the opportunity of survivorship and recovery to others (Frank, 2005). For this alone, they deserve nothing less than the full respect and dignity afforded to all professionals who commit themselves to helping others. (Mancini 2019)

NOTE FOR EMPLOYERS & COLLEAGUES OF PEER SUPPORT WORKERS:

Respect for a peer support worker's story is essential. It is sacred to them, and colleagues need to treat it as such. Though they have been hired for their lived experience, it is very important their story stays their own. Peer support workers will choose to share what they are comfortable sharing at any given moment, and if they feel it's not safe for them, they will choose not to share. If you wish to share any piece

of their story, please ask permission first. Peer support workers are guided to share their story from a frame of reference that encourages hope, healing and growth. Sharing details of traumatic events can be re-traumatizing for them, and triggering for those hearing the story. It is essential that we honour a trauma-informed approach when we consider the role of personal stories in peer support.

Peer Support Canada's code of conduct

(REPRINTED WITH PERMISSION FROM PEER SUPPORT CANADA)

Peer Support Canada is an organization that provides certification to peer support workers across Canada.

The following is the Code of Conduct that their certified peer supporters are required to follow:

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

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glossary of terms

COLONIZATION: The practice of domination of another culture. Colonization is when a country violently invades another, and claims the lands as its own. New inhabitants move in, displace, control and oppress people who were indigenous to the land.

COMPASSION: According to UC Berkley's Greater Good Magazine, "Compassion literally means, "to suffer together." Among emotion researchers, it is defined as "the feeling that arises when you are confronted with another's suffering and feel motivated to relieve that suffering."

CO-REFLECTION: This is a form of supervision where two peer support workers work together to expand learning and growth. Self-reflection is beneficial, and co-reflection adds the element of accountability. People are asked questions that they may not have thought of on their own. Co-reflection models the mutuality of peer support.

CRITICAL THINKING: This is the disciplined process of actively processing information, with the intention of deliberately trying to suspend one's own judgements. Critical thinking involves conceptualizing, analyzing, synthesizing, reflecting on, and/or evaluating information.

DECOLONIZATION: It's the process of examining oppressive beliefs about Indigenous Peoples. It's about releasing oppressive practices, and supporting Indigenous Peoples to reclaim land, culture, language, community, family, history, and traditions that were, and continue to be taken away through the process of colonization.

EMPATHY: Empathy is about perspective-taking, or mirroring someone else's feelings. Empathy is about sensing someone's feelings, and imagining oneself in someone else's shoes. Empathy doesn't always motivate us to action, as compassion does, but it is often the first step towards compassion.

EQUALITY: The state of all people having equal value in terms of status, rights and opportunities.

EQUITY: Promotes overall fairness. Fairness can only work if all people start from the same place. For people who are experiencing systemic oppression, they might need extra support to get them to an equal place of opportunity as someone not experiencing systemic

oppression. In getting everyone to an equal place, some people might receive more support or resources than others.

FAMILY PEER SUPPORT WORKER: This role can be filled by a family member of someone who has experienced a mental health or substance use and/or trauma issue. Family peer support workers provide connection and support directly to other individuals whose family member has experienced a mental health, substance use and/or trauma issue. They do not provide support directly to the family member who is experiencing mental health or substance use challenges. A family peer support worker can be a parent, sibling, partner, spouse, adult child, or chosen family of someone who has experienced a mental health or substance use issue.

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

HOLDING SPACE: This means to be with someone without expectations or a desire to fix or save. It means that we choose to be fully present without taking the other person's power away. When we are holding space for someone we are humble and we mindfully challenge any judgements or assumptions we may find stirring up for us.

HUMILITY: This means we approach a person or situation knowing that there is much we don't know or understand, and we are not better than anyone else.

IMPLICIT BIAS: Judgements, prejudices, and attitudes that live deep in our subconscious and affect our actions and our understanding.

INTENTIONAL: Done with purpose—deliberate and consciously.

LIVED EXPERIENCE: In the context of mental health and substance use, this means having personal lived experience with a mental health issue, substance use, and/or trauma issue.

PEER: We use this term for people who are receiving peer support services.

PEER-DELIVERED SERVICES: Many services can be delivered

by people with lived experience, while holding a peer, or mutual approach. These services aren't always formal Peer Support. Some examples of peer-delivered services are: employment counselors, substance use counselors, job coaches, peer navigators, clerical workers, or organizational leaders.

PEER ENGAGEMENT: Peer engagement is defined as the intentional active participation of people with lived experience of mental health and/or substance use in all aspects of service delivery. This involvement ranges from direct service to program and policy development and decision-making. Peer engagement happens when leaders seek out and invite peers to the table.

PEER NAVIGATOR: Peer navigators are people with lived experience of a mental health and/or a substance use issue who support other peers to navigate systems while working towards greater well-being. Peer navigators are often an integrated part of a multi-disciplinary team. They support people to find and access services such as housing, income assistance, community connections and legal aid.

PEER SUPPORT WORKER/PEER SUPPORTER: These terms can be used interchangeably. A peer support worker is someone who has lived experience with a mental health, substance use, addiction, and/or a trauma issue and who is able to tap into their lived experience, and engage in a mutually supportive relationship with someone in the midst of struggling with a similar issue.

PERSON-CENTRED: This is a process of service delivery that puts the person receiving services in the center of their own care. This means professionals see the person as an expert on their own life. This means that professionals continually keep them at the center of all decision-making that affects their well-being.

POWERFUL QUESTIONS: These are open-ended questions that go well beyond yes or no answers. They encourage reflection and connection.

RECOVERY: We see recovery as a transformative, self-directed exploration. It's the equivalent of a mysterious healing process where someone grows new strengths and abilities through their struggle and subsequent healing process. Recovery is an opportunity for discovery—to see that which may not have been visible previously. Recovery includes the discovery, resurfacing, and development of

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

SELF-DIRECTED: This is when any action, movement, or growth is directed by the person themselves, rather than an outside professional orchestrating the situation.

SITTING WITH DISCOMFORT: All growth and change comes hand in hand with discomfort. When we sit with discomfort, we acknowledge that we will be challenged and stretched and it will be uncomfortable but necessary. We can be safe and also uncomfortable. The two feelings aren't mutually exclusive.

SOCIAL DETERMINANTS OF HEALTH: From the Public Health Agency of Canada, "The social determinants of health influence the health of populations. They include income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; gender; and culture."

TRAUMA: The word "trauma" means wound in Greek. Trauma doesn't refer to a specific event, but rather the psychological feeling of overwhelm and helplessness following a traumatic event.

TRAUMA-INFORMED: This means that a person or agency has deliberate intention to create an environment that is very safe for anyone who has a trauma history, and can be triggered and re-traumatized.

VULNERABILITY: According to Brené Brown, "The definition of vulnerability is uncertainty, risk, and emotional exposure. But vulnerability is not weakness; it's our most accurate measure of courage." This is the way we choose to define vulnerability in this curriculum. (*Quote from her book *Braving the Wilderness: The Quest for True Belonging and the Courage to Stand Alone*.)

WE-LANGUAGE: We-language is inclusive language that involves everyone. Rather than you-language, which can be hierarchical or expert-driven, we-language includes the person communicating in the message. We-language supports a message of equality.

WORLDVIEW: The lens through which one sees the world, based on all their past life experiences.



thank you

FOR READING