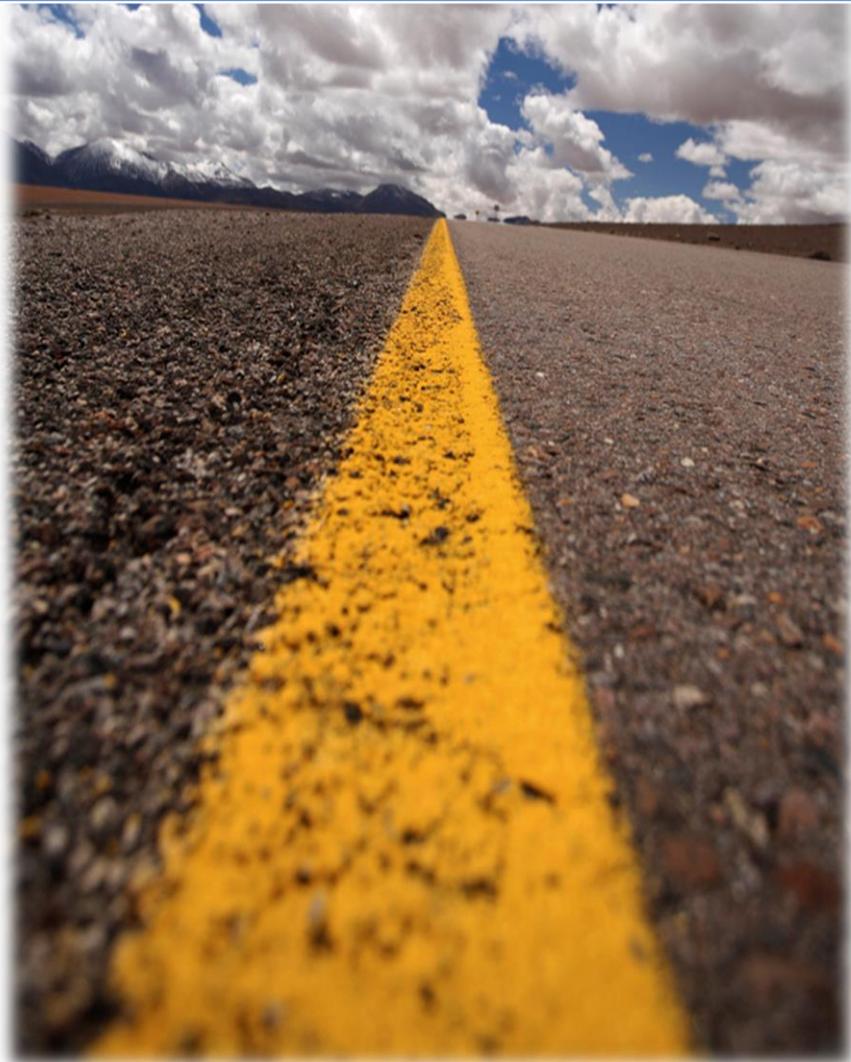




WASHINGTON STATE  
YOUTH AND FAMILY CERTIFIED PEER COUNSELOR TRAINING



THE JOURNEY

# Washington State Youth and Family Certified Peer Counselor Training Manual

## The Journey



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## Purpose of This Training Manual

This training manual is for instructors and students in the Washington State youth and family Certified Peer Counseling course. The course is designed to prepare individuals to become Certified Peer Counselors in the state of Washington. The course is designed for youth and families to participate in a shared journey for the first three days. On the fourth day, of the forty-hour course, participants will engage in separate specialized instruction for youth and family members respectively. They will reconvene to review and celebrate on the fifth day of the course. Each module will end with a review of the *Core Competencies of Peer Support* which are represented by the acronym R.A.C.E. – (R) Resources, (A) Advocate, (C) Communicate and (E) Empower.

This manual is written for Certified Peer Counselors working for the benefit of what is known as the “Primary Consumer”. All of the support that a Certified Peer Counselor provides, is for the purpose of assisting the individual that is directly receiving services become more resilient, get hope and have the highest quality of life possible. That is why this theme of taking a journey is not a race to any particular finish as recovery is an individual experience. We want to win the R.A.C.E. against lack of appropriate services, stigma and children, youth and families getting lost in a sea of services that do not make sense. Certified Peer Counseling is an important piece of the puzzle to make this happen. Let the journey begin!

## How to Use This Manual

This manual is designed not only for this training but also to be a reference for future encounters with youth and family peers. It is an introduction to the core competencies of Certified Peer Counseling for children, youth and families who have unique needs based on many things. These needs may include lack of service choices, serious transportation limitations and multiple system involvements. Families and youth are also often faced with a lack of cultural competencies from systems and well-meaning providers that hinder their

ability to recover. Providers and systems can sometimes be oblivious to the family culture and youth culture in general. This can get in the way of effective services. This manual is designed specifically to assist Youth and Family Certified Peer Counselors with the challenges that face youth and families receiving mental health and co-occurring disorder services. Youth and family members created the manual for youth and family members as well as community partners. This is a reference manual. Refer to this manual as you start using your new Certified Peer Counselor skills. As information changes, this manual will be updated. Always double check the accuracy of resources you give peers when working with them.

## How to Use Your Knowledge and Certification

This training is designed to meet the specific federal and state requirements, which allow individuals with Certified Peer Counseling designation and a Washington State Department of Health license to get paid if they work for a Community Mental Health Agency. Some people will use their certification as a means to get a job at a Community Mental Health Agency (CMHA). However, there are many alternative employment and volunteer opportunities where this information and completed training is valued. Across the nation, Certified Peer Counselors and peer support specialists, are working or volunteering in veteran's organizations, faith-based organizations, high-schools, higher education, hospitals, jails, prisons and in many other systems and organizations that serve youth, youth in transition and families affected by mental health challenges.

You may meet individuals who do not understand or who have never heard of peer support. As a Certified Peer Counselor, you may be called on to be a "Resiliency Ambassador". This means you may be asked to do presentations or simply find yourself in a conversation with a friend, family member or total stranger. This could be an opportunity to provide hope. You will learn that hope is fuel for an individual's journey towards recovery and resiliency.

## Dedication

This manual is dedicated to Cindy Willey. Cindy was the very first peer educator in the Certified Peer Counseling trainings. She dedicated her life to her family and to her work in peer support. Our peer support community will always remember Cindy as a champion of recovery, and a pioneer in peer support and peer education. She had a marvelous combination of characteristics: kindness, intelligence, hard work, quiet persistence, acceptance, and wisdom. One always felt safe around Cindy and at the same time, she could command great personal power. She would often bring an energetic, noisy classroom to start on time by silently standing, with a flat palm, raised. It did not take a room long to understand that it was time for class to begin.

Cindy's integrity was impeccable. We all honor her and feel a personal connection to her as a mentor in recovery. Thank you Cindy for everything you gave to our community. You remain irreplaceable in our hearts and lives.

## Acknowledgements

We would like to acknowledge and thank all the people who worked to make this curriculum a reality. First and foremost, we thank the youth and families that live with mental health challenges for whom this training was created. Special thanks to the Youth and Family Certified Peer Counselor Curriculum Workgroup (Appendix 3) who met for many months creating this training from the ground up using the vast experience in the Washington State Mental Health System and personal experience as a guide. We gratefully acknowledge Tamara Johnson, Beverly Miller, Aubre Lawless, Kara Panek, Jeanette Barnes and Stephanie Lane, for being the lead writing team. Sherry Axon, Jennifer Bliss, Patty King, Sherry Lyons, Kim Thomas, Kara Panek and Stephanie Lane for editing the manual. Thanks to Eric Bruns from the University of Washington for being a supportive system partner and advocating for the rights of children, youth and families even when it was not the popular thing to do. We also want to acknowledge Dennis Dyck at Washington State University for embracing the values and vision of youth and families who have created this manual. This is a by youth and families certified peer counseling manual for youth and families and it is a work in progress. We hope that as you read these pages and see all of the contributors you can understand all of the time, effort and passion that went into each and every page.

## Day One



**Planning the trip and reading the signs**

## Overview of Certified Peer Counseling in Washington State

### Definition of Terms

**Certified Peer Counselor:** A Certified Peer Counselor is a mental health consumer, as defined by WAC 388-865-0150. This individual will be prepared to provide peer support services by completing the Washington State approved Certified Peer Counselor training and passing the Washington State Certified Peer Counselor exam.

Certified Peer Counselors are also known by several other terms, such as “peer support counselors,” “peer specialists,” “recovery specialists,” “parent partners,” “natural support providers” just to name a few. Individuals who qualify as a Certified Peer Counselor may find that their employer uses a different job title for the position.

A Washington State certified peer counselor who is able to be employed by a Washington State licensed mental health agency must fill out an application for the youth and family certified peer counselor training or the adult certified peer counselor training. They must be approved by the Division of Behavioral Health and Recovery (DBHR), a division of the Department of Social Health Services. They must take the training and not miss more than three hours. They must take the test and pass it with a 75% or higher passing rate. Then, they can be hired as a Certified Peer Counselor. In order for a licensed mental health agency to bill Medicaid for an employed Certified Peer Counselor, they must notify the Department of Health of their new hire or intent to hire and have the Certified Peer Counselor become licensed. Many fill out an “Affiliated Agency Counselor” application. Once a background check is complete and employment or volunteer position is verified the

Department of Health will issue an Affiliated Agency Counselor license. This is one of the licenses that allows licensed community mental health agencies to bill Medicaid for Certified Peer Counseling services. More information can be found on the Department of Health's website.

**Peer:** Generally, a child, youth, adult or older adult who receives or has received mental health services. A parent of a child receiving services may also be a peer to another parent. A peer should always have similar lived experience and background, including age appropriate peers for youth.

**Peer Support:** Peer support is a hopeful, recovery/resiliency oriented service that can be provided to many people with mental health and chemical dependency life challenges. Peer support uses hope, recovery, resiliency and lived experience as fuel to assist others down the road to their chosen destination.

**RCW:** Abbreviation of "Revised Code of Washington," which are the Washington State laws.

**WAC:** Abbreviation of "Washington Administrative Code", the regulations that come from the RCWs in Washington State.

## **What is Peer Support?**

Peer support is many things to many people and it should be an individualized and tailored experience. Certified Peer Counselors have lived experience in systems that serve children, youth, families, caregivers, adults and older adults. This manual is written for the express purpose of child, youth and family peer support. A Certified Peer Counselor ideally inspires hope and the vision that recovery and resiliency is possible. The peer relationship is one of mutual respect and dignity designed specifically for positive outcomes. A peer counselor can be a peer of an individual with mental health challenges, or a peer of a parent or guardian who is raising a child with mental health challenges. In some situations, a parent

Certified Peer Counselor could be known as a “Parent Partner” or a “Family Partner.” In all cases, peer counseling services are meant to benefit an individual with mental health and/or co-occurring challenges. It is important that the peer support given by a Certified Peer Counselor benefit what is known as the “primary consumer”. This can be a child, youth or adult and what is important in the peer support relationship is that the person providing the peer support has lived experience that can bring hope to the situation.

In Washington State, a peer relationship, in the context of providing peer support could be described as:

A relationship developed for the sole purpose of assisting an individual with mental health challenges to improve their quality of life, as they define their quality of life. The assistance is provided by an individual with lived experience in mental health who has experienced personal recovery. Only an individual can judge and determine their recovery process.

Certified Peer Counselors work in a variety of settings; however they most frequently work for community mental health agencies (CMHAs), consumer run organizations (CROs), youth support organizations, or family support organizations.

Certified Peer Counselors provide peer support:

- on a one-to-one basis;
- in self-help peer support groups;
- in the community, such as in the peer’s home, important meetings, court rooms, hospitals, churches, schools- from grade school to universities and trade schools;
- in crisis settings;
- on Wraparound and WISE teams;
- in Individual Education Planning meetings and 504 meetings;
- in truancy hearings;
- in the agency or organization office;

- in clubhouses or drop-in centers;
- through telephone support lines, warm lines and crisis lines ; and,
- in specialized programs that focus on school, housing or employment.

The focus of the work you do will differ according to the needs of the peer you are working with. There is no limit as to where you can use your Certified Peer Counselor training! There are however, rules about what work can be reimbursed by Medicaid insurance. That will be described in this manual a little later. It is important to understand that most people who choose to become Certified Peer Counselors and provide peer support do not do it based on what can and cannot be reimbursed by Medicaid. Most people provide peer support because they have a heart and passion for the work. You can use this training anywhere you choose. It is good to understand the difference between what an “Agency Affiliated Counselor” or other licensed peer employed by a licensed mental health agency can do and what an individual who took the training and passed the test can do. An “Agency Affiliated Counselor”, for examples, has a provider agency with insurance and structure which includes policies, procedures, supervision and other frameworks that provide oversight to the peer support that is being given.

## **Who Can Become a Certified Peer Counselor?**

In order to become a Certified Peer Counselor, applicants must identify as someone who has used mental health services or as a parent or legal guardian of a minor child who has used mental health services.

According to WAC 388-865-0150, “Consumer” means:

- A person who has applied for, is eligible for, or who has received mental health services.

The definition of consumer includes parents and/or legal guardians for a child, under the age of thirteen, or for a child age thirteen or older whose parents or legal guardians are involved in the treatment plan. Other family members are not defined as consumers.

Certified Peer Counselor applicants must successfully complete state-approved Certified Peer Counselor Training and then pass the state Certified Peer Counselor exam. If the applicant then decides to work for a CMHA, they will likely need to seek an “Affiliated Agency Counselor” credential from the Department of Health. Their employer can advise them regarding how to complete this task.

## **What’s the Connection Between Medicaid and Peer Support?**

The Washington state public mental health system relies on funding from the Federal government, much of which comes from the Medicaid program. The Medicaid State Plan is the contract between the State and Federal governments regarding how the State will use Medicaid funding to provide services and it includes peer support as a service that may be paid for.

Medicaid-funded peer support services include scheduled activities that promote recovery, community living skills, socialization, self-advocacy, the development of natural, informal, and formal supports, and also include self-help support groups. Peer support services under Medicaid must be:

- Provided by a Certified Peer Counselor under the supervision of a Mental Health Professional (MHP), who understands rehabilitation and recovery.
- Included in the peer’s service or treatment plan, with specific goals that are flexible, tailored to the individual and/or family, and are often designed to connect them to community and natural supports.
- Documented via progress notes that include progress made toward goals identified by both the Certified Peer Counselor and the peer in the service plan.

During this course, we will provide you with information that will help prepare you to work in a Medicaid-funded peer support setting. You will learn about the role of your supervisor and how to work with them successfully. You will learn how to work with peers to develop specific goals and to professionally document the progress that the peer and their family make. You will learn how to work with a peer to develop natural supports

within their community. You may not choose to work in a setting that operates under Medicaid funding or rules, however these skills should transfer to most work sites and benefit your professional development.

## **Washington Mental Health System Overview**

There are primarily four layers of administration in Washington’s public mental health system:

**Federal-** Centers for Medicare and Medicaid Services (CMS)

**State-** Washington State Division of Behavioral Health & Recovery (DBHR)

**Regional-** Regional Support Networks (RSNs)

**Local-** Community Mental Health Agencies (CMHAs)

### **The Federal Level: Centers for Medicare and Medicaid Services**

The Centers for Medicare & Medicaid Services (CMS) administer Medicaid and work in partnership with the state to administer Medicaid. Medicaid is made up of federal dollars and dollars from the State of Washington. Most of the individuals served in the public mental health system must be eligible for or receiving Medicaid.

### **The State Level: The Division of Behavioral Health and Recovery**

The responsibilities of DBHR is to contract for all behavioral healthcare services in the state. DBHR contracts only with Regional Support Networks (RSN’s) to contract with agencies to provide Medicaid services, and some mental health services are paid for through other funds and through other contracts. Behavioral health services include the community mental health services offered under the Medicaid State Plan and the services outlined in the Revised Code of Washington (RCW). These mental health services encourage community support to provide individuals with tailored services that are responsive to their individualized needs. These services also include state and community psychiatric hospital services, crisis services, and other services.

## **The Regional Level: Regional Support Networks**

The RSNs use the money they receive from DBHR to contract with licensed community mental health agencies (CMHAs) and other organizations to provide direct services. The RSNs provide oversight of the services provided by their contractors and also authorize services for the people they serve. Most RSNs are organized by county or multi-county regions. In the appendix you will find a map of the RSNs in Washington State. The Regional Support Networks across Washington State are responsible for creating systems of care for children and youth. A system of care is a constellation of systems designed to assist a peer in their recovery and enhance resiliency. The values of systems of care are cross system collaboration, cultural and linguistic competency, and individualized and tailored care driven by the child, youth and family members receiving the services. Regional Support Networks partner on the local level with many organizations such as community mental health agencies, and consumer and family run organizations. Systems of care are an integral part of the systems that serve children, youth, families, adults and older adults in a strength based person centered way.

## **The Local Level: Community Mental Health Agencies (CMHA), Consumer (including youth) and Family Run Agencies**

Funds for services flow through the RSNs to these licensed community mental health agencies to directly provide mental health services. The specific services provided are listed below. There are now two CMHAs that have the distinction of also being consumer or peer-run organizations: Passages in Spokane, Washington, and Capital Recovery Center in Olympia, Washington. Local provider agencies are encouraged to be collaborative and child, youth and family driven when delivering mental health and co-occurring disorder services. In local agencies, Wraparound teams are being formed and case managers, Certified Peer Counselors, therapists and others often sit on or co-facilitate Wraparound teams with a youth or family member.

## Mental Health Services

### Outpatient Services

Below we have listed the types of outpatient services available under Medicaid in the public mental health system. The child, youth and family, you work with may receive a combination of these services. Outpatient services are designed to support people in their own homes or other residential settings in the community. Community based, outpatient services are generally the first and most desirable set of services for dealing with health conditions. Wraparound and WISE is a service offered that is not on the list. We will talk more about Wraparound and WISE in a later chapter. Outpatient services provided through Washington’s public mental health system are as follows:

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

## **Crisis Services**

Crisis services are available to everyone in Washington State, regardless of health insurance coverage. They exist in all communities of the state, 24 hours per day, seven days a week. Crisis services include crisis line services and face-to-face evaluations for people in a mental health crisis. Crises are to be resolved in the least restrictive manner possible and should include family members and significant others as appropriate to the situation. Crisis services are intended to stabilize the person in crisis, prevent their condition from becoming worse, and provide immediate treatment and intervention in a location best suited to meet the needs of the individual. Sometimes the use of crisis stabilization services through a crisis bed at a local facility is helpful. Typically crisis evaluations and services are done by specialized teams, often including children's teams. Some crisis services must be approved by the RSN as meeting "medical necessity".

## **Inpatient Services**

When crisis situations come up that stop someone from being treated safely in an outpatient setting, inpatient hospital care may become necessary. There are essentially two types of hospitalization. They are referred to as involuntary hospitalization and voluntary hospitalization.

Evaluation and Treatment Facilities (E&Ts) provide services in inpatient residential facilities that are licensed by the Department of Health and certified by DBHR. There are two types of E&Ts; free standing E&Ts and hospital based E&Ts. Hospital based E&Ts are sometimes used to serve people with serious medical needs. The E&T provides medically necessary evaluation and intensive treatment to Medicaid enrolled individuals who would otherwise meet hospital admission criteria. E&T services are usually provided on an involuntary basis, although some individuals choose voluntary services. Although not all communities have local E&Ts, RSNs are responsible for providing this level of service when needed. Most E&Ts, however, do not provide children's or youth services and the RSN will authorize services in another facility of their choice as available.

## **Children’s Long-Term Inpatient Program (CLIP)**

For an individual under the age of 18, the RSN will work with the family and the community mental health agency to determine if long-term inpatient care is indicated. If long-term inpatient care is needed, there are generally two ways care is initiated. For a child, or a youth 13 or older who agrees to inpatient care, an application is sent to the RSN for review. In most RSNs, a committee reviews the application to see if other options have been exhausted. The committee may make care recommendations or send the application to the CLIP Administration. If the CLIP administration approves the application, the child is accepted and put on the wait list. The second avenue for CLIP placement is when a court places a child or youth on an 180 day involuntary order, which will result in CLIP placement. .. Long-term inpatient care for children is provided in four residential (they live there for a while) facilities referred to as the Children’s Long-Term Inpatient Programs (CLIP). These are mental health facilities for children and youth:

1. Tamarack in Spokane
2. McGraw Center in Burien
3. Pearl Street Center in Tacoma
4. Child Study and Treatment Center (CSTC) in Lakewood.

The length of stay in a CLIP facility varies depending on the need of the child or youth. The goal of any hospitalization is to return the youth to their family as soon as they are medically stable and hopefully have learned some recovery and resiliency tools through individual counseling and group counseling. Certified Peer Counselors can be very helpful to children and youth who are in CLIP facilities.

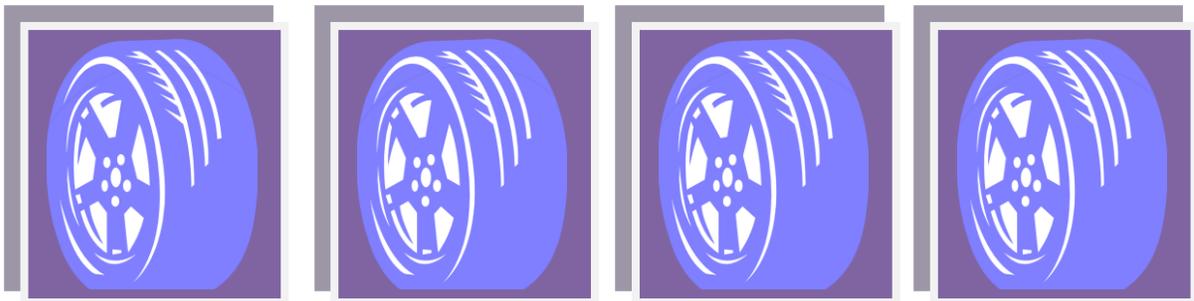
## **Five Core Competencies of Youth and Family Peer Support**

### **Winning the R.A.C.E. against Stigma and Mental Illness takes:**

#### **Resources.... Advocacy... Communication... Empowerment**

The *Journey* is a metaphor for how peer support can enhance a person's recovery and resiliency. When providing peer support, these competencies will allow the Certified Peer Counselor to stay on the right road, provide personal and ethical guidance, and continue to assist peers in reaching their desired destinations through providing excellent Resources, Advocacy, Communication and Empowerment. If recovery is the road you are traveling and peer support is the vehicle, then the core competencies are the tires on the vehicle. If the tires are not properly maintained the vehicle is in danger of veering off the road. Understanding the core competencies will assist Certified Peer Counselors in providing effective, culturally appropriate, ethical, and value driven services to the peers they are supporting.

#### **Five Core Competencies- R.A.C.E.**



Resource

Advocate

Communicate

Empower

## Roles, Responsibilities and Core Competencies

Each agency defines the roles, responsibilities and activities of Certified Peer Counselors who work with them. They make sure that Certified Peer Counselors are following the laws and rules stated in the Washington Administrative Code (WAC-how we interpret the law) and in the Revised Code of Washington (RCW-the law itself). (See appendix I, for common acronyms and appendix II, for definitions of common words used in this manual). Certified Peer Counselor jobs occur in different forms, such as in individual peer support, peer support groups, in-person activities or on the telephone. Peer counseling happens in different settings too—in the community, Wraparound teams, WISE teams, in the agency, in court rooms, hospitals, churches, schools (from grade school to universities and trade schools). There is no limit as to where you can use your Certified Peer Counselor training.

The focus of the work you do will differ according to the needs of the peer you are working with. Identifying those needs and how peers choose to get those needs met form the content of most of this training. Remember to apply the core competencies of R.A.C.E. to each chapter that you read. Be creative and share your ideas with your classmates! Read each chapter and think about the following questions:

1. How can you be a resource and find resources for the peer you are working with?
2. What areas does the peer *want* you to advocate for them in and
3. What areas do they *need* you to advocate for them?

Always advocate for a peer in a mentoring way. Understand that the ultimate goal as a Certified Peer Counselor is to put yourself out of a job with each peer you work with by passing on skills, tools and information that a peer can use on their own in their recovery journey.

Communication between you and a peer you are working with must be clear and recovery oriented. Communicate about your role and responsibilities in the relationship with the peer and with your supervisor. Empower the peer you are working with to know how to access the resources available to them in order to enhance their recovery journey. Empowerment is how recovery will be sustained in the peer's journey.

When you are participating in this training, think about how you can incorporate the R.A.C.E. core competencies effectively in your learning experience



**Start Your Engines....**

**Chinese Symbol for Hope****Objectives**

1. Understand the value of hope in Certified Peer Counseling.
2. Learn how to tell your story of hope to inspire a peer.
3. Understand that hope looks different to different people.
4. Understand how to apply the core competencies of R.A.C.E. to the concept of hope.
5. Learn about what makes other people hopeful.

**Overview**

We asked people what they thought hope was and each person gave us a different and more inspiring answer than the next. It is not for one person to tell you what hope is. You will not tell the peer you are working with what their hope should be. Hope is a part of the journey that we all must discover for ourselves. Hope is infused in all aspects of the core competencies of peer support. Resources, Advocacy, Communication and Empowerment (R.A.C.E.) all begin with the seed of hope that you as a Certified Peer Counselor plants when you start building the relationship with the peer you are working with. Here are some thoughts about hope written by local leaders in the mental health recovery field in Washington State.

## Youth Message of Hope

By Tamara Johnson Director of Youth 'N Action, a state-wide youth organization focused on leadership, public policy and recovery values.

When we first embark on our road to recovery sometimes we only come equipped with items we have to learn to let go of. Some of the things we need to overcome along the way are powerlessness, trauma, pain, anger, stigma, addiction, isolation, the inability to cope and negativity. With only these things to accompany us on the long road to recovery, such a journey could seem impossible. As Certified Peer Counselors, people who have been down this road before, we can help our fellow peers understand that *recovery is possible* and *resiliency* is how we get there. We use our stories and unconditional support to help guide our peers on their journey. Everyone's recovery looks different. A Certified Peer Counselor can provide people the support and advocacy they will need to stay on their journey. Certified Peer Counselors help people get back on track when they stray from their recovery.

The use of skills and tools learned in this training, combined with life experience, allow Certified Peer Counselors to partner with peers in their recovery. We support our peers in letting go of the negative and picking up the positive; empowerment, pride, careers, youth voice, family voice, education, goals, community, control over emotions and most importantly the ability to be resilient and bounce back from any set back. You are taking this training because you have a story to tell and lives to change. A Youth Certified Peer Counselor is particularly special. We have the ability to help a generation overcome the pain and challenges we once went through. Pay attention to the core competencies outlined in this manual. Resources, advocacy, communication and empowerment are powerful skills to learn. With these tools, we have an opportunity to help youth gain back their future and do something positive with their lives.

## Family Message of Hope

By Sherry Lyons Executive Director of the family organization A Common Voice in Pierce County.

A Message of HOPE- All people can become resilient!

The ability to “Bounce back from adversity and become stronger” is resiliency! Resiliency qualities are in each one of us. Oftentimes we need someone else to recognize these traits and abilities in us. Depending on what is happening in our lives and how and what we think about our current situation makes it easy or more difficult to see our own resiliency factors!

I used to live in chaos. I really wasn't aware of that fact, at all. It had become my normal way of living. As a parent, I know the 24/7 kind of tough job and staying power it takes to raise a kid with certain challenges! I also know that with authentic Peer Parent Support, I was able to gain new coping skills to feel equipped to continue the tough job...for the long haul!

These are some of the tools I gained while receiving peer support:

- Create and practice my own daily self-care & wellness plan;
- Learn and practice to set realistic healthy boundaries and following through;
- Accept that my focus had to shift from what was not working to what was working...**Strengths!**; and,
- Partner effectively with schools, mental health providers and other systems in order to become a team player.

I encourage those of you eager to help children, youth and families to remember it is an honor to help people who are in the mist of their most difficult days. You will inspire them

by your own example. Knowing that change can come is essential in peer support. Understanding that peers can have a good life, and that there is hope and a future for each one of us is a key concept! I applaud all of you who are called with a desire in our hearts to make life better for another. **Share** in a way that empowers another to become their best self! Empowerment is one of the most important core competencies you will learn in this training. **Teach** in a way that offers allowances for setbacks. **Encourage** in a way that celebrates another's individuality! **Mentor** in a way that builds a trusting relationship that inspires someone else to do what you do! **Listen** like you have never heard such music! You are listening to the symphony of their life! As I give to others, it is my own life that receives so very much! Blessing to you as you go forth in this rewarding career as a Certified Peer Counselor!

## **Beginning Relationships**

When you first meet a peer it is important to build a relationship. Set out the parameters of the relationship you will be having. Hope plays a key role in the relationship but so do boundaries, ethics, active listening and integrity. Do not promise more than you can deliver and just because you are a peer do not assume that you know exactly what someone else is going through. When you first meet a peer you will be working with, it is likely that there will be required paperwork when you meet. Make the paperwork a part of how you get to know someone. Smile, nod, practice active listening skills and remember that you may have been in this position once.

If you can, offer a beverage or a snack that might be welcome. Some people may have just slept in the woods, shelter, tent city, apartment or mansion. One cannot assume. They may have traveled a long distance. It is likely that they have had to wait for many weeks to get this appointment with you. Let them know how happy you are to see them and their family if they are also at the appointment. Tell the relevant parts of your story to build a relationship. Inspiring hope is always a part of building a relationship.

## Hope, Building Relationships and Peer Support

Hope can be the beginning of the peer support process. Without hope there is little else to offer in the beginning stages of developing a relationship with the peer you are assisting. Hope is what helps build trust and it is the bridge that connects a peer from the sea of challenges to the shore of recovery.

Hope comes in many forms. As a Certified Peer Counselor you will have your own and special type of hope to offer. The type of hope we can offer is directly related to our life experience and the things in our personal story that we have overcome. When meeting a peer for the first time don't forget to pour on the hope!



and you as a Certified Peer Counselor will have your own special definition of hope to offer. The type of hope we can offer is directly related to our life experience and the things in our personal story that we have overcome. When meeting a peer for the first time don't forget to pour on the hope!

### The Essence of Hope

“Hope is not managing illness. It is discovering wellness. Hope does not fix what is broken but finds wholeness within. Meaning, purpose and a love for life where there was once only dread. Hope reconnects us to self, others, nature and spirit.” –Duane Sherry

As a Certified Peer Counselor you are going to meet people who may not feel hope anymore. It will be your job to try to guide them back to hope. Try to remember what it was like during a time that you did not have hope. You cannot force hope on someone but you can share your experience, strength and stories of hope. Not everyone is going to hear your story and find hope in it but maybe you can crack the door open a bit. All it takes is a small opening for the light of hope to shine in. You can be the person that opens the door to hope but you cannot make someone walk through it. In looking at the core competencies, *empowerment* is what comes from hope.

## Exercise

### Hope

Write down when you first encountered hope. What inspired you to think you had options? What helped you begin to have faith in your future?

The instructor will collect the sheets and redistribute them for reading to the class. You will be reading someone else's encounter with hope. It is fun to try and guess who wrote what hope story.

**“Hope is the fuel that gets us to the destination.”**



**The Building Blocks of HOPE**

## Hope R.A.C.E. Review



### **R. Resource**

How can hope be a resource? What does hope have to do with building a relationship with a peer you are working with?

### **A. Advocate**

How does hope help you advocate?

### **C. Communicate**

What is the best way to communicate hope? What is the best way to build a relationship through communication? Should you set boundaries before or after you first meet your peer?

### **E. Empower**

How does hope empower the peer the Certified Peer Counselor is working with?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

## Objectives

1. Understand the concept of recovery and how it is a useful tool for Certified Peer Counselors.
2. Understand the concept of resiliency and how it is a useful tool for Certified Peer Counselors.
3. Learn how to tell your story in a recovery and resiliency oriented way.
4. Learn how to apply the core competencies of R.A.C.E. become a recovery oriented resiliency based Certified Peer Counselor.
5. Learn the value of Empowerment –Doing with a child, youth and family peer instead of for them.
6. Understand the concept of System of Care and how it relates to child, youth and family’s becoming resilient.

## Overview

Resilience is typically understood as the ability to bounce back from hard times. In working with children, youth and families the concept is more defined. In Sherry Lyon’s message of hope she describes resiliency as factors and strengths to build upon. What tools and strengths does a peer have or need to acquire to become resilient and begin their recovery journey? You will see throughout this training that each skill you practice contributes to your ability to help children, youth and families pull their strengths from within and to build resilience and recovery. Communication is a building block of resiliency and recovery. The “C” in R.A.C.E., will allow you as a Certified Peer Counselor to *communicate* your story, ask questions and listen to their story. You can assist them in identifying where they have been resilient on their recovery journey. This is helpful when working with peers because if you can find out what has worked for them in the past or point out places in their story where you see they have been resilient they can put it in their tool box for future use.

## **Resilience and Empowerment**

*“Resilience is rooted in a tenacity of spirit- a determination to embrace all that makes life worth living even in the face of overwhelming odds. Bouncing back better than before with lessons learned and a positive outlook for the future.”*

~Wisdom Commons

The concept of resilience is everywhere these days but it has special meaning in the systems of care (see next section). Resilience includes being able to deal with risk factors and ACES (Adverse Childhood Experiences) in a way that is optimistic and forward thinking. All children have risk and protective factors growing up that influence their lives. Risk factors would be having parents that divorced, a parent with a drug addiction or growing up in poverty. Protective factors would be getting all one's needs met, doing well in school and having lots of friends. This concept was taken from (Mrazek and Haggerty 1994, 12; Clayton 1992; Hawkins, Catalano, and Miller 1992; Rutter and Garmezy 1983). As a Certified Peer Counselor you can discuss a person's experiences and identify where they were resilient. This is helpful as resiliency is a skill that is transferable. You can help a peer see where they used resiliency in their life in the past and help them apply those skills to their current situation or build new appropriate skills for the current situation.

## **Empowerment**

You will work with the concept of **Empowerment** throughout this training. **Empowerment** is an “umbrella” word that covers the dynamics of recovery and resilience. The most basic way to think about it is “Knowing You Have Power.” It takes hope, a strength-based outlook, personal responsibility, self-advocacy and the other skills you will practice in this course to create a space where someone begins to feel their own power.

No one can give another person “Empowerment.” You **can** walk alongside a peer as they develop the tools and skills of recovery and resilience to become *EMPOWERED*. That process is what this course is all about

## People and Places that Support Resilience

**Adults.** Warm, healthy attachments between a child, youth and parents and with other close family members are ideal. Regardless of family structure, however, the presence of at least one caring relationship with another unrelated adult also has a significant healthy impact on a youth. This unrelated person may include extended family members, respected older friends, teachers, coaches, mentors, pastors, counselors, or community leaders.

**Peers.** Healthy peer relationships – trusted friends or youth/family peer counselors that a person feels comfortable with and committed to – are equally important in resilience. Peer relationships provide opportunities for encouragement and emotional support.

**Community.** Youth and Family peer support work includes helping build community. This provides structure and offers opportunities for emotional investment in and identification with a larger group.

## The Skills of Resilience

Youth and Family peer counselors help youth and families develop problem solving skills. Examples of the skills are:

- Learning to utilize a solution-focused coping style,
- Developing the ability to think before acting,
- Perceiving different options for alternate choices, and
- Being able to function independently, but also able to request help when necessary.

Resilience defined:

Re-sil-ienc ri'zilyens 1. The ability of a substance or object to spring back into shape; elasticity. "Rubber bands have resilience." 2. The capacity to recover quickly from difficulties; toughness. "My son is very resilient."

## What is Recovery?

What is “*recovery*” in the field of mental health? According to the President’s New Freedom Commission on Mental Health, “Recovery” is a process by which people who have a mental health challenges are able to work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a mental health challenge. For others, recovery implies the reduction or complete remission of symptoms.”<sup>i</sup>

A youth participant in the Washington State Certified Peer Counselor Youth and Family Curriculum Development Group said this about recovery “Recovery is real simple. I was sick now I am better. That’s recovery.” -Kevon Beaver

While it is not as simple as this for many people the beauty of recovery is that each individual gets to define it for themselves. The term “recovery” is also commonly used in the addictions field so it is important to clarify that you are discussing mental health recovery if there is any doubt.

## What is Recovery?



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## Fundamentals of Recovery

The Consensus Statement 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".

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## The 10 Guiding Principles of Recovery

**Recovery emerges from hope:** The belief that recovery is real provides the essential and motivating message of a better future

**Recovery is person-driven:** Consumers have the right to participate in all decisions that will affect their lives, and they are empowered and supported in this process.

**Recovery occurs via many pathways:** There are multiple pathways to recovery based on an individual's unique strengths as well as his or her needs, preferences, experiences, and cultural background. Recovery is not a step-by step process but one based on continual growth, occasional setbacks, and learning from experience.

**Recovery is holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, social networks, employment, education, mental health and health care treatment, and family supports.

**Recovery is supported by peers and allies:** Peers encourage and engage other peers in sharing knowledge and skills, and provide an invaluable role in recovery

**Recovery is supported through relationship and social networks:** The involvement and presence of people who believe in the person's ability to recover leads to a greater sense of belonging, autonomy, social supports, and community participation.

**Recovery is culturally-based and influenced:** Culture and cultural background are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent and competent, and well as personalized to meet each individual's unique needs.

**Recovery is supported by addressing trauma:** Services and supports should be trauma-informed to foster safety and trust, as well as promote choice, empowerment, and collaboration.

**Recovery involves individual, family, and community strengths and responsibility:** Consumers have a personal responsibility for their own self-care and journeys of recovery. Consumers, family members, and communities also have personal responsibility for advocating for social needs and services.

**Recovery is based on respect:** Eliminating discrimination and stigma are crucial in achieving recovery. Self-acceptance and regaining belief in oneself are particularly vital.

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## **Recovery and Resiliency Oriented System of Care**

A recovery and resiliency oriented System of Care (SOC) is a set of services and supports, guided by a philosophy and supported by an integrated system. The core values of SOC are to be family driven and youth guided, community based, and culturally and linguistically competent. Being family driven and youth guided means that families and youth have a voice in their plan of care and a choice of the services that are offered to them. It means that they get to guide and drive their own care. . Systems of care are community based, with services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level. (This needs to be simplified.) A SOC is culturally and linguistically competent with agencies, programs and services that reflect the cultural, racial, ethnic, family and organizational differences of the people they serve. Systems of Care strive to provide easy access to services that best fit the child, youth and family's needs.

### **Definition of Family-Driven Care**

Family-driven means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes:

- Choosing culturally and linguistically competent supports, services, and providers;
- Setting goals;
- Designing, implementing and evaluating programs;
- Monitoring outcomes; and
- Partnering in funding decisions.

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## Definition of Youth-Guided Care

**Youth Guided** means that young people have the right to be **empowered, educated**, and given a decision making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community, state and nation. This includes giving young people a **sustainable voice and then listening to that voice**. Youth guided organizations create safe environments that enable young people to gain self **sustainability** in accordance with the cultures and beliefs with which they identify. Further, a youth guided approach recognizes that there is a continuum of **power** that should be shared with young people based on their understanding and maturity in a **strength** based **change process**. Youth guided organizations recognize that this process should be **fun** and **worthwhile**.

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## Exercise

### Solutions Exercise

Choose three possible barriers a peer might come up with which would interfere with their recovery and resiliency. With a partner from the class, develop strategies that you, as the Certified Peer Counselor, could use to empower a peer to overcome them. One of you should act as a peer dealing with the barriers and one of you will be the Certified Peer Counselor. You will be reporting briefly back with the class about the role-play.

## What is Recovery?



### Barriers

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Solutions

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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## **Recovery, Resiliency and Empowerment R.A.C.E. Review**



### **R. Resource**

How are Recovery, Resiliency and Empowerment used as Resources for a peer?

### **A. Advocate**

How could a Certified Peer Counselor advocate for a peer to be empowered?

### **C. Communicate**

What type of questions would you ask a peer to find out how empowered they feel?

### **E. Empower**

How recovery and resiliency does related to empowerment?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies**

## Objectives

1. Learn how to reframe negative statements.
2. Understand how to recognize internalized stigma.
3. Learn how to choose positive hopeful words rather than medically centric words.
4. Identify how language and stigma relate to the R.A.C.E. core competencies of peer support.

## Overview

When we talk about mental health challenges, the words we choose are very important. Respectful language can promote recovery and reduce stigma. A poor choice of words can have the opposite effect. Intentional use of positive words and phrases can assist a peer in finding hope and thinking differently about their situation. Look for how communication matters as a Certified Peer Counselor in this chapter. The “C” in R.A.C.E. is how you will combat stigma. Look at stigma as an opportunity to educate someone with your words not your anger or indignation. Communication is key!

## New Word Choices

**Person** instead of *patient*

**Challenge** instead of *failure*

**Opportunity** instead of *crisis*

**Life experience** instead of *history of illness*

**Strengths** instead of *weaknesses*

**Recovery path** instead of *cure*

**Acceptance** instead of *blame*

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

### **Non-medical Terms that Promote Recovery**

- Use terms like service/resource coordination rather than case management. People are not cases, and should not be managed.
- Certified Peer Counselors promote a partnership, which means that terms such as compliance (a metaphor of force), are to be avoided, since compliance suggests mindless conformity. Other words also can seem loaded with judgment—consider the implications of words like refuse and resistant. Terms like involvement, adherence, partnership, and cooperation are less passive, and more suggestive of someone taking active responsibility for his or her own recovery.
- Describe someone with a history of depression, not suffering from depression. Suffering is a self-descriptive concept, to be used only by the person who is experiencing the suffering.
- Describe a person who uses services at your agency, not “my” client, which implies possession or a controlling attitude.
- Do NOT say client as a Certified Peer Counselor. You will have peers not clients. By calling a peer a client you imply hierarchy and that you know something they do not. Even if it is the norm at the agency you choose to work at it is imperative that children, youth and families are treated by Certified Peer Counselors as peers.



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## Person First Language

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

Person first language refers to the practice of putting the person first when writing or talking about a child, youth or family peer. Using person first language emphasizes the person rather than their symptoms or diagnosis. For example, it is preferable to say “a person with mental illness,” rather than “the mentally ill man” or “the schizophrenic.” We do not want to lose sight of the person because they have mental health challenges. Referring to a person simply by his or her diagnosis is dehumanizing, even if this is not what the speaker or writer intends. We often hurt others by sheer ignorance and using person first language is an excellent way to impart the core competencies of peer support. Using the “A” in R.A.C.E. by advocating for strength-based language in an agency can sometimes be intimidating and it takes courage. More often than not a person who is non-judgmentally and thoughtfully given different language choices to use are grateful.

Whenever possible, use “person” alone when the person’s role (e.g., psychiatrist) or diagnosis is irrelevant. For example: The sentence “People succeed at work when they have adequate skills and supports.” is true whether we are talking about someone who is returning to work after receiving supported employment services or about someone who has landed a first professional job following graduate school.

Avoid over-using diagnostic terms. Labels cannot only be stigmatizing, they do not refer to the whole person. Terms such as “having a mental health challenges”, or describing a specific difficulty, such as “is hearing voices” are more acceptable to many people.

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

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personal achievements, rather than their diagnoses or labels. Families have a very difficult time with stigmatizing language and often get blamed for their children or young person's



mental health challenges. It is imperative that system of care values of family driven culturally competent services be emphasized when working with children, youth and families. As a Certified Peer Counselor it will be your role to *advocate, communicate and empower* through strength based language choices.

In general, when describing a “mental health challenge”, the term “mental illness” and “psychiatric disability” are to be avoided as they both focus on limitation and disease rather than recovery, resiliency and empowerment as discussed in previous chapters. Although you are expected to use recovery-based terms, the peer you work with may choose different language and terms. For some people these are new concepts, and you might explain why you use the language you choose:

Some acceptable terms are:

- An individual with a mental health challenge
- A person living with Bipolar Disorder
- A person with difficulties with anxiety

Unacceptable language includes dehumanizing words or phrases, such as:

- The mentally ill
- Psychiatric illnesses or disability

- 
- Schizophrenics
  - Chronic
  - Non- compliant
  - Crazy or other insulting terms

When talking about medications, discussing symptoms and diagnoses might be helpful. And in certain settings, the word “disability” might be needed to obtain accommodations or financial assistance. Certified Peer Counselors are urged to avoid the most medically oriented terms, such as client, patient or illness, and to assist the medical community in transitioning from a system that “does to” an individual into a system that “does with” an individual. In other words, we want to encourage partnerships between the people who use services and the people who provide them.

### **Language Guidelines**

Here are some language guidelines that will help you in your Certified Peer Counselor journey:

- Psychiatric disability emphasizes a person is limited by their diagnosis or symptoms;
- The term “mental illness” implies a medical perspective, with an emphasis on diagnosis and symptoms, and a similarity to a physical illness. Although there is no dispute that mental illnesses exist, it is preferable to lead people away from a medical focus to a focus on recovery goals, strengths, empowerment, employment and other important areas of life;
- Mental health implies wellness and successful cognitive and interpersonal behaviors,
- Referring to mental health is generally positive as it refers to everyone in the community,

- 
- Relapse is a term to avoid, both because it is medical language and because it places a negative judgment on periods of illness or increased symptoms. Recovery focuses on wellness, comparing mental health to physical health in the sense that someone who is healthy may experience periods of illness, and,
  - Terms like serious, significant, severe, persistent, and chronic provide an image of a long-term (potentially life-long) difficulty, and can lead to hopelessness.

### **Effects of Stigma on Mental Health Recovery**

Stigma is when someone judges you or your child based on a personal trait. Unfortunately, this is a common experience for people who struggle with their mental health. Stigma may be obvious and direct, such as someone making a negative remark about your mental health challenge of your or your family's treatment. Or it may be subtle, such as someone assuming there could be unstable, violent or dangerous behavior. You may even judge yourself or your family, this is called internalized stigma. As a Certified Peer Counselor, you will find that some children, youth and families you support are often far harsher on themselves than anyone else. When this occurs it is important to make sure that self-worth skill building is a part of the support you provide; as long as this is also what the person you are supporting chooses.

Stigma produces extremely harmful effects on individuals, the family being stigmatized, and the community. It also harms the person who is passing the stigma along. Stigma has a lot to do with ignorance and ignorance is based on a lack of accurate information. As a Certified Peer Counselor you can use the R.A.C.E. core competencies and your own personal journey to educate people who may be victims of stigma or perpetuating it.

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## Exercise

### Stigma Buster!

#### Exercise I

As a Certified Peer Counselor, how would you use strength-based language to address someone who called themselves “Hyper Active”, “So Bi-Polar” etc.? Feel free to make up your own label for this exercise. After each training participant has had a chance to be the peer and the Certified Peer Counselor address the question below.

**Is it OK for someone to label themselves? Why or Why not?**



#### Exercise II.

Get into groups of four people and come up with a “May is Mental Health Month” anti-stigma campaign. How would you go about it? What materials would you use? Who would be the target audience? What does your team think the most important anti-stigma message would be about children, youth and families affected by mental health challenges? Take fifteen minutes to come up with your campaign and be ready to report back to the group.

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## **Stigma and Language R.A.C.E. Review**



### **R. Resource**

What resources will help you assist a peer agency or system to combat stigma?

### **A. Advocate**

How will you advocate for a peer who experiences stigma? How would you advocate against stigma on a system level?

### **C. Communicate**

What message would you communicate regarding stigma?

### **E. Empower**

How does combatting stigma empower an individual?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

**Objectives**

1. Learn how to identify strengths in the peer you are working with.
2. Understand how knowing your own strengths as a Certified Peer Counselor will assist you in helping children, youth and families move towards recovery and resiliency.
3. Learn how using a strength-based perspective will enhance other relationships in a peer's life.
4. Understand how being strength-based as a Certified Peer Counselor empowers the peer you are working with.

**Overview**

One of the most important resources a Certified Peer Counselor brings to the people they serve is a strengths-based perspective. Think about your own strengths as you read this chapter. As a Certified Peer Counselor you will focus on identifying the strengths of the peers you work with and how the peer can use these strengths to meet their goals. Use the core competencies outlined in this manual (R.A.C.E.) to provide a strength based approach in all areas of competency. Build on the tools learned in the language and stigma chapter. Resources should be strengths based and fit the peer's needs that you are working with. Advocacy should be strengths based and driven with the peer and their goals in mind at all times. Communication must be strengths based because you do not want to retraumatize anyone or be condescending. Empowerment comes directly from you as the Certified Peer Counselor assisting the peer in identifying their strengths.

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## **Strengths Based Perspective**

Many peers who seek professional support have been told again and again that there is something wrong with their own or their family member's behavior. Professionals often start a conversation by asking, "What is the problem?". You might want to think in terms of solutions rather than problems. This is a way to reframe how you look at a certain situation. However, identifying the challenge is only the first step to finding a lasting solution. If the discussion is constantly focused on the negative things in life, a peer can feel overwhelmed by all the challenges. They might feel like they cannot do anything without a professional's help. They may not recognize that they already possess and use many strengths every day. When a peer learns to recognize their own innate strengths, they feel a greater sense of winning the R.A.C.E.! As they get the resources they need they feel that they are becoming their own advocate, they are communicating well and being communicated to in a respectful way. The end result is that they feel empowered in their own recovery and resiliency. Individual strengths are always the fuel a person uses to overcome challenges. These dependable strengths can be used again and again throughout the person's life. As a Certified Peer Counselor you will assist peers in identifying their own strengths. Identifying strengths helps the Certified Peer Counselor to see the peer as a whole person with skills and abilities to be used in their recovery process.

## **What are Strengths?**



Strengths are the positive attributes that all individuals, families, and communities possess. Sometimes a characteristic may not appear to be a strength on the surface, but it can be used as a resource to help the person develop resilience and achieve their goals.

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## **Attitudes and Values**

Attitudes and values include cultural, family and spiritual beliefs. This category could also include what people have learned about themselves, others, and the world around them. A peer's values can motivate them to make wise or poor decisions. However, peer may not always be able to identify their values in words. They may demonstrate their attitudes and values through actions. As a Certified Peer Counselor, listen to a peer's words and watch their actions. Attitudes and values are also influenced by culture and language. In order to best understand a peer's attitudes and values ask them not just how they feel but why they feel the way they do. It's OK to ask about an individual's culture. In fact culture may play an important role in their recovery journey. When we talk about values we are including ethics in this conversation. You will learn a lot more about ethics in the following chapters.

## **Skills, Abilities and Interests**

Social skills, and special skills, talents, interests, and hobbies are part of an individual's or family's strengths. Skills and interests are concrete, so this may be a good place for you to start exploring a peer's strengths. Developing these skills is enjoyable for people and can be a great motivator. Examples: Interest in writing poetry; being a great cook; a great runner; or the ability to put together a computer. It is OK if a peer does not feel like they have any special skills or abilities when you as a Certified Peer Counselor first meet them. This is a great goal to put on a recovery or service plan. As time goes by and as a peer gets hope, they can start to see where recovery might be possible. Their skills and abilities will become clear naturally. Their belief in their own strengths will grow as their recovery grows.

## **Supportive Relationships and Resources**

Relationships with other supportive individuals or communities such as family, friends, social groups, or systems are very important to recovery and resilience. Some examples of supports are: A best friend; a church community; or a reliable babysitter. Supports will be covered more under natural and formal supports.

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## **Voice and Choice**

A person's ability to express their voice and make their own choices are strengths that may need to be developed. A child, youth or family member may not realize that they have rights and options in challenging situations. The term voice means that you partner with a peer in feeling heard. Choice means that you partner with the peer to make sure they understand all the choices that are available to them and feel empowered enough to make them.

## **Reframing...Can you hear me now?**

One powerful way to identify strengths is called reframing. We may sometimes have to remind ourselves that everyone has strengths. In fact, the more challenges a person has experienced, the more strengths they have developed along the way in order to meet these challenges. Reframing means taking things that appear negative, such as difficult experiences or coping mechanisms, and turning them around into strengths.

A coping mechanism that appears to be a problem in one situation may in fact, be a strength in another situation. That is the way humans develop—they adapt to their environments by developing strengths that help them in their current situation.

## **Identifying Strengths**

The strength identification process should be more of a chat than a formal assessment process. It can occur over several meetings, anywhere or any time you meet with a peer. You may hear the term “strengths assessment”

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# Treasure Hunting for Strengths!

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## NEGATIVE statement

Child runs away  
Child is assaultive  
Child has negative peer group  
Child is unable to stay on task  
Child doesn't form relationships  
Child takes no responsibility for actions  
Child cannot sit still  
Child is disobedient  
Child is disruptive  
Child is oppositional  
Child doesn't follow rules  
Child interrupts others  
Child puts self in high risk situations  
Family is always in crisis  
Parents are enmeshed with child



## POSITIVE skill

Good survival skills  
Stands up for themselves  
Able to make friends  
Curious and inquisitive  
Self-reliant and independent  
Carefree attitude  
Energetic and tireless  
Strong-willed  
Likes to be involved  
Has a mind of their own; independent  
Sense of self limits, self-directed  
Values own ideas and thoughts  
Excited to share information  
Brave and adventuresome  
Family is adaptable  
Parents love their child, strong family bond, high sense of responsibility

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## Exercise

### Strengths

Imagine you are at a social activity among people you have never met. You usually begin a conversation by sharing common sorts of information back and forth. The same technique works well when getting to know a peer. Remember, you are trying to see and to get to know the whole person. Find a partner from class and pretend you are meeting a peer for the first time. Follow the directions:

1. At the first meeting, introduce yourself and explain your role. Keep in mind you are a person with lived experience with a possible common background and history rather than an expert with all the answers.
2. Take cues from the peer and the setting to begin your conversation. If you're meeting at their residence, look around their home for clues that help you to know more about him or her. Are there plants that may show that they are interested in gardening? Are there any craft items displayed in the home? Family pictures may also be a good starting point. A meeting in a park could spark a conversation about outdoor interests. A person's jewelry or clothing could start a conversation on hobbies, or a story behind the item. Don't get too personal too quickly and if a peer appears uncomfortable about a subject, steer away and let them guide the conversation.
3. Model information sharing by talking about some of your own experiences, hobbies, traits or preferences. This may spark their own discussion about similar interests or other interests or experiences. The chapter "Telling Your Story" discusses the good times to tell your story and how much of it to tell. Use good self care when choosing to tell your story. Be mindful of anniversaries and sensitive topics that may trigger you or the peer you are working with. You won't regret being sensitive but you might regret over sharing.

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4. Listen actively and take your cues from the peer you are working with. Prompt them if necessary, using what they have said or parts of your story. Reframing and restating are great tools for listening.
  5. Listen for strengths of the peer, their community, and others involved with the family.
  6. Write down the strengths you have identified and share them with the peer you are working with. Ask if they can think of any other strengths they want to add. Discuss how they used these strengths in the past, and how they could use them to deal with current or future challenges.
  7. Build on strengths. The strengths list is dynamic, meaning it can change over time. Add to list of strengths and utilize the newly acquired strengths in your work with the peer. If a person encounters a new situation, this is a great opportunity to build on old strengths or develop new ones.

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**Raise the bar. Focus on strengths.**



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## **Strengths R.A.C.E. Review**



### **R. Resource**

What does strengths have to do with finding resources for the peer you are working with?

### **A. Advocate**

What strengths do you need to be an advocate for a peer?

### **C. Communicate**

Why it is more effective to communicate in a strength based way rather than a weakness based way?

### **E. Empower**

How does being strength based empower people?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies**

## **Objectives**

1. Learn how to tell only the relevant parts of your story.
2. Learn that it is about the peer and not you.
3. Inspire hope and build on strengths through using your story to combat stigma.

## **Overview**

Learning how to tell your story can be a very effective tool when you are a Certified Peer Counselor. Telling appropriate parts of your story is considered to be a part of the core competencies of peer support. There are many benefits of telling your story. You can help others learn from your experiences by letting them know they are not alone. This reduces stigma and, creates bonds with the child, youth, or family member you are working with. Communicating your story will be a key component to building a relationship with a peer. It is important to keep the focus on the peer and not your own challenges or current life situations. Use your story to enhance their recovery, resiliency and empowerment. You can also use your own personal story to advocate for the rights of people living with mental health challenges.

## **How Much of My Story Should I Tell?**

A Certified Peer Counselor should only tell parts of their story that are relevant to the peer they are working with. Listen more than you talk and choose times to interject your story carefully. You have a unique story and you have worked hard for your recovery. Learning how and when to tell your story effectively is the key to being a great Certified Peer Counselor. Communicating your story is one of the best tools in your resiliency tool box. It is what makes you uniquely qualified to be a Certified peer Counselor. It is also the “C” for communication in the peer support core competencies R.A.C.E..

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As a Certified Peer Counselor you should only tell the parts of your story you are comfortable with. Make sure you choose non-graphic parts of your story and be aware that some parts of your story may be “triggering”, or cause negative reactions by your peers. Always ask the peer you are working with if they would like to hear about your lived experience before you start telling your story. It is important that you are selectively willing to tell your story as a Certified Peer Counselor because that is what builds trust and relationships with the peers you work with.

### **When Should I Tell My Story?**

Tell your story when it is appropriate. Pick a time when a peer has a question about your experience or if they are facing a particularly stressful situation that you may have personal experience with. Timing is everything when you tell your story. As Certified Peer Counselors, we may be far more comfortable telling details about our children, youth and family’s lives than most people. Save your story for when it can help a peer. Telling your story to get a reaction or to “one up” another peer is in poor taste and is not a part of courteous conduct. Remember the core competencies of peer support. *Resources, advocacy, communication and empowerment* all have to be a part of your story. Your story is a valuable tool to be taken out and used carefully and thoughtfully when it can be the maximum service to the child, youth or family member you are working with.

Your story may be important not only to your peers, but in changing attitudes, work environment, policies, and even legislation!

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## Exercise

### Certified Peer Counselor Story

Get a partner and take five minutes each telling your story. Answer the questions below. If you and/or your partner feel comfortable please report your answers back to the group.



#### Questions

1. Can you relate to this story?
2. What are the similarities?
3. What are the differences?
4. Did the peer's story make you feel better or stress you out a little bit? Why or why not?

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## Telling Your Story R.A.C.E. Review



### **R. Resource**

How is your story a resource?

### **A. Advocate**

How can you use your story to advocate?

### **C. Communicate**

When is the best time to communicate your story?

### **E. Empower**

How does your story empower you and the peers you are working with?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

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## Day Two



## Merging Traffic

### **Introduction**

Welcome to day two! Day two focuses on building relationships and communication. Don't forget to apply the four core competencies R.A.C.E., to what you are learning! On day two start building relationships in the classroom setting. It is a great place to develop practice skills and ask questions of people that may have different experiences than you. At this point in the training, you have many resources, the "R" in R.A.C.E. core competencies. The people in your class are resources and full of knowledge.

## **Objectives**

1. Learn how to begin a relationship with a peer.
2. Learn how to end a relationship with a peer.
3. Understand how to set boundaries in the beginning of a peer and Certified Peer Relationship.
4. Learn how to maintain objectivity while building a relationship with a peer.

## **Overview**

Building relationships is the key to being a good Certified Peer Counselor; it is the core of the helping process. Sometimes relationships are easy and work well immediately. At other times, you will have to work hard to establish and maintain a relationship with a peer.

## **Know Yourself**

In order to maintain healthy peer relationships, you should first be clear on where you are coming from. This means knowing what you can bring to the relationship and also the limits to your involvement. Think about your role, boundaries, cultural background, values, and personal story. All of these things will impact the way you relate to a peer. While thinking of these things, keep in mind the R.A.C.E. core competencies.

## **Definition of Peer Relationship**

A peer experiences a Certified Peer Counselor as someone who has walked in their shoes and has a firsthand knowledge of the challenges they face. The Certified Peer Counselor ideally inspires hope and the vision that recovery is possible.

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In order for the relationship between the Certified Peer Counselor and the peer to be productive and positive it must have certain characteristics:

- There must be acceptance and trust. If a person feels judged, they will not speak freely, and may be defensive;
- The peer must feel understood and valued as a person;
- The Certified Peer Counselor must be interested, genuinely concerned, encouraging; and,
- The Certified Peer Counselor must stay objective. You can empathize with a peer's point of view, but sometimes you can help them most by showing them a different perspective.

As a Certified Peer Counselor, you must work to accept and understand the peer's challenges from their point of view, recognize the demands and the requirements of the situation, and assist them to examine alternatives and their potential consequences. You must avoid telling the person what they *should* do. Only the individual can and will decide as they act upon their feelings, insights, and/or understanding of self and the challenges they face. The element of empowerment can only occur when people are supported in making their own decisions.

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

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



## Compassionate Foundational Skills

Caring is what may have brought many of you to become Certified Peer Counselors, but caring is not enough. Caring must be paired with knowing enough to make it work. The foundation skills that will help you assist children, youth and families include:

***Being present and in the moment.*** In order to show interest in another person and establish a trusting relationship, we must focus our attention on that person. No cell phones, no Facebook, no twitter and no Instagram can be present when you are building a relationship with the peer you are working with. This is sometimes referred to as being “other-centered” in our conversation. This process is about the person and her or his needs, not about our own needs.

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

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

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

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

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

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

- Start from where you are and take one step at a time;
- Examine your resistance points (Those things that irritate you, limit you, and cause you to react);
- Recognize that whatever you are experiencing at this very moment is appropriate to your need to grow; and,
- Stop worrying about whether others are getting theirs

## **Using Open-Ended Questions**

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

- Who is important to you? Tell me a little more about them. Why are they important to you?

- 
- What is your typical day like? Is there anything you'd like to change about your daily routine?
  - What was/is your favorite thing about school (work)?
  - If you had your choice of any one thing to do right now, what would it be?
  - What do you like about yourself?
  - What activities or things help you relax?

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

- I bet you have some people in your life that are important to you and could tell me stories about them;
- We all have to get up sometime in the day and get to our routines, sometimes it gets to be a hassle;
- I hear you've spent some time in school, lots of interesting stuff you can get into in school;
- Lots of people get to where they wish they could do one thing to get themselves moving, they know just what it would be but can't get to a place to just do it; and,



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## Partnership

Your role as a Certified Peer Counselor is to partner with the peer. You are working with. Partnerships are built with the following tools:

- Active Listening;
- Identifying commonalities or common interests;
- Understanding and respecting the individual's culture, values, and spiritual beliefs;
- Building relationships. It is important to "meet" the person/family member where they are and not where you think they should be;
- Using your supervisor. They are one of the best tools you have;
- Being pro-active not reactive in your work. Plan ahead be organized and ready for work;
- The "R" Resources available in your area that can help the peers you are working with.
- Being an "A" Advocate for partnerships. Go meet the people you are referring peers to. That is a great way to Advocate and build up the Resources you can share with peers.
- Effective "C" Communication is the best way to build partnerships. It is OK to go up to someone or an agency and tell them who you are, what you do and that you are interested in partnering with them. Most people are excited to have a new professional partnership.

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## Excercise

### Open Ended Questions

The group should divide into teams of two. Make sure the partners do not know each other well. The facilitator will give one member of each team (Partner 1) a card containing yes/no or close-ended questions to ask their partner. Partner 2 will get a card containing open-ended questions.

#### *Sample Questions, Card 1:*

- How many people are in your family?
- Do you go to church?
- What time do you get up in the morning?
- Are you in school?

#### *Sample Questions, Card 2:*

- Tell me about your family.
- What are your religious or spiritual beliefs?
- Can you describe what a typical day is like for you?
- Tell me about your educational goals.

Partner 1 will initiate a discussion with Partner 2 by asking the questions on their card. Then switch roles and Partner 2 will ask the questions on their card.

Have a short group discussion about:

- Which conversation felt most comfortable?
- Which one elicited the most information?
- Which one would be a better foundation for a relationship?

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## **Relationship Building R.A.C.E. Review**



### **R. Resources**

What resources will help you build relationships?

### **A. Advocate**

How would you advocate for relationship building?

### **C. Communicate**

How would you communicate the relationship you built with the peer you are working with?

### **E. Empower**

How do relationships built on trust, hope, ethics and boundaries empower the peer you are working with?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

## Objectives

1. Learn how to partner with a peer to build a supportive community.
2. Understand the relationship between resiliency and building community.
3. Learn how to assist a peer in identifying natural and formal supports.
4. Learn about social networking boundaries and communities that can assist a peer you are working with
5. Understand how children, youth and families build communities and use support.

## Overview

During times of stress or joy, it is natural for people to want to reach out to a trusted friend. Expressing feelings in a safe and accepting environment can offer a sense of connection. Providing a peer with effective relevant support can lead to a sense of empowerment and is a great way to advocate for the peer you are working with. Obviously, supports and community building are a resource to the person you are working with and one needs to communicate in order to build supports and community. Assisting a peer in identifying their natural and formal supports in order to build community is an important part of being a Certified Peer Counselor and a great place to practice core competencies.

## Natural Supports

Natural Supports are the people that already exist in a peer's life that can help meet certain needs. There are many different types of natural supports:

- **PEOPLE** who can provide emotional (and sometimes material) support to a peer. These could include a person's family, friends, neighbors, or other members of the person's community—someone from church, a hairdresser the person sees

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regularly, etc. It is important to remember that natural supports are defined by the individual—not by you or by a professional. Age, family and personal culture could determine what type of natural support a peer will choose. Do not make assumptions and ask the peer you are working with what their natural supports might be. The answers may surprise you.

- **GROUPS OR ORGANIZATIONS** that the child, youth or family comes into contact with on a regular basis. A church or people at school in clubs are good examples. In addition to the people within the church or schools who provide emotional support, the church or school as an organization might be able to assist an individual in meeting specific needs, like transportation, childcare, or obtaining clothing for a job interview.

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

- Who would you go to if you had a problem or concern and needed help?
- Who would you talk to if you were feeling sad or angry and just needed to blow off some steam?
- Who do you count on seeing on a regular basis that brightens up your day?
- Who do you just hang out with?
- Who do you like to play with (for a child)?
- Are you a part of any group or community (a church, support group, community center, workplace, after school club, service organization, hobby/interest group, etc.)?
- How did you get through the last challenge that you faced? Who was there for you? Would they be there for you now?

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## Formal Supports

Formal supports are a compliment to natural supports. Formal supports are the professional services that exist to meet people's needs—needs that can't be met by the person's family, friends or community. ***Certified Peer Counselors are members of the peer's formal support system.*** Some families consider parent partners a part of their natural supports and that is their prerogative. Other formal supports include professionals such as physicians, interpreters, financial and benefit workers, teachers, therapists and others working in paid positions and providing a service.

## Community Building

Although most people do have some natural supports, not everyone is fortunate to have such trusted individuals in their lives at all times. Some peers rely on their natural families, cousins, parents etc. and some peers (especially youth) decide to choose their own families and build their own community. Community is what the peer chooses it to be.

It is common for children, youth and families affected by mental health challenges to become isolated from their communities. Perhaps their loved ones don't know how to help and feel uncomfortable. Or perhaps they are just so busy caring for their families and navigating the school and social service systems that they don't have time to spend with supportive friends. Children and youth who have mental health challenges and multi-system involvements, face isolation, loneliness and sometimes even bullying. Bullying is a real and present danger in schools for students on any given day and for children and youth who display diversity and possible differences from the norm are at particular risk. Do not be afraid as a Certified Peer Counselor to ask if a peer is being bullied. Be prepared for the answer and always remember if a challenge a peer faces is out of your scope of expertise use your supervisor as a resource. Later in the ethics section you will learn about mandated reporting and if a peer tells you they are being harmed in any way you will learn how to report it to the proper authorities.

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At first, many of a peer's supports may be formal supports, such as a teacher, therapist, a social worker...or you as a Certified Peer Counselor. This is OK for a while, but without supports outside the mental health system, a peer may not be able to move on with their lives. Avoid the potential of formal support dependence and getting stuck in the system because it feels safe and familiar. Helping peers learn how to develop natural supports is called community building and is very empowering.

When helping to develop natural supports, begin by learning and understanding the unique interests and abilities of the child, youth or family you are working with. Ask questions like:

- For parents and legal guardians: What did you enjoy doing when you were younger? How would you describe your family culture? If you had the time now, how would you like to spend it? Can you find a way to meet other people with the same interests (take a class, join a gym, etc.)?
- For children and youth: What do you like doing/learning about? Is there any activity you would like to spend more time doing?
- Is there any person you encounter in daily life that you'd like to get to know better? What would it take for this to happen?

Once the peer has discussed some ways to develop natural supports it is time to make a plan. The peer can set concrete goals for socializing or getting in touch with people, just like any other goal.

If a peer is hesitant to meet new people, you can encourage them to explore resources in the community that don't require any socializing, such as using the public library or working out at the gym. The important thing is for the peer to use natural supports in a way that feels safe and supportive for them, and to expand their comfort level at their own pace.

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Natural supports are nothing more than the community of people and resources that we *all* depend on to get us through our daily lives that will be there over time. Everyone, at every age can use natural supports and build community.

## **Referrals**

Referrals to natural and formal supports are really important. A peer could be referred to a church because they are new in town just as easily as they could be referred to a new doctor. Referrals fall under the “R” in R.A.C.E. for resources in the peer support core competencies. It is not enough to hand someone a phone number and send them on their way. There are five steps to a good referral:

- 1) Make sure the phone number works and the resource is still good.
- 2) Call the resource tell them that you are sending someone.
- 3) Ask the peer to get back to you and let you know if the referral was helpful.
- 4) Make an effort to connect with the peer about the referral if the peer does not get back to you and if the referral was good.
- 5) Make sure the referral is age appropriate and culturally competent for the individual or family being referred. Always take into consideration youth and family culture as well as ethnicity. Do not assume someone’s culture always ask.

NOTE: If referral was helpful call back and thank them! It feels good to know that you did a good job. Do not talk about the specific individual unless you have a signed release to do so. But, in a general way you may thank the referral and that is a great way to start building relationships.

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## Social Networking

A new form of natural support that has developed recently is social networking which includes websites like Facebook, Northwest Seeds of Change or Twitter. Social networking sites can be an excellent form of support for some people—for instance, youth who have difficulty with in-person social interactions, or hard-working parents who don't have the time to spend with friends. You may want to suggest that peers you work with explore social media as a way to meet certain goals you have discussed. Keep in mind that not everyone has access to computers, knows how to use them or can travel to one.

Social networking websites are used for a variety of reasons, including:

- To stay in touch with existing friends;
- To re-establish old relationships;
- To develop new relationships with strangers based on shared interests;
- To advertise or promote events, or to learn about events of interest;
- To share interesting or entertaining material;
- To advocate for a cause;
- To talk to friends about homework or challenge themselves with puzzles; and,
- To play games, journal or blog.



## Exercise What Type of Support?

What kind of support(s)?	What kind of support(s)?
<p>Are there for a peer when formal supports are not available (after the family is no longer in services, or when the professional is off-duty)?</p>	<p>Have a limited time to interact with each individual and may be juggling or directing the needs of peers?</p>
<p>Get to know the peer as a whole and view them in a broader context (sharing jokes, frustrations, daydreams, etc.)?</p>	<p>Focus on finding solutions to specific needs or problems; may only see the person in the context of an office visit?</p>
<p>Are free and usually available?</p>	<p>Cost money, and/or the peer must qualify for services?</p>
<p>Are part of a mutual, give-and-take relationship; sharing time and friendship goes both ways?</p>	<p>Are not able to share information about their personal lives or accept gifts from peers?</p>
<p>Are usually not experts in medicine, psychology, or service systems?</p>	<p>Are experts in a particular specialty and can prescribe medication, provide therapy, provide other specialized services, or make referrals to resources?</p>
<p>May get burned-out or feel a strain on the relationship if the child/youth/family is frequently having high levels of need</p>	<p>Are paid to deal with people in crisis and know how to handle it?</p>

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## Natural/Formal Supports and Community Building

### R.A.C.E. Review



#### R. Resource

How is a formal support a different type of resource than a natural support?

#### A. Advocate

What would be some good ways to show a peer how to advocate for their formal supports to change if they were not working?

#### C. Communicate

How would you show a peer different styles of effective communication if they were running into barriers with their formal supports?

#### E. Empower

How do empowerment and natural supports as well as formal supports complement each other?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

## Objectives

1. Understand culture as it relates to working with peers.
2. Understand how a child, youth and family's culture influences their recovery, resiliency and ideas about stigma.
3. Learn how to apply the core competencies of peer support within the dynamic structure of the culture the peer you are working with identifies with.

## Overview

Cultural awareness is an important part of becoming a Certified Peer Counselor. Knowing how to ask about a peer's culture is a great skill. Knowing how to incorporate that information into their goals, hopes and dreams is an even greater skill. Finding culturally appropriate Resources for the peer you are working with is a great way to practically apply the "R" in R.A.C.E. and use the core competencies of peer support. Think about how people get places when they travel. Some people walk, take a bus, ride a bike, car pool or drive their own car. Some people fly or take a train. Think of cultural awareness as finding out how the peer you are working with prefers to travel on their road to recovery and who they prefer to travel with!

## Cultural Awareness in Communication

Active listening, empathizing and problem-solving may look different with people of different cultures or backgrounds. Non-verbal signs are the most commonly misinterpreted, and the hardest to be aware of because they are so instinctual. For example, making eye contact when speaking or listening is a sign of respect in most Western cultures, but in many Asian and Latin American cultures it is polite to avert the eyes while speaking. People with certain diagnoses, such as children with autism, may have difficulty with eye contact as well.

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Cultures have different ideas of appropriate personal space while speaking. Appropriate touching also varies widely. In some cultures, a hug or a kiss is a standard greeting; in others, a formal handshake is the norm. In many cultures, it is not appropriate for a man and a woman to touch at all. Always ask before hugging or touching a person in any way.

Age is another factor that you should consider when thinking about culture and conversational styles. Older people may prefer to be addressed as “Mr.” or “Mrs.” while younger people go by their first name. Conversational styles and slang vary widely across generations.

Finally, time orientation is very different across cultures. Some cultures value promptness and efficiency, while others are more relaxed about time. If you and the peer have different ideas about time, you should discuss the issue with them directly and come up with a solution that works for both of you—for instance, give them a broad window of time where they can “drop in” while you write up paperwork, or schedule meetings with certain peers at the end of the day so you aren’t in a rush to make your next appointment.

When you encounter different communication styles, even if they seem strange or frustrating to you, always treat the peer with respect and make an effort to understand why they are behaving the way they do. Chances are, they are not intentionally being rude. You might even ask them directly how they prefer to communicate. Each person is different, and your communication style with each peer will be different once you get to know them.

## **What is Culture?**

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

- Learned. The process of learning one’s culture is called “enculturation.”
- Shared. The members of a society share the culture; there is no “culture of one.”
- Patterned. People in a society live and think in ways that form definite patterns.

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- Mutually constructed. And reinforced through a constant process of social interaction.
  - Arbitrary. Not based on “natural laws” external to humans, but created by humans according to the “whims” of the society. Example: standards of beauty.
  - Internalized. Habitual, taken-for-granted, perceived as “natural.”

What all this really means is that: ***Culture is an understanding of reality that is shared by a particular group of people.*** Even simpler, culture is “***common ground.***”

Differences in culture and values arise from belonging to a group, large or small. Often, when we say “culture”, the first thing people think of is Ethnicity & Nationality. There are many other types of “common ground” which develop their own cultures—that is, a shared way of looking at the world. Smaller groups are sometimes called “subcultures;” a family is a good example of a very small subculture. There are \*tens of thousands\* of cultures around the world, in a constant state of change through time! In our society, most people are part of many different cultures and subcultures which overlap and help make that person unique.

**Cultural awareness** means being flexible and understanding that other people might think differently than you. It also means knowing that individuals will be influenced by many different cultures, and that each family is a culture in itself.

## **Cultural Responsibility and Awareness**

In this chapter, we focus on developing cultural awareness. The role of a Certified Peer Counselor requires that they:

- 1) Are aware of their own cultural “lenses” and able to set these aside;
- 2) Are open to becoming aware of other ways of looking at the world; and

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3) Accept and value cultural differences.

In the spirit of celebrating difference, Certified Peer Counselors are curious and respectful about other ethnicities and religions. When preparing to work with people who are different than you, consult with a specialist about the new culture you are about to engage. In our modern society, it is impossible to be an expert on every culture and subculture that exists even in a relatively homogenous state such as Washington. Always ask open-ended questions when exploring diversity so that your assumptions do not get in the way of learning about another person.

To work with a peer whose culture is different from yours (and this means practically everybody!) the beginning guidelines are:

- **Know where YOU are coming from-** Identify the source of your own beliefs and preferences.
- **Know where THEY are coming from-** Expose yourself to perspectives different from your own.
- **Know where your peer is coming from** - Just because the individual you are working with is from a different culture does not mean they identify strongly with it. You need to understand what is important to the person.
- **Do not make assumptions-** Cultural awareness is about approaching each individual with an attitude of openness to their experience and perspective.
- **Ask questions-** This is key. We need to do our best not to make assumptions but rather ask questions to let the individual lead us to an understanding of who they are.
- **Respect-** We must treat those we serve with respect and honor their uniqueness and experience.

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## Stigma, Discrimination and Privilege

Unfortunately, differences in culture sometimes lead to conflict between different groups. People judge other cultures because they don't understand ways of thinking that are different from their own.

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



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



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

**Privilege** is the opposite of stigma. Privileges are advantages that some may have that others are not afforded due to discrimination.



## Family Culture

The culture of any particular family is closely related to that family's values. Sometimes the culture determines the family's values—for example, "My family follows traditional Islamic law, which describes how we structure our family life." Or the family's core values may bring it into contact with different cultures—for example, "We value all life, so we have chosen to be eco-friendly, vegan and Buddhist."

One way to learn about a family's culture and values is to have them describe a family tradition using the phrase:

"We [do] \_\_\_\_\_ because \_\_\_\_\_." For example, "We have dinner together at 6:00 every night because it allows us to catch up on each other's day." So from that, you as a Certified Peer Counselor might ask, "So, it sounds like your family values communication?" Now you have an important clue into what makes this particular family "tick."

*Think about one tradition your own family has. What does this say about your family's values?*

In addition to an overarching family culture, each member of the family is part of other cultures that they encounter through their workplace, school, or in the community. One common example is the generation gap between parents and children. In the families of first generation immigrants, the culture clash can be extreme as the children become integrated into American culture through the school system, while the parents may stick to the customs and language of their homeland. These different perspectives can cause

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conflict between family members, but they can also be a great starting point to explore the family dynamic and learn to value each other as individuals. As a Certified Peer Counselor working with families, you should ask questions and pay attention to clues that will help you identify:

- 1) **The family's shared values.** Shared values are a great place to start when goal-setting or problem-solving with the family.
- 2) **Points of culture clash between family members.** Discussing these areas of friction can help family members learn where the other person is coming from, and can also open doors to strengths and resources the family didn't know it had.



## Youth Culture

Everyone has their own ideas of culture and individuality, but youth and young adults tend to have more of a focus on developing self-awareness than older people. In modern American society, youth is a time to define who you are. **Individuality** is an important aspect of American youth culture. Individuality is expressed in many ways.

The electronic habits that previous generations have had to learn - communications, downloading content, online transactions, networking - is entirely natural to most youth. Youth take being connected to everything as a course of daily life. They were born into it and have been exposed to so much more information, music, movies, cultures and photos than any previous generation. Young people are accustomed to accessing and absorbing large amounts of information quickly. This can be stated another way—today's youth have choices for connection, information and resources that generations previously simply did not have.

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## **Self-Expression and Cultural Signifiers**

Youth have many ways of expressing their individuality and unique beliefs about the world. One way often appealing to youth (and most people) is through creating art. “Art” is anything you put out into the world that is an expression of the things you think, feel or believe. It can mean traditional art like painting or drawing, but it can also mean music, videos, photography, writing, blogging, personal fashion, performance, glass blowing, cooking, creating a website, or getting a tattoo. People also express their cultural preferences and individuality through the use of **cultural signifiers**. Cultural signifiers are things that represent a group of people, such as a type of food, music or fashion. Youth may use specific signifiers to represent the culture they identify with, or to represent their own individuality.

We have talked a lot about the choices young people make to express their individuality and the cultures they identify with. However, not all culture is a choice. Some things, like race, sexual orientation, gender identity, and various types of ability/disability are cultures people are born into--although they may choose how to express their identity within that culture. People may have been raised with more exposure and awareness of some cultural differences and their perspectives may be different from other people in the community.

## **Sexual Orientation and Gender Identity**

### **Sexual Orientation**

Some people are attracted to people of a particular gender; others are attracted to more than one gender. Some are not attracted to anyone. Sexual orientation refers to whom one is attracted as a mate and companion in life— opposite sex, same sex, both sexes or no sexes.

There are many opinions and ideas about this topic and as a Certified Peer Counselor, you are expected to be supportive and non-judgmental about sexual orientation. Here are some terms that may assist you in becoming more culturally aware regarding sexual identity:

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**Asexual:** not sexually attracted to anyone and/or no desire to act on attraction to anyone. Does not necessarily mean sexless. Asexual people sometimes do experience romantic attraction.

**Bisexual:** attracted to people of one's own gender and people of other gender.

**Gay:** generally refers to a man who is attracted to men. Sometimes refers to all people who are attracted to people of the same sex; sometimes "homosexual" is used for this also, although this term is seen by many today as a stigmatizing and negative term.

**Lesbian:** a woman who is attracted to women.

**Questioning:** a term used to describe someone who is unsure of or exploring their sexual orientation and/or gender identity.

**Queer:** a) Attracted to people of same genders; b) self-identity label for people who feel they do not fit cultural norms for sexual orientation and/or gender identity; c) sometimes used as an umbrella term for all people with non-heterosexual sexual orientations; d) challenging of the status quo; e) historically, a pejorative term – its use today is met with disfavor by some and worn proudly by others.

**Straight:** attracted to people of the "opposite" sex (see below); also sometimes generally used to refer to people whose sexualities are main stream and generally accepted by the cultural norm. Alternately referred to as "heterosexual."

## **Gender Identity**

Gender identity refers to what gender a person identifies themselves as. This shows up as strong and persistent preference for the status and gender role of another gender. Sometimes, this desire is manifested in transsexual behavior, such as adopting the clothes or mannerisms of another gender, or pursuing hormonal and/or surgical sex reassignment. Research about gender identity finds that there are often brain differences consistent with a person's personal gender identity. Evidence seems to be growing for the view that gender identity may be biological, particularly in light of the extremely early age at which most cases of gender questioning begins.

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When working with peers ask them what their preferred pronoun is before you assume one thing or another. A preferred pronoun is “He”, “She”, “Zer” or any other term that can be used to identify a preference. In all cases, it is important to be aware of our own perceptions, beliefs, attitudes and biases in order to work toward cultural awareness and meeting the needs of the peers we work with.



**Exercise I.** 

Get to know your own cultural identity. For each of the categories below, write down the culture(s) you identify with. Some examples are given.

<b>Race/ Ethnicity</b>	<b>Vocation</b>	<b>Hobby</b>	<b>Life-stage</b>	<b>Religion/ Spirituality</b>	<b>Life experience</b>	<b>Other</b>
Latino	Firefighter	Video gamer	Teenager	Buddhist	Military brat	Middle class
Irish	Student	Marathon runner	Parent	Atheist	Recovering alcoholic	Hearing impaired
Makah Tribe	Brain surgeon	Gardener	Retiree	Wiccan	Refugee	Lesbian

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## Exercise II.

### Culture

This will involve moving about the room. Take a 3 x 5 inch card that the facilitator has given you. Find someone in class that you know very little about or you haven't connected with yet. Each of you write down, on your card, at least three observations about the other's appearance that may indicate something about the person's personal identify, group, or self-concept. When both of you are done, share with each other what items about appearances were signifiers and what you thought it said about the person. Keep your observations respectful of course. Then check out with each other if each of you were right, partly right, or off the mark.



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## **Culture R.A.C.E. Review**



### **R. Resource**

How is culture a resource?

### **A. Advocate**

What would you do to advocate for a child, youth or family's culture?

### **C. Communicate**

How would you communicate with a peer regarding their culture? How would you further advocate for culturally appropriate services for the peer you are working with?

### **E. Empower**

How can culture empower a peer?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

**Objectives**

1. Learn how effective communication enhances peer support.
2. Understand how people in the workplace communicate.
3. Understand the cultural communication styles of the peer you are working with.

**Overview**

Effective communication is a core competency of being a Certified Peer Counselor. Communication is the “C” in R.A.C.E.. Learning how to be an effective communicator will increase your ability to assist a peer in meeting their recovery goals. Communication is also the key to getting employment, advocating for yourself, utilizing supervision and setting boundaries. Communication is how the road to recovery is traveled.

**Active Listening**

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

In active listening, hearing what is being said is not enough. Active listening requires attentive engagement and active response to what is being said. Active listening (1) emphasizes to the peer that the Certified Peer Counselor is listening, and (2) improves the mutual communication in the helping relationship. When empathizing with others, consider their needs and feelings. Expressing empathy helps people to feel understood. To demonstrate empathy, listen actively. Active listening involves being mindful of the other person. The term “mindfulness” may be helpful to you—it includes being deliberately aware of all of your surroundings, including the colors, smells and people that you are interacting with. This focus help in being an active listener. When listening to a peer they are giving you their map to their recovery journey. When you can be an active listener as a Certified Peer Counselor peers will feel safe and build a relationship with you. They will reveal their “map” to their recovery journey.

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## **Giving Full Attention to the Speaker**

Active listening includes all of the core competencies of R.A.C.E., appropriate body movement, eye contact, facial expressions, and posture. These indicate to the speaker that (1) What they are saying is important and (2) You are totally present and intent on understanding them. Some of the techniques to use include:

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

## **Being Aware of Nonverbal Messages**

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

## **Reflective Listening**

The Certified Peer Counselor concentrates on the feeling words and asks themselves, "How would I be feeling if I was having that experience?" They then restate or paraphrase the feeling of what they have heard in a manner that conveys understanding. *"It sounds like you're upset because you haven't been able to get in touch with me when I'm at work."*

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## **Paraphrasing**

This is a compact statement of the content of the peer's message. The paraphrase should be in the Certified Peer Counselor's own words rather than "parroting back," using the peer's words. *"You believe that your son is too young to go to the movies without an adult present."* *"I hear you saying that your parents do not understand what you are trying to tell them."*

## **Reflecting Feeling**

The Certified Peer Counselor concentrates on the feeling words and asks them self, "How would I be feeling if I was having that experience?" They then restate or paraphrase the feeling of what they have heard in a manner that conveys understanding. *"It sounds like you're upset because you haven't been able to get in touch with me when I'm at work."*

## **Summarizing**

The Certified Peer Counselor pulls together the main ideas and feelings of the peer to show understanding. This skill is used after a considerable amount of information sharing has gone on and shows that the Certified Peer Counselor grasps the total meaning of the message. It also helps the peer gain an integrated picture of what they have been saying.

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

## **Questioning**

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

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Example:

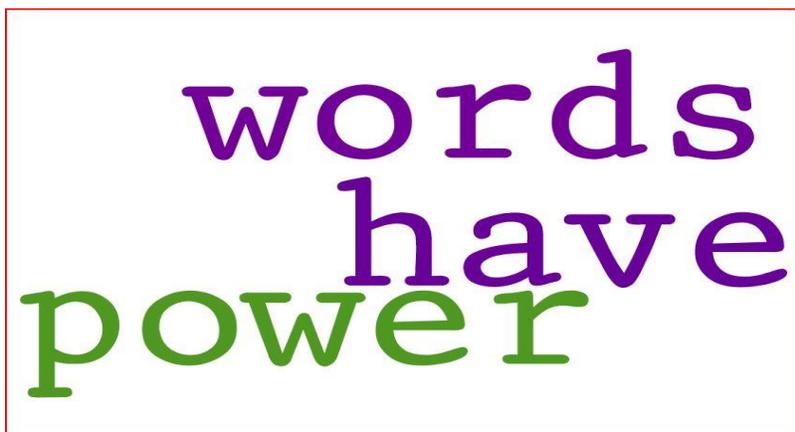
*I'm confused - are you worried that the testing may mean time out of the classroom for Jim or is there something else?"*

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

### **Paying Attention to the Words and Feelings**

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

This can lead to a rise of intense emotions. It may be necessary to deal directly with the emotions first by openly acknowledging and naming the feelings. Have an honest discussion about the feelings prior to moving into a problem solving mode. If we leave the emotional aspect unaddressed, we risk missing important information about the problem as well as disrupting the communication process.



words  
have  
power

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## Exercise

### **Rapport Recipe**

Total time 20 minutes.

Materials: 5 inch by 8 inch cards (“Recipe Cards”)

1. Facilitator will hand out a “recipe card” to each participant.
2. Participants think about their own personal recipe for the ideal helping relationship.
3. Participants will consider the “ingredients” they need for the relationship and how much of each they want to include (i.e., a cup, a tablespoon, a pinch, etc.).
4. Participants will take 5 minutes to think about their “ingredients” and write down a recipe. The recipe should include directions like “stir,” “blend,” “bake,” etc. as well as ingredients.
5. *Get a Partner and share your recipe.* Have one person interview the other to learn about their recipe for 5 minutes. Then switch for another five minutes.
6. As a group discuss the similarities and differences among the recipes. How did you decide how much of each ingredient they needed? How did the group members feel about being interviewed? How did you feel about your interviewer? Was your interviewer truly interested?

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## Communication R.A.C.E. Review



### **R. Resource**

How is communication a resource?

### **A. Advocate**

How would you use communication to advocate?

### **C. Communicate**

How will learning to listen make you an excellent communicator?

### **E. Empower**

Does active listening empower the peer you are working with? If so how?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

## Objectives

1. Understand group process.
2. Learn basics of group facilitation.
3. Understand types of groups children, youth and family members could be a part of.
4. Understand how the core competencies of peer support R.A.C.E. resources, advocacy, communication and empowerment relate to peer support.



## Overview

Support groups are very important to a peer's recovery. Child, youth and family groups are growing in popularity. These support groups provide a peer the feeling of not being alone on the journey towards recovery and resiliency. There are a number of different types of groups that Certified Peer Counselors typically are asked to facilitate. Examples include educational, socialization, and mutual support/self-help groups. This chapter will explore the different types of groups and the role Certified Peer Counselors play in creating, and facilitating these groups. Comment: These are specific skills that belong below.

## Types of Groups

- **Educational groups** tend to be focused on a specific topic, such as the system of care, individual education planning, life skills or family conflict resolution. These groups are structured and require the Certified Peer Counselor (you) to present

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information that the group members then will learn and discuss together. Often the Certified Peer Counselor includes educational, fun and/or educational exercises for the group. It is important to have an interactive group and evaluate how you are doing each time. You will be required to write group notes if you are working for a Community Mental Health Agency.

- **Socialization groups** focus on increasing the social skills of the children youth and families you are working with. The role of the Certified Peer Counselor with these groups, is to assist with the development of the peer's social skills by helping them to interact and plan events where these opportunities will occur.
- **Support/self-help groups** are where children, youth and/or families who have had common experiences come together to share experiences. In doing so, they are able to gain support, encouragement, and wisdom to move forward and find meaning and purpose in their lives.

In this chapter, we will focus primarily on self-help/mutual support groups. We would also like to point out that when a Certified Peer Counselor is new to facilitating groups, it is appropriate to seek supervision and mentorship from one's supervisor, or other available staff, as these skills can take time to learn. Many Certified Peer Counselors, who are skilled group facilitators, find it helpful to have a co-facilitator. Groups can be very empowering to peers who do not want to feel alone or who need to learn certain skills but they are not for everyone. When creating a recovery plan for a peer you are working with give support groups as an option knowing that they will not be everyone's preference. Respect the individual and family culture when creating the recovery plan and give them options.

## **Forming a New Self-Help/Mutual Support Group**

The success of a mutual support group rests on the role and skills of the Certified Peer Counselor facilitating the group. It is the Certified Peer Counselor's responsibility to create an air of acceptance and safety, to keep the discussion focused on the common experiences of the peer group members, to include peer's in the discussion, and to make sure the group

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honors and operates by the guidelines it has created. Parents and families have special confidentiality needs. If something that is said is taken wrong or repeated incorrectly the price could be very high. The Certified Peer Counselor should ask for member input in the agenda and group ground rules in order to create group ownership. It is important that the Certified Peer Counselor encourages member to member communication rather than leader to member communication in group as it is the support and common experiences the peers share with each other that truly creates the group experience. This is what peer support is all about!

## **Considerations for Forming a New Group**

As a Certified Peer Counselor, you may be asked to begin a new group, facilitate an existing group, or coach a group of peers who express a desire to begin their own group.

If you want to or if you want to assist a peer in starting up a new group, here are some thoughts to consider:

- What is it that brings the group together?
- What do you hope to accomplish with this group?
- Is there a theme or common interest?
- Is there a book or workbook?
- Do you want to invite guest speakers?
- Is there work process improvement?
- Are there guidelines/code of conduct?
- How often will the group meet?
- What time of day, day of week, and how long will the group meet?

## **The First Meeting- Important Agreements**

- Agree to content- what it is that the group will focus on;
- Agree to process- this includes the group ground rules that the facilitator will help the group to create; and,
- Agree to times and places.

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## **Content - deciding the content of the group can include the following:**

- Shared experiences?
- Learning new things?
- Using a workbook?
- Group brainstorming?
- Setting goals?
- Reporting progress?
- Being a support group?

## **Process**

Process refers to how the group will work.

### 1. What facilitation method will be used?

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

### 2. What will the code of conduct or group guidelines be?

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

### 3. What will be the general structure of the meetings?

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

### 4. How will membership be decided?

*Examples:* deciding how long someone will be a member and how many in the group? How long will someone be a member? Will we recruit new members? If so, how?

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## **Group Facilitation Skills**

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

Some examples of facilitation skills might be:

- Help group stay on track;
- Redirect;
- Open and close meetings;
- Enforce time limits;
- Know and reiterate guidelines;
- Spark ideas and interaction; and
- Make sure everyone gets to speak and be heard.

## **Group Problem Solving**

In a group, as a Certified Peer Counselor, try to understand that you are not there to solve the group's or an individual's problem for them. Try not to give advice as well. A good practice is to engage the group early on about how they will problem-solve for themselves. As the Certified Peer Counselor and group facilitator, you may need to remind people from time to time about the agreements they made regarding problem solving. Agreements like:

- Active listening;
- Clarifying what the person is saying;
- Asking questions related to what the person is saying;
- Reframing in order to clarify the challenges; and
- Don't problem solve for others.

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## Challenges to Group Process

- One person dominates the discussion;
- The group gets off-track/people talk about other things;
- Someone tries to tell people what they “should” do;
- People aren’t participating;
- Someone gets very upset and needs one-on-one help;
- Two members are arguing;
- People are not using “I statements”; and,
- People may revert to familiar unhealthy roles (dominant parent, rebellious youth, quiet and invisible etc.).



Glasbergencartoons©

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## Exercise

### Group Facilitation

Get into groups of five. Each group will create a support group and develop content, group guidelines, meeting structure, and facilitation format. Practice your group guidelines and good facilitation skills as you do this exercise. This is an important role play that will give each participant an opportunity to facilitate, create and participate in a brief group facilitation exercise.

You will be given a large flip chart piece of paper to record the name of your group and your other group agreements. Such as target audience, type of group, how often you will meet, purpose of group etc.. After all groups are formed and recorded, then groups will report back to the class.

### How will your group handle challenges to group process?

Identify five roles and assign each person a role. Individuals will not share what their role is with others. They will participate in a “mock” group and play the role they are given. Some roles can be as follows:

Facilitator

Note Taker

Quiet member

The non-stop talker

The interrupter

Angry member

The question asker

You can even make up your own role!

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## **Group Facilitation R.A.C.E. Review**



### **R. Resource**

How can you use groups a resource for peers you are working with?

### **A. Advocate**

How would you advocate to your supervisor to start a new group that families and youth have been asking for?

### **C. Communicate**

How will good communication assist you when it comes to good facilitation?

### **E. Empower**

Will groups empower peers that you support? If so, how?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

## Objectives

1. Understand the importance of and varying kinds of self-advocacy.
2. Learn how to empower peers to self-advocate.
3. Understand how self-advocacy is a powerful tool and a core competency of peer support
4. Learn about choice and voice in advocacy and respecting the peer you are working with

## Overview

Self-advocacy is a powerful tool. Earlier in this manual we discussed the concept of a family driven youth guided system of care that encourages self-advocacy and parent/caregiver advocacy for children involved in the systems that serve them. One of the core competencies of peer support is the “A” in R.A.C.E., which is advocacy and this chapter will discuss the importance of self-advocacy in the role of a Certified Peer Counselor. Advocacy is one of the concepts of peer support that spans all of the core competencies.

## Advocacy

There are many different approaches to advocacy. New Certified Peer Counselors may at times feel overwhelmed by how much information and work is related to advocacy. It is important to remember that learning about advocacy is step by step process—getting back to basics is a good start. You cannot effectively advocate for others if you cannot advocate for yourself and your family. Self-advocacy has a lot to do with self-care as well as personal responsibility. When you read the chapter on self-care understand that you as a Certified Peer Counselor, are also participating in self-advocacy. Advocacy is where you fight for someone else’s’ rights and self-advocacy is where you fight for your own rights.

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## **Put Your Oxygen Mask on First**

Why do you think that when on an airplane that is malfunctioning, the first thing you are taught is to put your oxygen mask on first? It is simple. You cannot help anyone if you are not helped first. As a child youth and family Certified Peer Counselor, it will be your job to use the concepts in this manual partner with the peers you work with towards building self-advocacy skills. It is helpful to *be* an excellent self-advocate yourself. If you are not, you may face burn out, relapse, job dissatisfaction and miscommunication with co-workers. The “A” in R.A.C.E. is for advocacy which in this case means advocating for yourself first and then for others.

## **Self-Advocacy Tips When Working with Peers**

Peers are worth it! They can do it! The peer you work with may need to depend on you for guidance and support but they are worth believing in.

## **Teach Peers Their Rights**

Peers are entitled to certain rights under the law. Knowing rights is a very empowering advocacy tool. A Certified Peer Counselor could teach peers to understand their rights. It is important that peers learn how to contact their local Ombuds or advocacy organization to request information when needed.

If a peer needs an accommodation, you can teach them how to ask for it. Sometimes it is difficult to know if there is a need for an accommodation or not. Most organizations have policies and procedures around asking for an accommodation in the work place or school. You can assist a peer in finding out more about accommodations by researching the Americans With Disabilities Act (ADA) See Appendix (5).

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## **Discussing Questions and Concerns**

A Certified Peer Counselor could show the peer how to prepare an outline of their concerns and write down questions. They could raise questions and concerns by phone, in person or by writing a letter via email or snail mail.

### **Being Effective on the Phone**

A Certified Peer Counselor could teach them how to effectively write down the key points they want to say and their most important questions. If they leave a voice message, they should keep it brief and make sure to include their name and a contact number where they will be available to accept a call. Keep a record of any contacts and follow up! As a Certified Peer Counselor documenting phone calls and advocacy efforts is just as important as documenting face to face meetings

## **Personal Responsibility and Self-advocacy**

Personal responsibility is an important aspect of self -advocacy and becoming a Certified Peer Counselor. *Recovery Within Reach* defines personal responsibility in the context of Peer support as:

“...taking action and doing what needs to be done to get well and stay well in order to be the best Certified Peer Counselor you can be.”

Personal responsibility is one of the key concepts to recovery. The core competencies of peer support all apply to the concept of personal responsibility. “R” knowing the resources you need to stay well is important. “A” Advocating for yourself in situations that may trigger you is critical. “C” Communicating with important support networks about accountability and recovery issues can keep you on track. “E” It is important to empower yourself on your recovery journey and empower the peers you work with on theirs. On the following page find a personal accountability spot check tool that may be helpful when working with peer

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## Personal Accountability Spot Check

- 1) Am I following through with the promises I have made to the peers I am working with?
- 2) Do I show up on time and work all the hours I claim?
- 3) Do I ask questions when I do not understand something rather than just nod my head because I may be embarrassed or shy?
- 4) Do I make sure I am not over promising something I cannot deliver?
- 5) Am I setting realistic boundaries?
- 6) Am I checking in with my supervisor when I need to or am I making decisions that I should not be making on my own?
- 7) Am I practicing good self-care?
- 8) Am I practicing self-advocacy in the areas of my life that I need to?
- 9) Am I telling myself the truth about my recovery?
- 10) Am I telling the peer I work with the truth as I see it about their recovery or am I trying to be their “friend” or be “the nice person”?

This quick spot check can be done alone or with a trusted friend, colleague or supervisor. This is only one example and all the questions may not relate to you. Please make up your own personal accountability spot check that fits you best.



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## Exercise

### Needs and Desires

**Exercise:** Each time a need or desire is identified, the form below can be completed by the individual to guide them through self-advocacy steps. This can be a guide to use with the person at first, and then have them use it a few times on their own. Think of a need you currently have and spend a few minutes filling in the Self-Advocacy Guidance Form for yourself.

**See Form on Next Page**



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## Self-Advocacy Guidance Form

<i>Questions to Ask Myself</i>	<i>My Answers</i>
1. What is it I need or want?	
2. What information do I need? Can I find it on my own (e.g. online) or do I need to ask someone?	
3. Who do I need to talk to? When, where and how will I make this contact (get contact information, etc.)	
4. Is there anything I need to have ready (an application, an ID, a referral, etc.)?	

<p>5. What will I say? What tone will I use?</p>	<p>I want (or need) _____</p> <p>_____</p> <p>because _____</p> <p>by _____ (date).</p> <p><i>Thank you for your help!</i></p>
<p>7. If I get a <i>no</i> answer, I will say:</p>	<p><i>No? Why? How can I get this accomplished?</i></p>
<p>8. If my need or desire is not met, I will try</p> <p><b>Plan B.</b> My Plan B is (<i>choose one</i>):</p> <p><i>You may need to try several of these options.</i></p> <p><i>Have a Plan C, D, E, F...</i></p> <p><i>Use this worksheet again for your next contact if it helps.</i></p>	<ul style="list-style-type: none"> <li>• Try a different approach with the same person</li> <li>• Talk to someone who is a step up in the organization or who has influence on the person</li> <li>• Ask a friend, family member, Peer Counselor, Job Coach, Mental Health Care Provider or another person for their opinion or assistance</li> <li>• Ask an Ombuds person for help</li> <li>• File a grievance, if appropriate</li> <li>• Other: _____</li> </ul>

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## **Self-Advocacy R.A.C.E. Review**



### **R. Resource**

What resources can you use to assist a peer become a self-advocate?

### **A. Advocate**

Describe how you will advocate for self-advocacy as a recovery and resiliency concept?

### **C. Communicate**

How does communication enhance your ability to teach a peer how to self-advocate?

### **E. Empower**

How do you think empowerment and self-advocacy are related when working with children, youth and family peers?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

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## Day Three



**Sharing the road you want to travel**

### **Introduction**

Day three focuses on building a community, the youth and family movement, social networking, Wraparound, and system of care. While learning about becoming a Certified Peer Counselor remember to apply the core competencies of resources, advocacy, communication and empowerment (R.A.C.E.). When building community, all of the core competencies come in to focus. Day three is where concepts start to come together and you have had time to get used to the pace of learning. Welcome to day three!

**Objectives**

1. Learn about recovery and resiliency oriented documentation.
2. Learn how to set S.M.A.R.T. (Specific, Measurable, Achievable, Realistic and Timely) goals.
3. Understand more about partnering with the peer you are working with in order to assist them in reaching their goals.
4. Understand the importance of well written strength based notes, recovery plans and reviews.

**Overview**

As a Certified Peer Counselor, a core aspect of the work you do will involve helping a child, youth, family or all of the above, set personal goals and work toward achieving them. The peer drives the goals. Creating strength based well written notes and recovery plans are very important the organization you choose to work for and the individual. Good documentation should reflect the voice of the peer and indicate that they are driving the process of recovery. Remember it is their journey and documentation is the map.

**Keys to Effective Goal Setting**

The key to effective goal-setting is to help the peer recognize what they truly want. We have surely all had times where someone has told us what our goals should be and how to achieve them. This can be a frustrating and discouraging experience. No one is motivated to achieve a goal that is not their own. A worksheet on goal setting can be found in Appendix 16.

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## **The Importance of Values**

Knowing what is most important to the person you are working with can shape the way a peer structures their overall goals. Goals should be structured around the individual's identified core values so that the peer can "buy in" to their goals and service plan. Some examples of core values are:

- Respect;
- Honesty/communication;
- Responsibility;
- Love/acceptance;
- Religious or traditional values; and,
- Individuality/independence.

## **Goal Planning**

Now that you have helped a peer set their goals, it's time to break those goals down into a workable plan. You should take the big, long-term goal and break it down into achievable steps. These smaller steps are sometimes called "objectives."

Breaking a big goal down into small pieces helps people recognize when they are making progress. Objectives are like mile markers on the road to recovery. Do not forget to implement the R.A.C.E. core competencies of peer support when setting goals. Each competency can be invaluable when doing this important work! It is important to have goals in writing and posted somewhere visible, to remind each person what they need to do each day to work towards the goal. And remember to celebrate each success, big or small



## S.M.A.R.T. Goals

There are many ways to break a goal down into short-term objectives. The most important thing to remember is that each long-term goal and each short-term objective should be S.M.A.R.T. “S.M.A.R.T” is an abbreviation that stands for: Specific, Measureable, Achievable, Realistic, and Time-delineated. Vague, fuzzy goals are hard to meet, and can be easily pushed aside or forgotten. S.M.A.R.T. goals are easier to track and reach. You will help peers you work with set and reach these goals and you will document it.

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

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

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

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

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

## **Family and Youth Centered Planning**

Family and youth centered planning is a way of partnering with the peer you are working with so that they can meet their goals in the most strength based way. It asks the peer about their dreams, goals and desires and it identifies their strengths. All of this information is used to form a plan (Treatment, Service, WRAP, Wraparound, Recovery, Advance Directive, or any other plan). Family and youth centered planning lets the peer you are working with be in charge of the planning around the support you give them. Youth and family centered planning is the opposite of clinicians and physicians making all decisions and of formulas for treatment.

## **Child, Youth and Family Centered Planning Practice Guidelines**

Child, youth and family centered planning is an individualized approach to planning. It supports a peer to share their desires and goals, to consider different options for support, and to learn about the benefits and risks of each option. Although the process must be customized differently for each peer, the following guidelines summarize universally accepted “operating principles” for this type of planning:

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1. The peer you are working with is the focus of the planning process and involved in decision making at every point in the process, including deciding how and where planning will take place.
  2. The peer you are working with decides who to invite to the planning team. Planning teams include those who are close to the child youth and family if they choose. People who can help to bring about needed change for the person, people who can access appropriate services for them.
  3. The planning team explores informal and formal support options to meet the identified needs and desires of the child, youth and family. Often this is in a Wraparound team which we will discuss later in this manual. Informal supports—family, friends, neighbors, church groups, veteran’s associations and local community organizations—are considered first. These natural supports are supplemented by formal services.
  4. The child, youth and family member has the opportunity to express their needs, desires, and preferences. They decide what meaningful involvement in their own recovery looks like.



## **Documentation Overview**

It is important to document a peer’s progress towards their goals. The notes can also provide evidence that a service was given and it can be billed for by the agency you may work for. Notes create a medical record which is a legal document and can be requested in a court of law.

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The most important reason to write notes is to provide a clear picture as how to best help a peer and to mark their progress. Sometimes the peer will be responsible for writing a portion of their own progress notes and this is a good way for the Certified Peer Counselor to see how the peer sees their own progress. It can guide the work being done to reach the goals. This is not a course designed to train you on how to write notes. Each agency has their own policy and style for documentation.

## **Documentation Progress Notes**

The general rule for writing progress notes is to always use black ink or type notes on a computer. Most agencies will have electronic records and electronic signatures. The agency you work for will train you on how to use these.

Records are to be kept confidential and should only be accessible to co-providers, supervisors or other professionals on a need to know basis. They must be kept confidential at all times. HIPPA states that medical records must be kept in a locked cabinet behind a locked door. Two locks are required in order for medical records to be considered kept confidential.

### **IF IT IS NOT DOCUMENTED IT DID NOT HAPPEN!**

If there is no or insufficient documentation an agency cannot bill for the service and progress towards reaching goals is not marked. You could use S.O.A.P. notes to document progress such as track the subjective, objective, assessment and plan of the peer you are working with. You could also use a D. A. P. data assessment plan style notes. The important thing about documentation is to understand the time frames in which services need to be completed and documented in the Washington State Public Mental Health system. A child, youth and family in need of services will complete and R.F.S. which stands for a request for services. Then the agency will schedule and intake where an evaluation of level of care will be created. Once the level of care or eligibility requirements are met an appointment to see a Certified Peer Counselor or other provider is made within two weeks.

At the next appointment a treatment plan, recovery plan or goal plan is created for the primary consumer. Agencies have different names for these plans but they are where the goals are created and must be created in partnership with the child, youth or family member you are working with. Each service received after this initial goal setting planning process a note must be written to document progress and for billing purposes. Each service must relate directly to the goal (s) outlined in the plan and the documentation must reflect this as well as be strength based and driven by the person receiving the services. Recovery plans must be revisited often and can be changed any time by the peer.

### **Progress Notes and Confidentiality**

As a Certified Peer Counselor, you cannot discuss a peer’s health details unless very special circumstances are present. These circumstances have to do with HIPAA. This is the law that says that people who work with people cannot talk about their health conditions where a conversation is easily overheard, must keep records under two locks and many other rules meant to protect a peer’s privacy. You can read more about HIPAA in Appendix 4. For now, here are a few things that must remain confidential when working with peers:

Name/Address	Employer	Goals, dreams and aspirations
Child/family investigations, assessments, service plans and child/family contact and progress notes and/or summaries	Authorizations/payments to a medical/mental health provider	Telephone numbers
Diagnosis	Hospital/Physician/ Psychologist/Therapist evaluations and/or records	Name of relatives
DOB/SSN	Occupation	School

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## Exercise



### Goal Setting

Get a partner and using person centered planning, assist them in identifying one goal and three objectives. See APPENDIX 16 for a S.M.A.R.T. goal, worksheet.

Goal:

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Objectives:

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## Documentation R.A.C.E. Review



### **R. Resource**

How is documentation a resource and for whom?

### **A. Advocate**

Is documentation a form of advocacy?

### **C. Communicate**

Can you communicate in a strength based way through documentation?

### **E. Empower**

Does confidentiality empower peers? If so how?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

## **Objectives**

1. Learn how to partner with the child, youth or family member you are working with in order to teach them the value of partnership and how to do it.
2. Understand that partnership is the key to success in recovery and resiliency.
3. Learn how to build recovery and resiliency oriented partnerships that enhance a peers formal and natural supports.

## **Overview**

The purpose of child, youth, family, system and professional partnerships is to improve relationships, gain visibility, and create empowered decision makers at all levels. Peers who partner with professionals rather than work with them in adversity, build long lasting bridges that others can walk across in the future. Partnerships are very important to Certified Peer Counselors as they can lead to positive referrals and resources for the peer you work with. Partnerships at your agency can assist you personally with learning the culture of the agency. Partnerships can lead to information sharing and common bonds. The importance of partnerships cannot be over-emphasized. Learning how to make genuine partnerships can be one of the most useful skills you as a Certified Peer Counselor can develop. The core competencies of R.A.C.E. can be addressed here in their entirety. Partnerships are “R” resources. Partners can help you “A” advocate for the peer you are working with. You need to “C” communicate with a partner in order to create and sustain the partnership. Partnerships “E” empower Certified Peer Counselors to do their job more effectively. They also create sustainable in roads that can be accessed in the future if ever needed.

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## **Successful Peer- Professional Partnerships**

It is important to identify individual youth, youth in transition, family-involvement strategies, building on what strengths are already in place. You can do this by:

- Understanding social, cultural, and economic issues that affect youth, youth in transition and families and influence how they become involved in systems;
- Importance of developing and maintaining partnerships with youth, youth in transition and families;
- Feel more confident in assisting and supporting employment in the community and work skills at home;
- Assume that everyone wants the best possible outcomes; and,
- Turn to professionals as a resource for solving problems not as being “the problem”

## **Importance of Developing and Maintaining Partnerships with Professionals**

As a Certified Peer Counselor, it is important for you to identify who in your community would make good partners and understand why. In order to make good partnerships you must be a good partner. As a Certified Peer Counselor, you will most likely be working with peers who have past experience with system involvement. Some of this experience may be good and some of it may be bad. Don't make any assumptions. Ask the peer you are working with who they have partnered with in the past and how it went. Partnerships can make people feel valued and respected.

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Peer-professional partnerships play an important role in the recovery process. People who have been involved in multiple systems may see professionals in a negative light but when partnerships are established these relationships can be built on positive and solid ground. Also, if a certain professional has been working with a person or family for a length of time, remember that they may have information and perspectives that may be very valuable.

Certified Peer Counselors are not meant to replace but enhance traditional counseling and case management services. It is important to emphasize partnership and shared values when approaching a professional. There are several reasons why a Certified Peer Counselor may seek to partner with a professional:

- Services for a peer they are working with;
- Resource sharing;
- Cross system collaboration;
- Information gathering; and,
- Creating new and long lasting partnerships

Understanding the nature of the partnership you seek will provide the map you will use to guide the partnership. The R.A.C.E. core competencies are valuable tools you can use in forming relevant and useful partnerships. Everyone has their own style and shows up in partnerships in different ways. Be yourself, have personal accountability and your resulting authenticity will make you an excellent partner!



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## Exercise

### Partnership

Get a partner! You and your partner are going to thumb wrestle. That's right! Thumb Wrestle! When the facilitator says GO! You and your partner will thumb wrestle for thirty seconds. Whoever wins the most matches wins a prize for each match they win (keep in mind what you just learned about partnership). After everyone reports how many matches they won and receives their prize, the facilitator will discuss the nature of competition and how to create win/win situations in partnerships even when there may be competition for scarce resources.



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## Partnership R.A.C.E. Review



### **R. Resources**

How are partnerships a resource?

### **A. Advocate**

How would you advocate for partnerships?

### **C. Communicate**

Communication enhances partnerships how?

### **E. Empower**

How does partnership increase empowerment?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

## **Objectives**

1. Understand the role system partnerships have in the recovery resiliency process for children, youth and families.
2. Learn how to assist peers in navigating systems that serve them.
3. Understanding how to cut through red tape.
4. Understanding the importance of cross system collaboration and addressing the whole person and the whole family in a holistic and comprehensive manner.

## **Overview**

Systems navigation is a large subject to tackle so we are going to give you a brief overview and some general tips to navigating bureaucratic (complicated) systems that the peer you are supporting may be involved in. It is important to know that having patience and understanding that the person on the other end of the telephone or desk is a person too. They possibly have a family and are just as certainly human as you are. In a broader sense, it is important to understand the “System of Care” you are involved in and how agencies and providers are working together. Often a Certified Peer Counselor using the R.A.C.E. core competencies can be a connector for agencies to work closer together.

## **Types of System Navigation**

Schools, hospitals, churches, mental health providers, immigration, veteran’s affairs, faith based organizations, all agencies under the Department of Social and Health Services (Aging and Disability Services Administration, Children’s Administration, Economic Services Administration, Juvenile Rehabilitation Administration) are the larger systems with sub systems. There are simply too many to list! But they all have one thing in common. They exist and the people that work there have jobs because people who need help in these areas exist.

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## **Using Your GPS for System Navigation**

Sometimes it is difficult to navigate systems that have not been helpful or have even harmed the peer you are working with or their families. As a Certified Peer Counselor, one of your most important roles is helping peers learn to advocate for themselves to get their needs met, even if it is frightening or frustrating. You can do this by helping them clarify their needs, locate resources, and make a self-advocacy plan. You can also coach them on communication skills, role play interactions with them, or be present with them during a phone or in-person meeting to provide support. The one thing you might not want to do is make the contact for them. If you find yourself making a phone call or contact on your peer's behalf, especially if the peer is not with you, STOP and ask yourself if you are giving them the skills they need to navigate the service system on their own.

## **Cutting Through Red Tape**

Learning how to cut through red tape is an important skill set to have for any Certified Peer Counselor. Making a plan of action, writing out key points and learning how to go through a chain of command properly are all very helpful skills for cutting through red tape. Here are some tips for you as a Certified Peer Counselor in coaching the peer that you are working with on how to navigate systems and red tape:

- 1) Map out your plan of action.
- 2) Do not contact agencies when you are upset. Cool down and call a trusted person.
- 3) Write out the key points that you need to get across so the conversation does not get side tracked.
- 4) Write names and numbers of all the people you talk to, and what you discussed/what they told you.

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- 5) Don't hesitate to talk to someone's supervisor if you are not able to get your needs met with the person you are talking to.
  - 6) Talks to people that have been through the system that you are trying to navigate, as they might have some tips for you.
  - 7) When people are very helpful send a thank you card or email and even ask to speak to their supervisor to pay them a compliment.

## **Cross System Collaboration**

System collaboration focuses on meaningful partnerships among the many Federal, State and local organizations that serve and interact with people that use the Washington State Public mental health systems. There are cases where children, youth and families have been mistreated by the systems that are in place traditionally to assist them in their most critical times of need. This can make the concept of collaboration tough sometimes for peers to trust. Be aware that different people have had different experiences with systems and agencies and the idea of collaboration might have to be approached mindfully and carefully.

When children youth and families are involved in addressing mental health challenges it is rare that only the mental health system is involved. Taking a holistic recovery and resiliency approach is the best way to address the whole person or the whole family. There is work, education, physical health, spirituality and other domains to consider. Cross system collaboration is a way to partner with all of the systems and organizations natural and formal supports that are needed to assist a child, youth and family to live their best lives.

Some of the benefits to collaborating are as follows:

- Gain an understanding of the holistic needs of the individual and family a Certified Peer Counselor is working with;

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- Break down system barriers that can hinder progress toward goals;
  - Improve communication and collaboration across systems;
  - Increase cultural and linguistic (?) so the child, family or youth can get more appropriate and relevant services. For example partnering with an agency that has bilingual staff who can understand the culture of the family that is in need of services;
  - It can bring together agencies and individuals that may traditionally compete against each other for scarce resources; and,
  - There are many services in Washington State communities that families and even Certified Peer Counselors do not know about. Employment, housing, child care and so many more. Collaborating with new relevant resources can only widen the resiliency and recovery circle for the child youth and family you are working with.

## **System of Care**

The system of care model is an important idea that holds great value for Certified Peer Counselors. It involves collaboration across agencies, families, and youth for the purpose of improving services and expanding community-based, culturally and linguistically competent services for children and youth with mental health challenges and their families. The system of care philosophy is built upon these core values and guiding principles. The core values of the system of care philosophy specify that systems of care are:

1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.
2. Community based, with the center of services as well as system management resting within a supportive, adaptive processes, and positive affirming relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of peers.

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## Exercise

### Identifying and Navigating the Systems

Get a partner and go to a place where you can talk for about ten minutes. Use the checklist below or your own checklist to identify all of the systems you or your family are involved in (use a separate sheet of paper if needed). Do not forget about military, churches and other non-formal systems you may be involved in. Write down five or more skills you feel are needed to navigate these systems. Skills like good communication, self-advocacy and patience, may be on the list. Come back to the group and share what your partner's systems are and your partner will share what your systems are and the skills listed that are needed to navigate these systems.

This is a tool you can use when working with a peer to assist them in identifying the systems they are involved in and the skills they have or need to get in order to effectively navigate the systems they are in.

Systems:

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_
7. \_\_\_\_\_ 8. \_\_\_\_\_
9. \_\_\_\_\_ 10. \_\_\_\_\_
11. \_\_\_\_\_ 12. \_\_\_\_\_

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## Effective System Navigation Skills Worksheet

Identify the skills you and/or a peer you will be working with may need to effectively navigate the systems they identified they are working with.

Some skills you may wish to choose from are:

Good Communication	Gathering Information	Time management	Anger management
Self-Advocacy	Knowing when more help is needed	Organization of paperwork	Follow through
Patience	Wait list management	Tracking and understanding deadlines	Being a “squeaky wheel”
Conflict Resolution	Computer skills	Complaint and grievance process	Being kind

List the skills you have identified:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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## **Cross System Collaboration R.A.C.E. Review**



### **R. Resources**

How will participating in cross system collaboration increase the resources you can share with the peer you are working with?

### **A. Advocate**

What does advocacy have to do with collaboration?

### **C. Communicate**

How would you teach a peer to communicate with cross system partners?

### **E. Empower**

How does cross system collaboration empower peers?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

## **Objectives**

1. Learn about the Wraparound process.
2. Learn the value of cross system coordination and child, youth and family driven care.
3. Understand the principles and values of Wraparound.

## **Overview**

Wraparound is a planning process that follows a series of steps to help children, youth, and families realize their hopes and dreams. The wraparound process also helps make sure children and youth grow up in their homes and communities, especially when a child or youth has multiple and complex needs and/or there are multiple stresses on the youth and family. Wraparound is a model developed on the principle that children and youth are cared for best through close involvement of their families and other people in their lives.

The principles of wraparound are values that should be found in all children, youth, and family services throughout the system. Wraparound is a specific process of planning and then putting a plan in action. It brings people together from different parts of the whole family's life. With help from one or more facilitators, people from the family's life work together, coordinate their activities, and blend their perspectives of the family's biggest needs and how best to meet them. Wraparound process includes all aspects of peer support core competencies resources, advocacy, communication, and empowerment (R.A.C.E.).

## **What are the Principles, or Values, that Wraparound is based on?**

The values of Wraparound, as expressed in its core principles, embrace family and youth peer to peer support and are fully consistent with the system of care philosophy.

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Wraparound’s philosophy of care begins from the principle of “voice and choice,” which stipulates that the perspectives of the family—including the child or youth—are the most important part of the process during all activities of wraparound. The values associated with wraparound further require that the planning process itself, as well as the services and supports provided, should be individualized, family driven, culturally competent, and community based. Additionally, the wraparound process should increase the “natural support” available to a family by strengthening interpersonal relationships and utilizing other resources that are available in the family’s network of social and community relationships. The wraparound process should also be “strengths based,” including activities that purposefully help the child and family to recognize, utilize, and build talents, assets, and positive capacities. Finally, wraparound is “outcomes based,” in that it is always striving to identify the family’s highest priority needs and measure progress toward meeting those needs. For a full review of the Wraparound principles, see the National Wraparound Initiative website at <http://www.nwi.pdx.edu>.

**The Four Phases of Wraparound are:**

- Engagement and team preparation,
- Plan development,
- Plan implementation, and
- Transition.

Some peers may ask how wraparound will affect their family during each phase. Each family is different and it is important to understand that wraparound works well for emancipated youth, youth in foster care and youth who are hospitalized or incarcerated. Describing the wraparound *from the family’s perspective*, the program develops in four stages:

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## **Phase One: Engagement & Team Preparation**

In this phase, a facilitator or program representative meets with us to discuss the wraparound process and listen to our family's story. We discuss our concerns, needs hopes, dreams, and strengths. We describe our vision for the future. We identify people who care about us as a family as well as people we have found helpful for each family member. We reach agreement with the facilitator about who will come to a meeting to develop a plan and where we should have that meeting.

## **Phase Two: Beginning Plan Development**

During this phase, the youth and family attend the first Wraparound Team meeting with people who are providing services to our family as well as people who are connected to us in a supportive role. The team will come up with a Mission Statement about what we all will be working on together; look at our family's needs; come up with several different ways to meet those needs that match up with our strengths; and different team members will take on different tasks that we've agreed on. When the meeting is over everyone will leave knowing what they have to do and how to contact other team members.

## **Phase Three: Plan Implementation**

Based on our planning meetings, our team has created a written plan of care. We have committed to some action steps, team members are committed to do the work, and our team comes together regularly. When our team meets we do four things:

- Review our accomplishments (what we have done and what's been going well);
- Assess whether our plan has been working to achieve our goals;
- Adjust things that aren't working within the plan; and,
- Assign new tasks to team members.

## **Phase Four: Transition**

Even though transitions happen throughout the process, there is a point when the team will no longer need to meet regularly. Completion may involve a final meeting of the whole

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team, a small celebration, or simply saying we are ready to move on. As a family we will get a record of what we did as well as list of what worked. We will also make a plan for the future, including who we can call on if we need help or if we need to meet again.

For more details on the activities of wraparound, described in a way that is intended to be accessible for families, you can download the User's Guide to Wraparound: A Handbook for Families, from the National Wraparound Institute website at <http://nwi.pdx.edu/NWI-book/index.shtml>. This is a great resource to have as a Certified Peer Counselor.

### **How can a Certified Peer Counselor Prepare Families and Youth to be a Part of a Wraparound Team?**

1. Let them know that they will be asked to help develop a team that can help in ways that are helpful to them and make decisions with that team;
2. Assure families and youth that they will receive all mental health services they qualify for as well as many additional supports.
3. Explain your role as a Certified Peer Counselor in empowering and supporting family, children and youth.
4. Prepare them to be flexible as Wraparound teams are changeable; and,
5. Let them know they will have a chance to evaluate the progress of the team. It will be their right to figure out what is working and what is not working.

### **Variations in Wraparound Programs**

It is important to understand that wraparound teams are different from agency to agency. Although the key components and principles of the teams are the same, the members of the professional team may vary. It is also important to recognize, that like any professional team, staff may be reassigned or leave the team for other reasons.

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A good wraparound team can provide a much wider range of information and resources than one person working alone. There should be clarity on how the family or youth Certified Peer Counselor's role will complement, rather than compete with, the wraparound facilitator role. If they are separate roles. This is also true in Community Mental Health Agencies. The Certified Peer Counselor's role is to enhance current therapy and mental health interventions rather than replace or compete with them. If you find you have been placed in a role that is uncomfortable or feels more therapeutic than peer related consult your supervisor for clarification.

### **Additional Benefits From Participating on a Wraparound Team**

A team has a better chance of advocating for an individual. especially in broader systems such as schools The communication and collaboration that comes from participating on a team will be key advocacy is needed. Another essential advantage of Wraparound teams is the empowerment given to children, youth, and families who participate in Wraparound teams. A key value of the model is the importance to families and youth of being heard and being in charge of their own recovery, resilience and destiny. Wraparound teams also provide the family or youth with multiple perspectives and ideas. Teams provide a way for children, youth, and families to develop and learn to benefit from many people, both in their community and in the professional world. Some resources that may help a family or youth partner think about how to be an effective wraparound team member are available on the National Wraparound Initiative website at <http://www.nwi.pdx.edu>.

### **What Can Youth and Families Expect From Participating on a Wraparound Team?**

As a Certified Peer Counselor, you can be comfortable in telling a peer and their family who is participating on a wraparound team and how their role is only to empower them. It is important to understand that wraparound teams vary from agency to agency. You can tell a child, youth and family team that they can expect a facilitator to get in contact with the family for the purpose of getting to know them. A wraparound facilitator is someone who will partner with the team in order for the family to get their needs met. It is a great chance

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to practice the core competencies of peer support. Resources come from being a part of a team and a team has a better chance of advocating than an individual. Communication will be key when participating on a team. Empowerment comes to children youth and families who participate in Wraparound teams through the feeling of being heard and being in charge of their own recovery, resilience and destiny.

Regardless of the model that is used in a state, county, or program, there should be clarity on how the family or youth Certified Peer Counselor's role will complement, rather than compete with, the wraparound facilitator role. This is also true in Community Mental Health Agencies. Certified Peer Counselors role is to enhance current therapy and mental health interventions rather than replace or compete with them.

Some resources that may help a family or youth partner think about how to be an effective Wraparound team member are available on the National Wraparound Initiative website at <http://www.nwi.pdx.edu>. Some of them are:

- The Application of the Ten Principles of the Wraparound Process to the Role of Family Partners on Wraparound Teams
- How Family Partners Contribute to the Phases and Activities of the Wraparound Process
- Family Partners and the Wraparound Process
- Youth Advocates: What They Do and Why Your Wraparound Program Should Hire One
- Youth Participation in Wraparound Team Planning: Why and How



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## Exercise

### Wraparound Bungee

Get about thirty bungee chords 5 long 10 medium and fifteen short (you will have more than you need).

Have one person volunteer who feels like the systems they are involved in are “tugging” at them.

Have the volunteer wrap one bungee to their waist. Attach five long bungees to that one. Have five volunteers from the class hold onto one of the bungees surrounding the person in the middle. Each person surrounding the person in the middle represents a system, family member, worry (fincances) etc. Then five more people come up and connect with the last five. Grab a hold of the bungee. Each person besides the person in the middle represents a system, worry or responsibility that this individual is actually involved in.

When the facilitator says start, they will yell out a system and the person holding the bungee chord that reperesents that system will tug just a little bit. Another system or worry or responsibility will be called out and this time the facilitator will ask the volunteer in the middle to tell the group of on a scale from one to ten- one being there is no stress to ten there being a lot of stress. The person with the bungee chord that related to what was called out must tug hard or soft. As this goes on you can physically see the emotional toll that navigating these systems has on youth and families.



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## Wraparound R.A.C.E. Review



### **R. Resource**

Why is Wraparound a resource?

### **A. Advocate**

How can a youth advocate for themselves on a Wraparound Team?

### **C. Communicate**

What communication skills would you use to participate on a Wraparound team?

### **E. Empower**

How could a Wraparound team empower the peer you are working with?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

## **Objectives**

1. Understand that your safety comes first.
2. Understand ways to prevent safety hazards.
3. Learn de-escalation techniques.
4. Understand that just because a child, youth or family member is angry, it does not mean they will be violent.

## **Overview**

It is an unfortunate truth that at some point in your work as a Certified Peer Counselor, you may encounter a person who is angry, threatening, or even violent. In this case, it is your responsibility as a Certified Peer Counselor to protect both yourself and the peer you are working with to the greatest extent possible. Be as respectful as you can of their rights and their feelings. But when it comes right down to it, YOUR SAFETY COMES FIRST! You have many resources available to you including your supervisor, policies and procedures, and more formal resources if you feel your life or the life of another person is being threatened. The “R” in R.A.C.E. of the peer support core competencies stands for resources and it will be handy when it comes to safety.

## **Safety Prevention Measures**

We can go a long way toward preventing hostile or unsafe situations simply by being aware of what is going on with the peer we are working with. People often become upset because they feel they are not being listened to or taken seriously. Using good Communication is another core competency that can be used when safety is an issue. Communication is the “C” in R.A.C.E..

Keep in mind that you never know what sort of trauma the person you are working with may have experienced. We will discuss trauma informed care later in this training. A

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sound, smell, a certain type of person, or a situation (such as being in a confined space with a stranger), might trigger something that reminds them of a past trauma, and might make them angry, frightened or tearful. You don't have to ask people about their trauma to be sensitive—you don't need details, but you should consider trauma as a factor if someone's behavior seems baffling to you.

Be aware of a raised voice, a clenched fist, or other signs of increasing anger in others or yourself. Learn and know how to handle such a situation now rather than waiting until the person, or you, become aggressive.

Never place your body physically between a person who is aggressive or very angry next to the door or exit. Be aware of the path that will need to be taken by the individual, or by you, to leave the space. Ensure that path remains open so either of you can exit easily.

Do not take sides in an argument. When working with two or more individuals at once, do not express your agreement with one or the other in the case of an argument or disagreement. Be careful in choosing sides in an argument. It can lead to one party in the argument feeling ganged up on. Being neutral is a skill to develop as a Certified Peer Counselor.

## **Safety Tips**

1. Never stand in someone's personal space. The amount of personal space a person needs varies from person to person. Do not touch an individual who is angry or aggressive.
2. Stand diagonally from a person who is aggressive rather than directly in front of them.
3. Try to identify someone nearby who can intervene in an attempt to de-escalate the situation. If no one is available, use all of the skills and techniques that you are familiar with to manage the situation.

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4. Wear comfortable shoes that allow for quick movement.
  5. Lock your car and, if it is dark when you leave work, have someone you trust walk with you to the car or bus stop.
  6. Continue to appear calm, warm and approachable. Reject the urge to become indifferent or engage in a power struggle or argument.

## **Warmth**

Being a warm and understanding active listener can assist you if safety concerns arise. Warmth may be demonstrated by using:

- SOLER (Sit Squarely, Open Posture, Lean Forward, Eye Contact, Relax);
- Soft tone;
- Smiling;
- Interested facial expression;
- Open and welcoming gestures; and,
- Allow the individual to dictate the spatial distance, which may vary according to cultural or personal preferences.

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

Examples of friendly door openers are:

- What happened next?
- Then what did you do?
- That is really interesting.
- Wow. Then what?

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- I see .....
  - How did you handle that?
  - What helps you in that situation?
  - Tell me more (about that)...

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

### **Non-verbal Communication Cues**

- SOLER (Sit squarely, Open Posture, Lean Forward, Eye Contact, Relax);
- Nod head to indicate paying attention;
- Avoid impersonal glances or expressions;
- Focus attention on the speaker without distraction; and,
- Demonstrate facial expressions that are appropriate to the conversation.

### **De-escalation Skills**

Sometimes, despite listening actively, an individual may become agitated. When this occurs it is important not to take the reaction personally. Most often, this is the individual's reaction to a situation that has nothing to do with the Certified Peer Counselor. Do not become defensive. Remember to use skills and strategies to help the person to re-gain control. This is referred to as de-escalation. In order to effectively de-escalate, the Certified Peer Counselor must be able to recognize when the behavior is rising or escalating.

Questioning hostility should always be conveyed with kindness but in a firm manner. People who feel anxious tend to be fairly verbal. They may demand to see someone, to talk to a supervisor, or to go to the head of the line. Their voices rise and they might speak more rapidly than usual. When someone is showing signs of anxiety, this is the best time to

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intervene, before the anxiety progresses to agitation. However, that is not always possible and sometimes the person will continue to escalate and become agitated. People who feel agitated show more non-verbal cues than do people who are anxious. They may pace, make more non-verbal sounds, become loud, seem more irrational, and out of control. Do not assume that a person who is agitated will become violent. Also it is very likely that a person is agitated for a very good reason. Most people just want to be listened to and feel heard.



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## Exercise

### Safety Exercise

This is a simple yes or no exercise. Go over these statements in class and discuss why the answer is yes or no.

1. You should always stand in someone's personal space because it makes them feel like you are paying attention to them. Yes\_\_ No\_\_
2. You should stand diagonally from a person who is aggressive rather than directly in front of them. Yes\_\_ No\_\_
3. You should try to identify someone nearby who can intervene in an attempt to de-escalate the situation. Yes\_\_ No\_\_
4. You should wear the coolest clothes possible so you can relate to the peer you are working with even if you can't move quickly because your clothes are too tight or too loose. Yes\_\_ No\_\_
5. You should leave your car unlocked as a sign that you trust the peer you are working with. Yes\_\_ No\_\_



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## Safety R.A.C.E. Review



### **R. Resource**

What resources can you use to feel safe when a peer you are working with is really angry?

### **A. Advocate**

How would you advocate for a peer who is really angry in order for them to feel heard and get their needs met?

### **C. Communicate**

What type of communication skills do you think would be most effective when you are working with a peer who has clearly moved from being anxious to being agitated?

### **E. Empower**

How can you turn a potentially frustrating and angry encounter with a peer to an empowering encounter?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**



## Objectives

1. Learn about HIPPA rules.
2. Understand what ethics are and how confidentiality
3. Understand Boundaries.

## Overview

Ethics are one of the most important considerations of becoming a Certified Peer Counselor. Ethics empower the Certified Peer Counselor and peer relationship through strong boundaries. Boundaries create safety in relationships. We only touch on ethics in this chapter and it would be a good idea to check with any agency you choose to work with to understand what their code of ethics are as well.

## Rights of Peers-Confidentiality

Children, youth and families you work with have many rights. Confidentiality is a very important right that must be respected. You cannot release anything another peer or anyone else has written in the documentation without their consent. You also may not reveal that you know a peer you are working with or that the peer is on the premises, expected, etc. to any-one calling on the phone. Follow the protocols of your place of work or where you are volunteering. When in doubt, say you will check and then go ask your supervisor or a knowledgeable co-worker.

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You have a primary obligation to safeguard information about peers obtained in the course of working with them. Personal information is disclosed only with the written consent of the peer receiving the services. It is also acceptable to disclose limited information during those circumstances where there is clear and imminent danger to the individual, to others, or to society. Disclosure of counseling information is restricted to what is necessary, relevant, and verifiable. The following are guidelines are provided with the goal of assisting you to better understand how to maintain confidentiality. Remember—consult policies and procedures and seek supervision when you have questions.

1. When you begin working with a peer, provide them with a copy of their rights in regard to the confidential nature of the counseling relationship. Make sure they know their rights. We have provided a copy of consumer rights in the appendices (Appendix 6).
2. A peer may ask to review all materials in their official record and they have the right to decide what information may be shared with any-one else outside the community mental health agency unless the law for any reason states otherwise. There are some exceptions.
3. Exceptions to confidentiality include the protection of life, as in the case of someone expressing suicidal or homicidal threats. The protection of a child or a vulnerable adult, including a person not competent to care for themselves or to protect them from physical harm.
4. Information cannot be released unless it is accompanied by a release of information or a valid court order. Mental health agencies comply with the order of a court to release information but they will inform the consumer of the receipt of such an order. A subpoena is insufficient to release information. In such a case, the counselor must inform the consumer of the situation and, if the consumer refuses release, coordinate between their attorney and the requesting attorney so as to protect their confidentiality and the agency's legal welfare. In such a case, the agency attorney may also be involved.
5. Information received in confidence by one agency or person shall not be forwarded to another person or agency without the peer's written permission.

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6. When a child or adolescent is the person receiving services, or the peer is not competent to give consent, the interests of the minor or the peer shall be primary. Where appropriate, parent(s) or guardian(s) may be included in the counseling process. The Certified Peer Counselor must still take measures to safeguard the peer's confidentiality. Minors 13-18 have the same rights to confidential mental health and substance abuse care as adults in Washington State, including the right to both consent to and refuse care.

7. In work with groups, the rights of each group member should be safe-guarded. You as the Certified Peer Counselor, have the responsibility to discuss the need for each member to respect the confidentiality of each other member of the group. A Certified Peer Counselor must also remind the group of the limits on and risk to confidentiality that comes with the group process.

8. When using a computer to store confidential information, Certified Peer Counselors take measures to control access to such information such as password protection. Passwords must be complicated, changed often and never given out to anyone-not even your supervisor.

## **Other Considerations**

Protecting the confidentiality of peers is of the utmost importance. Sometimes we find it difficult to separate our private lives with our professional lives. We must be careful when using our cellular telephones that we respect this issue as much as possible. When driving our private vehicles it is also important to consider the following; do not have papers out where your family or other passengers can see or have access to confidential information. Make sure that any identifiable information is always kept secure. Do not take family members or other passengers to the homes of peers even if they are just waiting in the car. If you work in the field and have a laptop it must never be left out and be password protected

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## Personal Boundaries

As a Certified Peer Counselor, the relationships you create with peers will require different limits or boundaries than other relationships that you may have had before. These limits are true for all counselors, not just Certified Peer Counselors. The purpose for these boundaries is to protect both you and the peers you work with. The reasoning behind these boundaries is that there is an imbalance of power between the person acting in the counselor role and the person they are working with. Any time you run into a situation that you are unsure of, you should always **ask your supervisor how to proceed**.

## Prohibition of Romantic Relationships

It is not allowable to engage in a dating relationship or sexual relationship with a person you work with or within two years following service by you or an agency for which you work. You may really care for a person and then you, but if you or your agency/volunteer placement have served the person within the past two years, you may not have a sexual relationship with the person. It is never a good idea to date someone you worked with as a Certified Peer Counselor. There will always be an imbalance of power. Violations of this rule can result in the Department of Health pulling your credential or other DOH credential, and you and your agency can be sued and/or otherwise suffer legal recourse even if you leave the agency to pursue the relationship. The Washington Administrative Code WAC 246-16-100 states:

*“a health care provider shall not engage, or attempt to engage, in sexual misconduct with a current patient, client, or key party, inside or outside the health care setting. Sexual misconduct shall constitute grounds for disciplinary action. A health care provider shall not engage, or attempt to engage, in the activities listed in subsection (1) of this section with a former patient, client or key party within two years after the provider-patient/client relationship ends. After the two-year period of time described in subsection (3) of this section, a health care provider shall not engage, or attempt to en-gage, in the activities listed in subsection (1) of this section if there is a significant likelihood that the patient, client or key party will seek or require additional services from the health care provider; or there is an*

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*imbalance of power, influence, opportunity and/or special knowledge of the professional relationship.”*

## **Emotional Attachments**

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

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

Beware of any inclination to do more for one peer than is typical of your other relationships. This may be an indication you are becoming overly involved. Forming emotional attachments without boundaries, can be potentially harmful, especially when it is time for your services to end.

## **Dual Relationships**

Dual relationships are relationships where a Certified Peer Counselor has *both* a paid helping relationship with the person and another kind of relationship as well. For instance, it would be dual relationship if a peer you are serving is also your cousin, your real estate agent, a friend, your sister-in-law, or your dog walker. In tight-knit or small communities, it may be necessary to have some dual relationships, but it is always important to share this information with your supervisor. When you have more than one relationship with a person, it can be hard to be objective, and to focus on your professional role. You and the supervisor can decide whether this may compromise your effectiveness. Do not start dual relationships, such as joining clubs together, or doing any kind of business with a peer.

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## Exercise

### **Walking the Fine Line**

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

Why? Why not?

Accepting a gift worth under \$10?

Accepting a peer's invitation to a special occasion?

Accepting a service or product as payment for therapy?

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**Get a partner and pretend they are your supervisor. Bring an issue to them that you would normally not feel comfortable talking about. Some issues could be:**

- 1) Trouble with a co-worker**
- 2) Getting a raise**
- 3) Needing an accommodation**
- 4) Setting a boundary with a peer you are working with**
- 5) Make up your own**

**Remember Supervision is *NOT* Therapy!**

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## Ethics R.A.C.E. Review



### **R. Resource**

Who would be a good resource for you if you had a question about ethics?

### **A. Advocate**

Is it OK to be a Certified Peer Counselor for someone who walks your dogs?

Could you advocate for that person? What type of relationship would that be called?

### **C. Communicate**

How and when will you communicate boundaries to a peer you are working with?

### **E. Empower**

How do ethics empower the Certified Peer Counselor in peer relationships?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

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## DAY FOUR

### Resiliency- facing the winding roads head on



Day four of the training is where youth and families will be trained separately on separate information developed by youth and families for this purpose. On the last day of the training you will come back together to review for the exam, learn about how to be a resiliency ambassador and to celebrate your success in completing the course and making some lifelong personal and professional connections!

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## Day Four



**We are in This Together!**

### **Introduction**

Over the day, you will combine the basics of Certified Peer Counseling with tailored skills for the needs of families. When you are a Certified Peer Counselor it is important to remember that while your main focus is on the family member that you are supporting, you are helping an entire family in their journey towards recovery and resiliency. Ethics, boundaries, culture and language considerations are especially important in the peer relationship you are building. All of the R.A.C.E. core competencies of peer support apply. You will assist the peers you work with in finding resources, learning how to advocate, learn how to effectively communicate and in finding their own empowerment.

**Objectives**

1. Understand that resiliency is not simply “bouncing back”.
2. Learn how to identify strengths in the peer you are working with in order to build resiliency.
3. Learn about the culture of family resilience.

**Overview**

In the past, the term “resilience” has been especially associated with families, perhaps because raising a family...any family...means continually being able to “bounce back” from a long, continuous string of challenges. All individuals must learn to be resilient in their own lives in order to remain healthy. However, parents/caregivers in families that live with mental illness face unique challenges. The demands on their time and resources are extreme; most families have a number of service systems constantly pulling them one way and another. In addition, some emotional struggles of one child may feel like a constant threat to the safety and stability of the entire family. It is often difficult to balance the time and energy given to all family members when one family member is in crisis or needs extra support to remain resilient. Empowerment comes from resilience and the knowledge that there is hope. Use the “E” in the R.A.C.E. core competencies to assist the peer you are working with reach their empowerment potential.

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## Family Resilience

Family resilience means not just that the parent/caregiver learns coping strategies for themselves (although this is part of it); it also means that the entire family must learn coping strategies as a unit. Some of these strategies might include:

- Having a family crisis plan. Keep it on the refrigerator or somewhere easy to find;
- Using respite care (formal or informal);
- Working with a Wraparound team to coordinate services;
- Meeting with people who need to know your family’s situation to educate them and ask for their support (e.g. neighbors, extended family, school teachers/administrators, local law enforcement, etc.);
- Encouraging all members of the family to practice individual self-care;
- Having regular family meetings to catch up, strategize, or debrief after a stressful event;
- Setting family goals and making a step-by-step plans for achieving them; and,
- Discussing and clarifying your family’s shared values. Write these values down in a “family mission statement” and keep them on your refrigerator, on the bathroom mirror, or in your wallet.



### Resilience is not simply “Bouncing Back”

Resilience is about building strengths, coping well with stress and increasing competencies in the children youth and families you will be working with. There is more to it than bouncing back. In this chapter we will discuss Dr. Ginsburg’s resilience theory in the context of Certified Peer Counseling.

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## **Competence**

Competence describes the feeling of knowing that you can handle a situation effectively. A Certified Peer Counselor can help the development of competence by:

- Helping children and families focus on strengths;
- Empowering children and youth to make decisions; and,
- Recognizing the competencies of siblings individually and avoiding comparisons.

## **Confidence**

A child youth and family's belief in their own abilities is derived from competence. Build confidence by:

- Focusing on the best in each child, youth and family;
- Recognizing when the peer you are working with reaches goals;
- Praising honestly about specific achievements;
- Not pushing the child youth or family to take on challenges that they may not have the skills to do yet.

## **Connection**

Developing close ties to family and community creates a solid sense of security that helps lead to strong values. Parents and care givers can do specific things to help youth and children build resilience and as a Certified Peer Counselor you can help the peer you are working with learn the skills to help their family or in the case of a youth themselves build resiliency skills. Some things that are helpful:

- Building a sense of physical safety and emotional security within the home;
- Addressing conflict openly in order to resolve problems;
- Creating a common area where the family can share; and
- Fostering healthy relationships that will reinforce positive messages.

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## Character

Children and youth need to develop a solid set of values to demonstrate a caring attitude toward others. It improve their quality of life and builds resiliency.

- Demonstrating the importance of community;
- Encouraging the development of spirituality; and,
- Avoiding stereotypes and stigma towards themselves and others.

## Coping

- Modeling positive coping strategies on a consistent basis;
- Develop positive and effective coping strategies; and,
- Manage stress

~Adapted from samhsa.org

There is no simple answer to guarantee resilience in every situation. But Certified Peer Counselors can challenge peers to develop the ability to negotiate their own challenges and to be more resilient, more capable, and happier. It is much more than bouncing back it is developing specific ways of living that allows a peer to live their highest quality life.



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## Exercise

### Resiliency

As a class, brainstorm some creative resilience strategies that have worked for your family or other families you know. This is a great way to gather tools that you can eventually share with the peers you work with.

Make a Resiliency Tool Box:

Tools:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



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## Resiliency R.A.C.E. Review



### **R. Resource**

How is resiliency a resource?

### **A. Advocate**

How will being resilient positively affect a peer's ability to advocate?

### **C. Communicate**

What tools will you as a Certified Peer Counselor use to communicate theories of resiliency to the peer you are working with?

### **E. Empower**

How does resiliency empower a child, youth or family?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

## Objectives

1. Learn how trauma affects people's mental health.
2. Understand the principles of trauma.
3. Learn to ask "What happened?" instead of "What is wrong?"

## Overview

The personal experience of violence, including sexual abuse, physical abuse, severe neglect, emotional abuse, bullying, loss, grief and/or the witnessing of violence, terrorism and/or disasters is the definition of trauma. As a Certified Peer Counselor you will certainly be working with peers who experience trauma in many forms. Trauma informed care means that you are asking people what happened to them rather than what is wrong with them. It is a strengths based approach that may be useful to you in your work as a Certified Peer Counselor. When learning about Trauma Informed Care keep in mind the R.A.C.E. peer support core competencies. There are many resources out there that can be useful to peers. You will likely need to support them through Advocacy and encouraging peers to discuss trauma and get assistance they may need, Empower them to move forward on their journey.

## What is Trauma Informed Care (TIC)?

TIC means understanding the role that violence and victimization play in the lives of a large number of children and families. Providing services and supports in a manner that is welcoming, respectful and appropriate to trauma survivors. A trauma informed Certified Peer Counselor makes every effort to avoid re-traumatizing the peers they work with. Do not ask them to recount any details that they are uncomfortable with.

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## **The Impact of Trauma on Peers and Resiliency**

Trauma can directly impact a peer's ability to form healthy relationships. That might sound over simplified but it affects peers in every area of their lives.

### **Why Does Trauma Matter?**

One well known study is the ACEs, or Adverse Childhood Experiences Study. This large study suggests that abuse, neglect, and family difficulties are major risk factors for illness and early death as well as poor quality of future life. Developing resiliency to recover from these experiences and preventing trauma are extremely important in recovery. There are many reasons why trauma matters.

### **Trauma Principles and Trauma Informed Care**

- Trauma affects all parts of a person's life;
- Trauma affects families and friends of the person traumatized;
- The impact of trauma is deep and life-shaping;
- Trauma affects people in different ways;
- Trauma affects how people approach services; and,
- The service system has often been re-traumatizing.

### **Trauma Principles and Trauma Informed Care**

#### **Safety**

- a. Trauma involves a physical or emotional threat to one's sense of self.
  - i. It is essential that peers and the systems that serve them, prioritize safety as a guiding principle in order to become more hospitable for trauma survivors and to avoid re-traumatizing people who come for services.

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### **Trust worthiness**

- b. Survivors of trauma report a violation of boundaries resulting in a justified inability to trust others; especially those in power or authority.
  - i. A trustworthy Certified Peer Counselor is one that demonstrates appropriate boundaries, task clarity, clear and consistent policies and reasonable expectations for the peers they work with.
  - ii. The trauma-informed Certified Peer Counselor recognizes how trust has been violated and seeks to earn trust.

### **Choice**

- c. Survivors of trauma most often had little or no choice over negative experiences
  - iii. Choice allows peers to choose where, how and when they will receive services. They should also have an active voice in selecting a Certified Peer Counselor.

### **Collaboration**

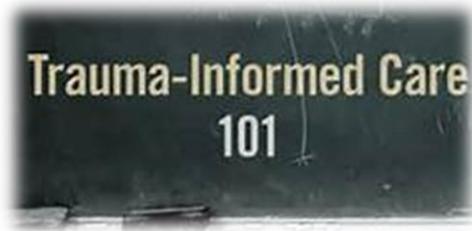
- d. Survivors of trauma often experience “things being done to them” rather than “with them”
  - iv. Policies, practices and relationships that should be implemented that encourage empowerment, partnership and participation, as well as strength based and community based approaches.
  - v. The major power in relationships should reside with the family or youth. This power can be shared and all perspectives valued.

### **Empowerment**

- e. Survivors of trauma often experienced being helpless to control their lives
  - vi. The goal of all teams should be to foster self-empowered to take control of one’s destiny.

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Peers' experiences should be valued and they should be encouraged to use their voice to enhance service systems and promote change.



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## Exercise

### Trauma Informed Care

Working with a partner, read and discuss each of the scenarios below. What are some potential trauma triggers in each situation? What could the Certified Peer Counselor do to be trauma-sensitive to the person receiving services?

- 1) Anna has just been admitted to a 24-hour crisis triage program. She is actively suicidal and the organization's policy requires that someone be in the room with her at all times. Anna's intake paperwork reveals that she has a history of sexual abuse, and she seems to be uncomfortable around the male staff on duty.
- 2) Khaled is a high-school student who spent several years in a refugee camp in Africa before moving to the United States. He and his parents have recently joined a support group for refugee families, only to find that some of the participants are part of the ethnic group that targeted his family in a regional conflict. They are all uncomfortable with the situation, and his mother has refused to return to the group.
- 3) James grew up with an abusive alcoholic father. In the waiting room at the mental health agency, you notice an older man walk in and sit next to James, who turns pale. The man smells strongly of alcohol.



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## Trauma Informed R.A.C.E. Review



### **R. Resource**

What resources did you learn about trauma that will assist you in partnering with a peer?

### **A. Advocate**

How will you advocate for a peer who has experienced trauma?

### **C. Communicate**

What new communication tools do you have to work with a peer who has experienced trauma?

### **E. Empower**

How does being “Trauma Informed” empower child youth and families you will be working with?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

## **Objectives**

1. Learn about systems of care.
2. Learn about the history of the family movement.
3. Understand the difference between a parent partner and a Certified Peer Counselor.

## **Overview**

Families are more familiar with the concept of system of care than most peers especially if they have been involved in a Wraparound team. This chapter will explore the concepts and values of system of care and discuss a little bit of the history of the family movement. We will explore the difference between a Certified Peer Counselor and a Parent Partner. It is important to honor the work that has gone before and paved the way for Certified Peer Counseling.

## **System of Care 101**

A System of Care (SOC) is family driven and youth guided with the strengths and needs of the child, youth and family determining the types and mix of services and supports provided. Systems of care are community based where the center of the service delivery system is supportive and adaptive creating an infrastructure based on values and principles and not the bottom line. A SOC is culturally and linguistically competent with agencies, programs and services that reflect the cultural, racial, ethnic, family and organizational differences of the people they serve. Systems of Care strive to provide easy access to services that best fit the child, youth and family's need.

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## **Definition of Family-Driven Care**

Resiliency is fostered by engaging in family and youth driven agencies and services. This may sound non-traditional but it is very effective. Family-driven means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, State, tribe, territory and nation. This creates true voice and choice which leads to empowerment and resiliency. This includes choosing support services and providers, setting recovery oriented goals, designing programs, monitoring outcomes and determining the effectiveness of programs and interventions. Child youth and family driven care is about a lot more than just services. We will discuss this more in depth in the child, youth and family centered planning chapter.

## **Definition of Youth-Guided Care**

Youth-Guided means that youth are engaged as equal partners in creating systems change in policies and procedures at the individual, community, State and national levels. Youth are empowered and learn skills that can allow them to give back in their daily lives. Youth are given a voice and can make choices regarding their plan of care.

## **National History of Family Movement**

A brief history of the family movement will illustrate how we went from disorganized uncoordinated care to systems of care. The notion that parents are responsible for a child's mental illness was the experience of parents and historically entrenched in professional thinking in the mental health field. There was a time not so long ago where it was common practice for doctors, pastors and other professionals to condemn parents for having sick children. This practice was very hurtful to the family's youth and children and often led to parents not seeking help because they were so stigmatized.

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In 1982 the publication of *Unclaimed Children: the Failure of Public Responsibility to Children and Adolescents in Need of Mental Health* (Knitzer, 1982) drew attention to the challenges of children and youth with mental health issues and claimed that families needed to be considered a part of the solution rather than identified as the source of the problem. In 1986, the Research and Training Center at Portland State University, answered the call issued by Dr. Knitzer and convened the first of several conferences titled *Families as Allies*. These conferences promoted families and professionals working in collaboration. With families having access to one another and to professionals who supported them. The need for a national organization to represent family voices in system reform grew so that families could have better access to one another and to the professionals that support them. Several small local support groups of families had already formed around the country, and in 1989, the National Federation of Families for Children's Mental Health was formed as the first national advocacy organization focused exclusively on the mental health needs of children and youth. By 2010, The Federation had more than 100 local chapters and State organizations.

National Federation advocacy assisted in the 1990 establishment the of federal Statewide Family Networks program. These networks provide information and support to families of children and youth with mental health needs and the current federal budget is over \$2 million for 48 States. For more information on the Federation of Families please go to , <http://www.ffcmh.org>.

However; the largest mental health organization initiated by parents to improve mental health services was the National Alliance on Mental Illness, established in 1979. NAMI focuses on education, advocacy, anti-stigma, and support groups. Many people associate their efforts with parents of adult children with mental health challenges but NAMI has a wide array of trainings. Technical assistance and legislative agendas that include all people affected by mental illness including siblings, consumers and youth. NAMI does specific and targeted outreach to military families and faith based organizations which has proven to be very effective. For more information on NAMI please go to, <http://www.nami.org>.

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## **Clarifying Roles as Parent Partners and Certified Peer Counselors**

Parent Partners have been around a lot longer than Certified Peer Counselors and have experienced a lot of system change. One might say they paved the way for Certified Peer Counselors. The difference between a Certified Peer Counselor and a Parent Partner in Washington State is training and funding reimbursement. A Certified Peer Counselor's main job is to assist a child, youth or family member for the best health and wellness of the primary consumer. A Parent Partner can help any member of the family in order for the best health and wellness of the entire family. Other than those small differences, the same system of care values and vision apply.

Parent Partners and Certified Peer Counselors have an obligation to interrupt bias as it happens. Families involved in Wraparound Teams have a front row seat to what happens within agencies and sometimes come in contact with institutional prejudice about families and, in particular, parents. This is often unintentional but learned behavior on behalf of professionals. Some professionals have not learned to value parent and family participation in treatment. Parent Partners and Certified Peer Counselors present a challenge to that bias, in their insistence on inclusion. And strength based person first interactions. It is important to be aware of any bias, which could be represented by staff excluding the Parent Partner and Certified Peer Counselor from "the really important" meeting. As a Certified Peer Counselor who partners with families you have value and expertise. It is OK to remind people of your role if they seem to forget.

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## Exercise

Break up into groups of five people and take on different roles of people involved in a system of care. Come up with a scenario that needs to be solved. With everyone playing their role come up with realistic solutions to the scenario. Take fifteen minutes for this exercise. Some example scenarios are found below but feel free to make up your own.

- 1) Your oldest son is kicked out of school and was arrested for vandalism.
- 2) Your youngest son keeps getting written up and disciplined for not paying attention in school and not being able to concentrate.
- 3) Make up your own!

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## **System of Care R.A.C.E. Review**



### **R. Resource**

What resources are available through the system of care?

### **A. Advocate**

How can being involved in the system of care and understanding the history of the family movement make you a better advocate for the peer you are working with?

### **C. Communicate**

How would you communicate with a professional who is stigmatizing a family member that you are working with?

### **E. Empower**

How does system of care values empower peers?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

## Objectives

1. Learn about how to partner with the peer you are working with to practice self-care.
2. Understand self-care strategies.
3. Learn self-care questions to ask a peer in order to better help them cope with stress.

## Overview

Self-care is an act of loving yourself. It means doing something that nourishes your mind, body or spirit. Self-care may mean exercising and eating well to maintain physical fitness and good mental health. It can also mean spoiling yourself a bit—something as simple as a piece of chocolate and five minutes of quiet time in a bubble bath or as fancy as a trip to Paris. Anything that helps you be you and stay you, is considered self-care.

So who needs to practice self-care? EVERYONE! As a Certified Peer Counselor, it is essential that you practice self-care for yourself. It will help you be your best and avoid burn-out at your job. You can then model good self-care for the peers you work with. It is also crucial for peers and their family members to learn self-care. You should make it a point to share self-care strategies and check in regularly with peers to make sure they are caring for themselves. Remember that self-care equals self-advocacy and that is the “A” in the R.A.C.E..

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## Teaching Self-Care

Teaching others about self-care is tricky and can bring up personal self-worth issues for people. Many people feel guilty or selfish if they take time out for themselves. Parents especially tend to neglect their own needs in order to care for their families.

You can explain to a busy parent that if a person is constantly stressed or run-down, they aren't able to interact with others (especially their loved ones) in positive ways. They may get irritable and find that their family gets on their nerves more than usual. They may start forgetting things or dropping the ball on important tasks. Ask the peer you are working with:

- Have you noticed this happening in your life?
- Is this way of living helpful or hurtful to you and your family?
- What can we do to help you feel calmer and more collected so you can better care for your family?

***Note: Self-care is a way of helping others by helping yourself***



The main reason people give for not practicing self-care is that they do not have enough time. This could be a great time to talk about time management skills and how to set boundaries.

There are a lot of skills that go into self-care that include:

- Saying no;
- Time management;
- Caring for one's self; and

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## Self-Care Suggestions

Here are some suggested self-care activities you or the peer may want to try. Different things work for different people. Whatever type of self-care you choose, ***do it without guilt!***

1. *Learn to say no.* So you have been feeling overwhelmed because you are in the habit of saying yes to all kinds of requests? Learn to say no if you need some time and attention for yourself.
2. *Meditate.* This is my favorite tip! I enjoy being in a peaceful sanctuary, away from the noise, crowd and clutter. So whenever I am feeling tense, I would retreat into silence for a while. I practice breath meditation, allowing myself to relax my mind. Consider incorporating this tip as part of your regular routine too!
3. *Wear comfortable clothes that make you feel good.*
4. *Take a warm bath.* Don't just take a quick shower but soak yourself in a long and relaxing bath. You will feel rejuvenated for sure!
5. *Go offline.* Reduce mental clutter by going off the internet for a day or even a week.
6. *Take an afternoon nap.* If you are feeling tired during the day, take a nap. No excuses are needed, even if you end up sleeping way longer than what is considered a power nap.
7. *Pick up a new hobby.* It's not about work all the time. Pick up a new hobby to nurture your soul. A craft hobby, for instance, is about aligning yourself with "creative" energies.
8. *Watch a funny movie.* Heard of the phrase, "laughter is the best medicine"? A silly or funny show can just do the trick in helping you loosen up!
9. *Journal.* Writing your thoughts and feelings in your diary or on a blog is self-help therapy that does not cost you a single cent.

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## Exercise

### Self-Care

After class tonight, practice self-care. Self-care is an act of loving yourself. Maybe the act is to nourish your mind, body or spirit. Whatever it is, do something nurturing. Create a better relationship with yourself. Take a bubble bath, take five minutes to enjoy the outdoors before you walk into the front door, eat something delicious, write in your journal, call a friend, play with your children or pets, write an affirmation card to keep in your wallet. Whatever it is, just take some “me” time. Come back to class tomorrow and tell one person what you did for self-care. When you practice self-care it becomes a part of your story and you can better model it for the peers you work with!



**Affirmation Cards for Self-Care**

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## Self-Care R.A.C.E. Review



### **R. Resource**

What resources will you use to teach a peer about self-care?

### **A. Advocacy**

What does self-care have to do with advocacy?

### **C. Communication**

When would be a good time to talk about your personal story and about a time you successfully practiced self-care?

### **E. Empowerment**

How does self-care empower you?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

## Objectives

1. Understand the relationship between spirituality and a peer's recovery process.
2. Understand how spirituality is different for everyone.

## Overview

The term “spirituality” means the spiritual beliefs an individual and a family holds dear to them and potentially can use as a tool on their journey to resiliency. These spiritual beliefs might be a set of beliefs they have been connected to through the course of their life. Do not assume that everyone has a spiritual belief and that is OK. It is important to use the “E” in the R.A.C.E. core competencies of peer support when discussing belief systems. A person must feel Empowered no matter what their spirituality is. You will discuss the way spiritual connectedness and hope can help individuals with their wellness process.

## Spirituality and the Family

Spirituality is sometimes the glue that holds a family together and can be a valuable tool for you as a Certified Peer Counselor when working with a family facing trauma, changes, good things or crisis. Spirituality can be anything from a belief to an action. Some peers believe in certain concepts and that is enough for them and some people take action around those beliefs like meditation, prayer and service to others. Ask the peer you are working with what their belief system is and if they do not have one let them know that it is perfectly OK. If they would like to find one that fits their life style you can incorporate that in the person centered planning and S.M.A.R.T. goal setting you will be participating with them in. Remember everything you learned in the culture chapter. Spirituality and culture are

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closely linked in some families. Also remember that spirituality can be a touchy subject and if the peer you are working with does not wish to discuss it then respect those wishes and move on to the next subject.

## Discussing Spirituality

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

As you work with peers, it is important to remember that their spirituality can be an important element of their wellness process. As you partner with peers, you can stay mindful of how their spirituality may give them hope and empowerment. A Certified Peer Counselor will want to be sure to make room for their spirituality in their wellness plan. It is important to allow the peer to guide the plan and state their spirituality needs. A person may or may not connect their spirituality with religion. You may need to ask questions in order to understand the peer, their needs, and their perspective.

Families can sometimes have tension around spiritual beliefs so make sure when working with a peer that is a family member that you understand all of the dynamics of the spirituality of the family. Most people get a lot of comfort from their spiritual beliefs and use them as a tool for recovery.



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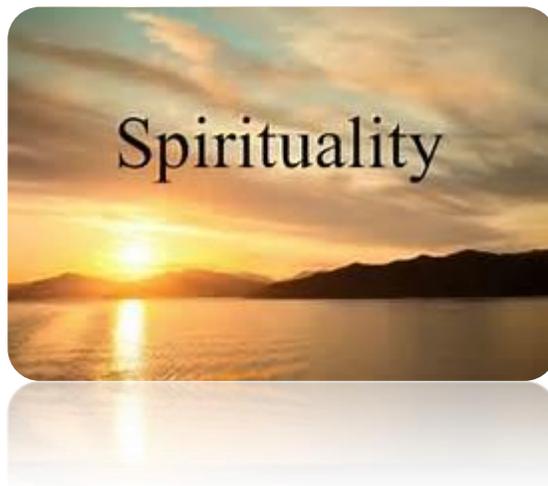
## Exercise

### Spirituality

Some questions you can think about, then discuss together in class:

- ❖ Is spiritual grounding important to a family's process of resilience?
- ❖ What happens when spirituality is ignored?
- ❖ Does a strong spiritual life prevent suicidal thoughts?
- ❖ How would you know when a peer's beliefs are not helping them?

Look at these questions and determine your own personal feelings around this subject



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## **Spirituality R.A.C.E. Review**



### **R. Resource**

How could a peer's spiritual beliefs become a resource in their recovery?

### **A. Advocacy**

How would you advocate for a peer's needs around religious beliefs when working with them (praying at certain times days needed off etc.)?

### **C. Communication**

How would you communicate with a peer about spirituality?

### **E. Empowerment**

How does paying attention to a peer's spirituality empower them?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

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## Day Four Youth Curriculum



### The Road To Success

#### Introduction

Understanding your own personal experiences with resiliency will be the most powerful tool in connecting with peers you work with. You will learn fundamental skills that will help you use your journey of recovery to help peers through theirs. This will enable you to provide tailored peer support for the unique needs of the youth and youth in transition you work with. For our purposes youth, youth in transition and young adults will all be referred to as peers. Empower is the “E” in R.A.C.E.. As a Certified Peer Counselor you often help peers explore education and employment goals, using all of the core competencies of peer support. Remember to think about how and when you will be using these core competencies.

## Objectives

1. Understanding how to help your peer set S.M.A.R.T educational goals.
2. Learn how to help your peer advocate for accommodations that help them be successful in their education.
3. Understand the important of making appropriate referrals and helping your peers identify resources that can help them reach their educational goals.

## Overview



Meaningful education and employment are important for youth no matter what their challenges are. For many people education and vocational training is the turnkey to the start of their career. This is a part of everyone's journey, but can have particular pot holes and bumps in the road for youth who are challenged with mental health conditions and system involvement. For youth who do not yet have the desire or are not in a place to begin focusing on these things, it is not the Certified Peer Counselor's place to pressure them. Instead, as a Certified Peer Counselor, you can help them engage in meaningful activities that meet them where they are at. Volunteering and/or activities that promote positive youth development and growth are key to building skills that will lead to future goal achievement in the areas of education and employment.

## Education Goal Setting

Education is a key aspect in financial success and personal fulfillment. Education can open many doors and expand minds to achieve things we never thought we could achieve. The reality of education is that it is challenging. If the peer you are working with is currently

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getting their education or in the process of getting into school or college, this section will help you define your role in supporting the peer in their education success.

Certified Peer Counselors are in a position to be able to assist peers with identifying their educational goals, what their skills are and setting goals. Remember that S.M.A.R.T. goals were discussed earlier and it is always good to make sure that any goal setting effort is Specific, Measureable, Achievable, Realistic and Timely. It is best to refer a peer to experts in the field of employment and education.

Find out what educational goals the peer you are assisting is interested in achieving and then refer them to the appropriate educational counselor that can help them reach these goals. It is appropriate for the Certified Peer Counselor to attend and advocate for the peer in this type of meeting.

### **Certified Peer Counselor's Role in Assisting With Education Goals**

A Certified peer Counselor can assist a peer in reaching their educational goals just like any other goal. As with employment goals if you are not an expert in the educational system then find someone who is. Education is Empowering this is the "E" in R.A.C.E. Use the R.A.C.E. core competencies in peer support to assist the peer you are working with achieve their educational goals. Your role in assisting a peer achieve their educational goals will be up to the peer you are working with. Do not push education on anyone who is not ready. Sometimes peers have had traumatic experiences in school such as teachers that did not understand them, bullying and learning challenges. Here are a few things you can do to assist a peer when education is a goal.

### **Education System Navigation**

Below are some key resources every Certified Peer Counselor should know about the education system in Washington State. A Certified Peer Counselor is not expected to be an expert in all areas.

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## **Education Options for Peers with Disabilities**

### **504 plan**

A 504 Plan is a list of accommodations for a disabled student who does not qualify for special education services to ensure they have the ability to participate fully in the educational program. Section 504 - Schools are required to provide appropriate, reasonable adaptations and modifications for individuals who have disabilities, have a record of disabilities, or are regarded as having disabilities that substantially affect a major life function such as physical or mental functioning. School programs must be accessible to people with disabilities. Reasonable adaptations and modifications must be made for instructional purposes. School facilities must be accessible, as in making meetings and classes accessible for wheelchair use.

### **IEP (Individual Education Plan)**

An IEP is the legal document that outlines the specific needs, learning objectives and individualized instruction plan for special education students. The IEP generally includes:

- A description of the learning disabled student's current skill levels based on formal assessment;
- Measurable and observable goals for improvement in each area of educational need;
- Measurable and observable objectives describing specific skills needed to reach IEP goals;
- What types of specially designed instruction will be provided;
- When, where, and for how long specially designed instruction will be provided; and
- Additional, related services the student will need to support specially designed instruction.

There are many ways a Certified Peer Counselor can help a peer with education and employment. Remember that you do not have to be the expert in everything. You just need to know where to find the experts in your community. This is where networking and partnership come in handy.

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## **Educational Peer Support Checklist**

1. Support peer in the creation of a Wellness Recovery Action Plan specifically for school
2. Assist with education system navigation
3. Connect to educational resources and supports
4. Make Referrals educational professionals who can help
5. Reduce stigma and identify strengths
6. Celebrate success



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## Exercise I.

### Learning Styles

Each of us has different learning styles. While some of us learn best in groups, others learn best alone. Some people learn by listening to information; others learn better through “hands on” activities. The following exercise will be helpful to you in identifying your personal learning style.

#### How Do I Learn?

#### Circle One of Each Pair

By myself /with others

From Peers

By thinking

By practicing

By doing things once

Quietly

Doing many different things

Through constructive criticism

To please others

From adults

By doing

By memorizing

By doing things several times

Listening to music

Doing one thing only

Through rewards

To please myself



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## Exercise II.

### Barriers and Solutions

As a Certified Peer Counselor you can play an important role in your peer's educational success by helping your peer overcome barriers and find solutions. Below find a table of barriers. It is your job to partner with a classmate and co-create solutions focused on overcoming these barriers. Feel free to add your own barriers and solutions and be prepared to report back to the class.

Barriers	Solutions
No School Clothes	(your input here)
Has trouble asking teacher for learning accommodations	
Re-entry	
Credit Retrieval	
No transportation	
Does not know or understand their educational rights	
Can't read	

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## Education R.A.C.E. Review



### **R. Resource**

What resources would you help a peer find if education was one of their goals?

### **A. Advocate**

How would you advocate for a peer who was not getting their needs met in the education system?

### **C. Communicate**

How would you help a peer communicate their needs in the education system?

### **E. Empower**

How does education empower a peer?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

**Objectives**

1. Learn how trauma affects people’s mental health.
2. Understand the principles of trauma.
3. Learn to ask “What happened?” instead of “What is wrong?”

**Overview**

The personal experience of violence, including sexual abuse, physical abuse, severe neglect, emotional abuse, bullying, loss, grief and/or the witnessing of violence, terrorism and/or disasters is the definition of trauma. As a Certified Peer Counselor you will certainly be working with peers who experience trauma in many forms. Trauma informed care means that you are asking people what happened to them rather than what is wrong with them. It is a strengths based approach that may be useful to you in your work as a Certified Peer Counselor. When learning about Trauma Informed Care keep in mind the R.A.C.E. peer support core competencies. There are many resources out there that can be useful to peers. You will likely need to support them through Advocacy and encouraging peers to discuss trauma and get assistance they may need, Empower them to move forward on their journey.

**What is Trauma Informed Care (TIC)?**

TIC means understanding the role that violence and victimization play in the lives of a large number of children and families. Providing services and supports in a manner that is welcoming, respectful and appropriate to trauma survivors. A trauma informed Certified Peer Counselor makes every effort to avoid re-traumatizing the peers they work with. Do not ask them to recount any details that they are uncomfortable with.

**The Impact of Trauma on Peers and Resiliency**

Trauma can directly impact a peer’s ability to form healthy relationships. That might sound over simplified but it affects peers in every area of their lives.

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## **Why Does Trauma Matter?**

One well known study is the ACEs, or Adverse Childhood Experiences Study. This large study suggests that abuse, neglect, and family difficulties are major risk factors for illness and early death as well as poor quality of future life. Developing resiliency to recover from these experiences and preventing trauma are extremely important in recovery.

## **Trauma Principles and Trauma Informed Care**

- Trauma affects all parts of a person's life;
- Trauma affects families and friends of the person traumatized;
- The impact of trauma is deep and life-shaping;
- Trauma affects people in different ways;
- Trauma affects how people approach services; and,
- The service system has often been re-traumatizing.

## **Trauma Principles and Trauma Informed Care**

### **Safety**

- c. Trauma involves a physical or emotional threat to one's sense of self.
  - i. It is essential that peers and the systems that serve them, prioritize safety as a guiding principle in order to become more hospitable for trauma survivors and to avoid re-traumatizing people who come for services.

### **Trustworthiness**

- d. Survivors of trauma report a violation of boundaries resulting in a justified inability to trust others; especially those in power or authority.
  - i. A trustworthy Certified Peer Counselor is one that demonstrates appropriate boundaries, task clarity, clear and consistent policies and reasonable expectations for the peers they work with.

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- ii. The trauma-informed Certified Peer Counselor recognizes how trust has been violated and seeks to earn trust.

### **Choice**

- c. Survivors of trauma most often had little or no choice over negative experiences
  - iii. Choice allows peers to choose where, how and when they will receive services. They should also have an active voice in selecting a Certified Peer Counselor.

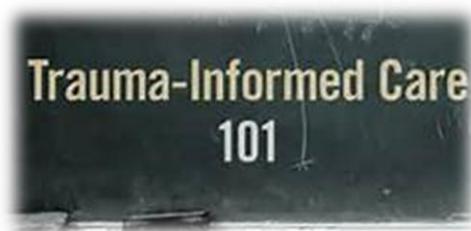
### **Collaboration**

- d. Survivors of trauma often experience “things being done to them” rather than “with them”
  - iv. Policies, practices and relationships that should be implemented that encourage empowerment, partnership and participation, as well as strength based and community based approaches.
  - v. The major power in relationships should reside with the family or youth. This power can be shared and all perspectives valued.

### **Empowerment**

- e. Survivors of trauma often experienced being helpless to control their lives
  - vi. The goal of all teams should be to foster self-empowered to take control of one’s destiny.

Peers’ experiences should be valued and they should be encouraged to use their voice to enhance service systems and promote change.



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## Exercise

### Trauma Informed Care

Working with a partner, read and discuss each of the scenarios below. What are some potential trauma triggers in each situation? What could the Certified Peer Counselor do to be trauma-sensitive to the person receiving services?

- 4) Anna has just been admitted to a 24-hour crisis triage program. She is actively suicidal and the organization's policy requires that someone be in the room with her at all times. Anna's intake paperwork reveals that she has a history of sexual abuse, and she seems to be uncomfortable around the male staff on duty.
  
- 5) Khaled is a high-school student who spent several years in a refugee camp in Africa before moving to the United States. He and his parents have recently joined a support group for refugee families, only to find that some of the participants are part of the ethnic group that targeted his family in a regional conflict. They are all uncomfortable with the situation, and his mother has refused to return to the group.
  
- 6) James grew up with an abusive alcoholic father. In the waiting room at the mental health agency, you notice an older man walk in and sit next to James, who turns pale. The man smells strongly of alcohol.



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## Trauma Informed R.A.C.E. Review



### **R. Resource**

What resources did you learn about trauma that will assist you in partnering with a peer?

### **A. Advocate**

How will you advocate for a peer who has experienced trauma?

### **C. Communicate**

What new communication tools do you have to work with a peer who has experienced trauma?

### **E. Empower**

How does being “Trauma Informed” empower child youth and families you will be working with?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

## Objectives

1. Learn what boundaries are.
2. Learn how and when to set boundaries.
3. Understand that boundaries are for the peer and the Certified Peer Counselor.

## Overview

You learned about boundaries in the ethics portion of the training and they are so important they will be discussed again in chapter 3. Boundaries for youth can be different from boundaries for families. They might not even be that different but sometimes they can feel different and therefore need to be addressed separately in a safe and non-judgmental environment. It is important to be able to have an honest discussion about boundaries with your peers in this training. When setting boundaries, be quick to see where the R.A.C.E. core competencies of peer support can come in to play.

## What are Boundaries Anyways?

Boundaries define your comfort level in the ways you interact with people and in society. Boundaries are as important in telling people who you are as the clothes you wear or the music you listen to. Deciding how fast to develop a relationship is an example of a situation when two people negotiate their boundaries. Boundaries define a person's sense of self, who you are as an individual. Setting boundaries makes peers feel safe around you and allows you to feel safe in your working/volunteer/internship environment. It is very important to understand your boundaries and be able to keep them, even if other people have other opinions. It is a way to show self-respect, and show respect shown to the peers you are working with. If someone comes to you and starts talking about other people and you set a boundary asking them not to, they will feel safe that you probably won't talk about them either. It is that simple. Build trust and show respect by setting boundaries.

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## **Why do I Even Need Boundaries?**

Establishing boundaries can be especially difficult for some youth, who are used to close personal relationships where information, feelings, and thoughts are shared freely. When you are working as a peer counselor, however, the peers you work with are not close friends, and you must be very careful in setting boundaries. Good boundaries are a foundation for trust

You can think about people experiencing life in four areas. Think about body, thoughts, feelings and behaviors. The peers you work with will have a space bubble. Most people know what you mean when you ask them what their space bubble is. Asking people how much space they need is a great way to establish boundaries. You have a right to tell peers what your space bubble is too. If people talk too close to you or come up behind you and it makes you uncomfortable just let them know in a strength -based way what your space bubble is.

People think differently. It is acceptable to ask people how they think about self-advocacy, spirituality and other topics covered in this training. Knowing how peers think about life can help you set good boundaries for how you interact with them. A person's sense of humor can indicate how they think about things. You might think that bodily functions are the funniest thing on the planet and a peer that you are working with might find that topic offensive or annoying. Make sure that you know how a peer thinks about life before you make a joke that might offend them.

People feel differently. Feelings are another area where you may want to set boundaries. Feelings are different than thoughts. Feelings can come out of the blue from memories or from situations that are happening in a peer's life. Thoughts are usually calculated and well formed and feelings are free floating reactions to a person's environment or past experiences. Respect a person's feelings no matter what they are, especially if they do not match your feelings on a particular subject. Validating a person's feelings is a way to set a positive boundary. You can say things like "I respect your feelings about that issue" or "We

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can agree to disagree on that topic because I have different feelings about that.” It is important to understand that feelings are not necessarily facts but they need to be validated anyway.

People have different behaviors. It is important not to judge a peer’s behavior just because they are behaving in a way that you would not. People’s behaviors come from their culture, environment, thoughts, feelings and values. If a peer’s behaviors are threatening or unsafe remember the safety part of this training and use those skills. If a peer is behaving in a way that is contrary to their goals then it is your job as a Certified Peer Counselor to bring that to their attention in a strength-based way. You can say, “Remember when we talked about your goal to save money? Did buying that expensive personal music fit into that goal?” Do not talk to a peer about their behavior because you think they should act differently. Only discuss behaviors and set boundaries when it has to do with their goal plan or when you need to set personal boundaries because of your needs as a Certified Peer Counselor.

### **Where Do I Draw the Line?**

Where DO you draw the line? When do you know if someone is just being annoying, you are in a bad mood or when a boundary has really been crossed? Let’s face it we all have bad days and our own personal space bubble expands and contracts with our moods. It is OK to tell a peer that although one behavior was alright on Monday it is not alright on Friday, because you are personally either not in a joking mood or you had time to think about it and you would now like to set a boundary. Some boundaries are non-negotiable. Anything that crosses the ethics line is a necessary boundary even if you or the peer you are working with can come up with a ton of excuses as to why that unacceptable behavior occurred. It is always alright to say why a boundary or setting a new boundary is needed.



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## **How Do You React When Someone Sets a Boundary With You?**

Reacting well to people who set boundaries with you is a sign of being resilient and in a healthy place on your own recovery and resiliency journey. If you react poorly to people who set realistic and healthy boundaries with you, it indicates that you have to develop this skill a bit more. If you make a joke that you think is really funny and the peer or co-worker you tell the joke to asks you not to tell jokes like that anymore because it is offensive to them, then stop telling the joke. Thank them for setting a boundary and move on. Do not gossip to another Certified Peer Counselor, friend or family member about how that individual could not take a joke or does not have a sense of humor. Setting boundaries takes courage and can be frightening. This sensitivity to boundaries is also important in listening to people's stories—never push for more than a person is comfortable sharing. When someone sets a boundary with you, try to respect it, just like you want your boundaries respected. It doesn't matter if you understand the boundary or not. If a boundary is set, respect it and you will get respect in return.

## **Using the Boundary Muscle**

Setting and maintaining boundaries is a skill that you can learn and that will feel more and more comfortable the more you do it. It is like working out. The more you set boundaries the more boundary muscle you will build. It will become easier and you will see the positive effects healthy boundaries have on you and the peer you are working with. If you are really challenged with making boundaries you can practice non-threatening boundaries with those you love and trust.

## **Personal and Professional Boundaries**

There are two types of boundaries. There are personal boundaries and professional boundaries. No one can tell you what your personal boundaries are but your employer can tell you what your professional boundaries are. An employer can tell you not to take money or loan money from peers. An employer can tell you not to have inappropriate relationships with the peers you work with. Some Certified Peer Counselors have made the

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mistake of thinking because they are a peer, that a relationship be it friendship or romance, is alright. It is not. You must understand that even though you are a peer there is still a power difference in your relationship and a peer can think that they will lose services if they do not have a friendship or romance with you. You have your own friends and it is your jobs to help the peer you are working with make their own friends. While you may not like other people telling you what your professional boundaries should be there would be quick consequences if you break these boundaries or fail to set them. Consequences for not setting boundaries or breaking boundaries can be as simple as a talk from your supervisor to being let go of your work or volunteer position.

## **Summary**

The main thing to remember is that boundaries are there for everybody's comfort and safety. You will learn about being a resiliency ambassador and what that means to you and to the Certified Peer Counseling community. Keeping good ethical boundaries is a large part of being a resiliency ambassador. You are now an example of resiliency and recovery. Setting good boundaries is more important than looking cool, making friends or being liked. You will set boundaries as a Certified Peer Counselor because it is in the best interest of the peer you are working with and that is the most important reason of all.



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## Exercise

### **Look Cool or Set a Boundary?**

Get a partner and discuss a time you had to set a boundary with a parent, teacher or anyone that you felt could negatively impact your life in any way. Did you worry about how setting a boundary would make you look in the other person's eyes? Take about five minutes each and talk to your partner about these questions:

1. What boundary did you have to set?
2. Why did you feel you needed to set it?
3. How did it feel?
4. How was the boundary received?

Compare how you felt setting these boundaries to how you might think a peer would feel if they had to set a boundary with you. What effective communication skills can you practice to make sure that a peer who sets a boundary with you is heard and respected.

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## **Boundaries R.A.C.E. Review**



### **R. Resource**

Who is a good resource for you to go to assist you in setting boundaries with peers that you work with?

### **A. Advocacy**

If you have clear boundaries how does that enable you to advocate for your peer effectively?

### **C. Communication**

When is the best time to communicate boundaries to peers?

### **E. Empower**

How do clear boundaries empower the peer you are working with?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

## Objectives

1. Learn about how to partner with the peer you are working with to practice self-care.
2. Understand self-care strategies.
3. Learn self-care questions to ask a peer to better help them cope with stress.

## Overview

Self-care is about caring what happens to you. It means doing something that is creative, fun and good for you. Self-care may mean exercising and eating well to maintain physical fitness and good mental health. It can also mean spoiling yourself a bit—something as simple as your favorite candy and skateboarding in the park for an hour. Art, poetry slam, singing, listening to your favorite music etc. Anything that helps you be you and stay you is considered self-care.

So who needs to practice self-care? EVERYONE! As a Certified Peer Counselor, it is essential that you practice self-care. It will help you be your best and avoid burn-out at your job, and you can model good self-care for the peers you work with. It is also crucial for peers and their family members to learn self-care. You can make it a point to share self-care strategies and check in regularly with peers to make sure they are caring for themselves.

## Teaching Self-Care

Teaching others about self-care is tricky and can bring up self-esteem issues for peers. Many peers feel guilty or selfish if they take time out for themselves. You can explain to a busy peer that if a person is constantly stressed or run-down, they aren't able to interact with others (especially their loved ones) in positive ways. They may get irritable and find that their family gets on their nerves more than usual. They may start forgetting things or dropping the ball on important tasks. Ask the peer you are working with:

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- Have you noticed this happening in your life?
  - Is this way of living helpful or hurtful to you and your family?
  - What can we do to help you feel calmer and more collected so you can better care for your family?
  - How might self-care help others and yourself?

The main reason people give for not practicing self-care is that they do not have enough time or it's not cool. Some youth think "Self-Care" is what old people need to do to not get burned out. Burn out does not have an age limit!

There are a lot of skills that go into self-care that include:

- Saying no;
- Time management;
- Caring for one's self; and
- Getting one's needs met.

You can work with a peer on developing and practicing these skills. Understand that self-care looks different for everyone. Culture, age, personal preferences, and money situations all play roles in what type of self-care one can participate in.

A few simple questions can get the peer you are working with on the road to planning self-care activities:

1. What are you doing when you are feeling your best?
2. What do you do to relax?
3. What is your favorite movie/music/type of book?
4. What did you enjoy doing when you were feeling your best?
5. What part of the day could you spend doing self-care?

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If you are familiar with the Wellness Recovery Action Plan (WRAP), you may notice that it strongly promotes good self-care. You can look in the WRAP book for some great suggestions on self-care activities. There is a youth WRAP book that you can use with younger peers.

Once the Peer identifies some activities that make them feel happier, healthier, or more at peace, encourage them to start with five minutes of self-care activity each day and work up to half an hour. This works well for people who have never participated in self-care before. Check in with the Peer each time you meet to make sure they are practicing their self-care plan and that it is meeting their needs.

## **Self-Care Suggestions for Certified Peer Counselors**

Here are some suggested self-care activities you may want to try to ensure you practice good self-care yourself. Different things work for different people. Whatever type of self-care you choose, ***do it without feeling bad about it!***

***Learn to say no.*** So you have been feeling overwhelmed because you are in the habit of saying yes to all of the friends and peers that want something of you. Learn to say no. No means I need to take care of myself. It doesn't mean I don't care about you.

***Meditate.*** Enjoy being in a peaceful sanctuary, away from the noise, crowd and clutter. So whenever you are feeling tense, you can retreat into silence for a while. Practice breath meditation, and mindfulness, allowing yourself to relax your mind. Consider incorporating this tip as part of your regular routine too! You will experience the benefits of meditation.

***Wear clothes that make you feel good.*** Wear comfortable clothes. Pants that do not fit, heels that do not allow you to walk and too tight T-shirts are a no-go. Do not bring your personal fashion to work if it affects a peer's perception of you or affects your

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safety. Do not wear skeletons, guns or knives as a fashion accessory. You never know what might trigger a peer you are working with.

***Take a part of a day off.*** If you are feeling tired during the day, take a half day off. No excuses are needed, even if you end up sleeping, that must be what was needed at the time. If you are tired you are tired and it is the best way to energize yourself. Make sure that you are meeting the essential duties of your job or volunteer position and that your supervisor knows that you are taking time off.

***Find out what you want/like to do.*** It's not about work and school all the time. Pick up a new hobby. Play guitar, sing and write poetry. It doesn't matter if you are good at it just do it!

***Watch a funny movie.*** Heard of the phrase, "laughter is the best medicine"? A silly or funny comedy show can just do the trick in helping you loosen up!

***Journal.*** Writing your thoughts and feelings in your on a blog or journal is self-help therapy that does not cost you a single cent.

***Do yoga.*** Yoga is a mind-body-spirit practice that helps you feel centered. One is never too young to try yoga.

***Sing or listen to music.*** Singing is a vocal expression of who you are. Let out your inner rock star! It allows you to connect with your feelings.

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## Exercise

After class tonight, practice self-care. Nourish your mind, body and/or spirit. Whatever it is, do something nurturing. Create a better relationship with yourself. Take a walk, take five minutes to enjoy the outdoors before you walk into the front door, eat something delicious, write in your blog, call or text a friend, hang out with your family, friends or pets, write an affirmation card to keep in your wallet. Whatever it is, just take some time to soak in this great training and all the cool things you are learning on your journey to becoming a Certified Peer Counselor. Come back to class and tell the class what you did for self-care if you choose. By practicing self-care it becomes a part of your story and you can better partner with peers.



Affirmation Cards for Self-Care

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## Self-Care R.A.C.E. Review



### **R. Resource and Referral**

What resources will you use to teach a peer about self-care?

### **A. Advocacy**

How would you advocate for yourself to practice self-care in the workplace?

### **C. Communication**

When would be a good time to talk about how you successfully practiced self-care with a peer you were working with?

### **E. Empowerment**

How does self-care empower you?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

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DAY 5



**The Beginning of Your Journey**

**Objectives**

1. Understand that employment is a viable option for anyone who wants to explore it.
2. Learn employment preparation skills that you can pass on to the peer you are working with.
3. Understand basic employment skills needed to assist a peer in finding a job or volunteer position.

**Overview**

Employment is one of the main goals of many of the peers you will work with. There are many things to consider when a peer decides to go back to work or switch careers. Employment is an area where a Certified Peer Counselor will want to employ the core competencies of peer support: R.A.C.E.. It is not likely that a Certified Peer Counselor is an expert in employment so it is alright to ask for help. Use the “R” Resource for finding people in the community that have the expertise to move the peer you are working with towards their employment goals.

**Career Planning**

Career planning might seem like a long distance goal for peers who may not be ready but it is a very important concept to bring up with the peers you are working with. Begin with establishing what the peer’s hopes and dreams are. Even if the dreams seem unrealistic a good Certified Peer Counselor will be able to pick out the themes of the dreams and hopes. For example: A peer may state that their dream is “to work for Bill Gates and become a millionaire.” The Certified Peer Counselor might inquire more about the peer’s interests in computers and the child, youth or family member could start by looking for a job at a local computer store, where they have free employment enhancement courses in computer

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software. Assisting a peer in what their career path might look like can help them map out their educational and vocational goals.

## **Preparing for Work – Job Seeking**

Sometimes a peer is interested in going to work but does not know where to begin or have the skills to obtain and keep employment. When exploring job opportunities it is important to understand what the work culture will be like. There are some key questions to help a peer evaluate employment opportunities:

- 1) What type of organizational culture does it have?
- 2) Is there a dress code?
- 3) How do I get and give information to my supervisor?
- 4) Is there an employee handbook?
- 5) When do employees get paid?
- 6) What type of benefits are there?
- 7) How long do I work until I get sick leave or vacation?
- 8) How does an employee move up through the ranks of the company?

These are all questions to ask an organization that a peer interested in working for. In order to prepare for job seeking it is important to understand how to do it. Here are nine steps to preparing to find employment:

1. Create a resume or revise the one you have. You can create a resume even if you have never worked a day in your life. Create a skill based resume. Be honest, never lie on your resume. Use active verbs. Keep clean easy to read format –do not get fancy. Proof read every word and have someone else proof it when you think it is perfect.
3. Network. The best companies rely heavily on word of mouth from the employees they already have.

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4. Keep references up to date. Touch base with references to let them know that you are using them. Never give a name as a reference if they do not know that you are doing so.
  5. Volunteer. If you aren't already, start volunteering for an organization that focuses on something you're passionate about. You will gain experience and references.
  6. Develop your personal elevator pitch. You might be asked what your philosophy of life is or why they should hire you. Practice this over and over until you can tell someone all about yourself in the time it would take to go from the first floor to the twelfth floor of a high rise building.
  7. Prepare for an interview. You never know what type of interview panel you will be in front of. Some interview questions might look like:
    - Describe a time you had to work with someone you did not like. If you have never worked before expand this question to a time you went to school with someone you did not like or a sibling relationship. Remember to have a light touch when talking about potentially negative situations and it is always better to have the story end up on a good note.
    - Give us an example of something creative that you have worked on.
    - How would you handle an employee or a co-worker that is consistently late?
  8. Research the company. Don't just do an internet search. Memorize their mission statement and look to see if their values match yours. If it is a restaurant or retail store, visit one of their stores and talk to employees about how they like or do not like working there.
  9. Along with listing the skills you have on your resume, be prepared to discuss the skills you would like to learn and describe how you feel this company can help you learn them.

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10. Dress appropriately for the job interview and the first day on the job. It is always better to be over dressed than under dressed. Dressing appropriately and comfortably is dressing for success.

## **Supported Employment**

Most youth and family members affected by mental health challenges want to work and feel that work is an important goal in their recovery. When they identify work as a goal, family members usually identify *competitive employment*. But here we are going to talk about an exciting employment opportunity called supported employment that might be an option for the peer you are working with.

*Supported employment* is a well-defined approach to helping peers participate in the competitive labor market, helping them find meaningful jobs and providing ongoing support from a team of professionals. Find out if your agency offers supported employment support as it may be a viable option for the peer you are working with.

In some settings a potential employee may need additional support to be successful on the job. This support may be in the form of a job coach who works with a peer by providing on-site job training assistance and long term support to the employer and employee. The job coach will help the employee learn good work habits and job skills. DVR can often contract with local community rehabilitation programs to provide supported employment services and long term support. During this process, employers gain reliable, dependable and hardworking employees with a better than average chance of success. Supported employment is an excellent way for a peer to start to get back into the job market at their own pace.

Research has identified several critical ingredients of supported employment that are necessary if a peer's supported employment experience is to be a success. These include the following:

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***Services focus on competitive employment:*** The agency providing supported employment is committed to competitive employment as an attainable goal for the youth or family member participating in the program.

***Eligibility is based on youth and family choice:*** No one is excluded who wants to participate.

***Rapid job search:*** Job search begins soon after a youth or family member expresses interest in working. Lengthy pre-employment assessment, counseling, training, and intermediate work experiences are not required.

***Integration with mental health treatment:*** Employment specialists coordinate plans with the Wraparound and/or treatment team.

***Attention to youth and family preferences:*** Choices and decisions about work and supports are individualized based on the youth and family member's preferences, strengths, and experiences.

***Benefits counseling:*** Employment specialists provide individualized planning and guidance on an ongoing basis with each youth and family member to ensure well-informed decisions regarding Social Security and health insurance.

***Time-unlimited and individualized support:*** Individualized supports are provided to maintain employment, as long as youth and family members want the assistance.

Does this sound too good to be true? Well in Washington State it isn't. You can call the Division of Vocational Rehabilitation at this number (1-877-501-2233) and get more information so you can have this resource when assisting the peers you work with reach their employment goals. Below is some information on Social Security benefits that may assist you when working with peers on Social Security benefits.

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## **Assisting a Peer with Benefit Planning**

This chapter is adapted from the DSHS adult peer support manual with permission from the author. When discussing benefit planning for people who are on SSDI and SSI (Social Security Disability Insurance and Social Security Insurance respectively) it is very important to use the “R” in the peer support core competencies for referral. Unless you are a benefit planner try not to give advice regarding this issue. There have been many changes in Social Security’s rules over the last several years that now permit beneficiaries of SSDI and SSI to work without the risk of losing their insurance or cash benefits. The work incentives vary according to what type of benefits (SSDI or SSI) a peer is receiving.

### **SSDI Work Incentives:**

This provision allows the costs of certain work related items and services that a person needs to be able to go to work. These items are deducted from gross earnings and are not counted towards what is known as Substantial Gainful Activity (SGA) levels. According to the Social Security Administration the term substantial gainful activity is used to measure the amount of earnings you make or attempt to make.

### **Trial Work Period**

A period of nine months is allowed where a person can work and receive full benefits no matter how much money they make. The nine months do not have to be all in a row.

### **Related Work Expenses**

As with SSDI, this provision allows the costs of certain ability related items and services to be excluded from earned income in figuring a person’s monthly payment amount.

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## **Earned Income Exclusion**

Allows most people to keep all of their pay if they are working in a sheltered workshop. Recovery principles shy away from sheltered workshops and are more inclined towards the concept of supported employment.

## **Student Earned Income Exclusion**

This is a provision that allows a beneficiary who is under the age of 22 and regularly going to school to exclude some of their earned income per month.

## **Work Expenses for People Experiencing Blindness**

Any income a person who is affected by blindness earns that is needed for them to perform the tasks of employment are not counted against their substantial gainful activity quota.

## **Plan for Achieving Self Support (PASS)**

This provision allows a person to set aside income for a specified period of time for a work goal.

## **Property Essential to Self-Support**

This provision allows people to exclude certain resources like cars and computers if they are needed for the individual to perform their job.

This is just a brief description of some of the work incentives that are out there for peers who are on social security who may want to return to work. It cannot be stressed enough that your job as a Certified Peer Counselor is to find resources for you peer to empower them to reach their goals. A benefits planner is a great resource.

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## Exercise

### Career Planning

Get a partner and do a career planning role play. One person be the Certified Peer Counselor assisting with a youth or family member's goals. Then you will switch roles. You can make up a goal or keep it real. When working with children do not leave them out of the career planning process if they show interest. You can create a plan to assist them move towards school and career goals too!

Use S.M.A.R.T. goals to create a specific, measurable, achievable and timely career plan. When you both have had a chance to play each role come back to the class and discuss how it felt to write S.M.A.R.T. goals about career goals. Was it easy? What types of thing were discussed to measure the goals you came up with?



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## **Employment R. A.C.E. Review**



### **R. Resource**

What resources will you use to assist a peer who has employment as a recovery goal?

### **A. Advocate**

How would you advocate for a peer who wanted to try supported employment?

### **C. Communicate**

What is the best way to document employment and volunteer goals?

### **E. Empower**

How does employment and volunteering empower peers?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

## **Objectives**

1. Learn how to effectively use supervision.
2. Understand why supervision is an important component to Certified Peer Counseling.
3. Understand what to expect from a supervisor.
4. Learn how to ask for help when you need it.

## **Overview**

Learning how to use supervision effectively is a critical component to becoming a well-rounded and well respected Certified Peer Counselor. Supervision is where you will get feedback on how you are behaving professionally. Supervision is not a therapy session. Supervision is a place where you as a Certified Peer Counselor can get guidance, information and performance evaluations. Most supervisors are very busy so it is important to know what you want to talk about when you are being supervised. Keeping good notes of the supervision sessions is also a good idea. The core competencies of peer support also apply to supervision. The “A” in R.A.C.E. stands for advocacy and it is just as important for a Certified Peer Counselor to advocate for themselves as it is for a peer they are working with.

## **Supervision Roles and Boundaries**

As a Certified Peer Counselor, you should expect to meet with your supervisor at least weekly, and maybe more often. A healthy supervisory relationship is honest, trusting, and reciprocal. This means that you should feel comfortable coming to your supervisor with all

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sorts of questions—about your role, your boundaries, your work performance, your work environment, and any concerns about the peers you are working with.

For their part, your supervisor should be able to tell you about employment expectations, or give you constructive criticism about your job performance, without being afraid that you will take it personally or feel attacked. Remember that every supervisor has a different communication style, and you will both need to adapt to each other's style. If you feel like you and your supervisor are not communicating well, you should tell your supervisor how you feel and discuss ways to communicate that are comfortable and effective for you both. Maybe you would prefer to receive directions in writing? Or maybe your supervisor can make an effort to include positive reinforcement along with constructive criticism?

You and your supervisor should both treat your discussions as highly confidential. Most importantly, your supervisor is the only person you should go to with sensitive peer issues (unless the issue is something the Wraparound or recovery team is addressing as a whole).

You should prepare for a supervision meeting ahead of time. Make a list of things you want to discuss. Using supervision time efficiently shows that you are respectful of your supervisor's busy schedule...as well as your own! The topics you discuss will generally fall into two categories:

1) **Clinical supervision** means reviewing the progress of your peers and receiving guidance on how to best meet their needs. This is where you will bring up any challenges you are having or road blocks you have come up against. Your supervisor is one of your best resources. If you can't get a resource a peer you are working with needs chances are your supervisor might have some excellent suggestions. Also, don't forget to bring up the goals that are being met and the positive progress peers are making. When you share the good news it makes the team feel good about the work everyone is doing.

2) **Personal supervision** means discussing issues related to your work and role as an employee. Occasionally, this will include formal performance reviews and/or a performance improvement plan. It is tempting to talk about family stressors and other employees that you may not be getting along with. It is important to keep the conversation

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professional. Some people think that “venting” is a natural part of work but it can too easily slip into gossip. Do not say anything about a co-worker in supervision that you would not say to the person themselves. It is as important to be as strength based with coworkers as you are with the child, youth and family members you are working with.

In some agencies, clinical and personal supervision take place in completely separate meetings. Clinical supervision may also take place in a group or team meeting. This could be called a “staffing”.

### **Three Roles of a Supervisor**

Your supervisor is accountable for the work you are doing, and you are responsible for the quality of that work. It benefits you both to work together to ensure that you have the skills and the support to be the best employee you can be.

A supervisor has three primary roles:

**1. Administrator.** The administrator function includes:

- Staff recruitment and evaluations;
- Adherence to organization standards;
- Adherence to professional standards;
- Financial responsibility;
- Coordinate staff scheduling and coverage;
- Communicate to team and their supervisor; and,
- Disciplinary actions.

**2. Educator.** The educator functions includes:

- Assure staff are continually engaged;
- Assure staff are trained in current best practices;

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- Facilitate growth in their staff;
  - Assure staff understands the organization expectations of the job; and,
  - Assure professional and ethical standards are met.

**3. Supporter.** The supporter function includes:

- Assist staff job related stress and compassion fatigue (debriefing);
- Provide support when the work is hard;
- Guide staff at finding positive resolution for difficult situations;
- Provide stability and recognition;
- Help you cultivate your talents;
- Facilitates open communication; and,
- Assure your team is having fun and performing their essential job functions.

Each supervisor is different and may excel in these areas differently. Don't be afraid to ask for more information or support when you need it.

A good supervisor understands the ins and outs of your particular job, and the unique challenges you may face as a Certified Peer Counselor. But don't assume that your supervisor automatically understands your job. Certified Peer Counseling is still a very new field. You might need to empower your supervisor on what a Certified Peer Counselor's role is and is not. You may want to share a copy of this manual with your supervisor.

### **Personal Issues in the Workplace**

Like any other relationship, your relationship with your supervisor should have clear boundaries. ***Your supervisor is not your therapist.***

It is appropriate to share personal issues with your supervisor:

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- When the personal issue is affecting your work performance. For example, you may have a family issue that requires you to take some time off work or make personal phone calls on the job. Let your supervisor know the situation. They may advise you to take some personal leave, and they may need to arrange coverage for your job duties.
  - When you wish to requests for accommodations.
  - Particularly when you first begin employment, your supervisor may be willing to be flexible and accommodate requests that will make it easier to do your job. Requests might include flexible schedules, extra leave for medical appointments, tools to reduce noise or other assistance.
  - When you need to request “reasonable accommodations”. Reasonable accommodations are guaranteed to people with disabilities under the Americans with Disabilities Act (ADA). The rules and requirements of this law are very specific and you may or may not qualify. If you have a legal disability, and have challenges in your job that can be accommodated you can ask your supervisor to make a reasonable accommodation. “**Reasonable**” means the accommodation does not impose undue hardship on the agency (e.g., it is not outrageously expensive) or get in the way of doing business Your employer may also choose a n alternative accommodation. When you request a reasonable accommodation, you will be required to disclose the reason you need the accommodation, and may be required to document your needs or your disability. You can read more about the Americans with Disabilities Act (ADA) and reasonable accommodation guidelines in appendix 5

It ***IS NOT*** appropriate to share personal issues with your supervisor when:

- You are seeking support, advice or therapy. This can be an easy trap to fall into in the social services. Your supervisor may be trained as a counselor and is likely a caring person who is genuinely concerned about you. But using your supervisor (or anyone at work) as a counselor can create complicated boundary issues. If you need

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counseling or other services, ask for a referral (to someone outside the agency where you work, if possible).

- *You are wanting special treatment that is not reasonable and not given to other employees. Peers living in recovery, although they may encounter challenges, are expected to work to the same high standards expected of other employees.*

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- You are seeking support, advice or therapy. This can be an easy trap to fall into in the social services. Your supervisor may be trained as a counselor and is likely a caring person who is genuinely concerned about you. But using your supervisor (or anyone at work) as a counselor can create complicated boundary issues. If you need counseling or other services, ask for a referral (to someone outside the agency where you work, if possible).
- You are wanting special treatment that is not reasonable and not given to other employees. Peers living in recovery, although they may encounter challenges, are expected to work to the same high standards expected of other employees.



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## Supervision R.A.C.E. Review



### **R. Resource**

How is supervision a resource and for whom?

### **A. Advocate**

Can your supervisor assist you in advocating for a peer you are working with?

### **C. Communicate**

Why is it important to communicate clearly and honestly with your supervisor?

### **E. Empower**

Could your supervisor play a role in empowering a peer you are working with? If so how?

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

## Objectives

1. Understand what it means to be a resiliency ambassador.
2. Learn about workplace standards.
3. Learn how to maintain professional boundaries.

## Overview

One of the best things you can do to help yourself feel comfortable at work is to understand the norms and expectations at your workplace or where you volunteer. Being a resiliency ambassador does **NOT** mean adopting a condescending or stigmatizing attitude toward the peers you work with. Part of your job as a Certified Peer Counselor is to represent the peer perspective to your agency and to be a “resiliency ambassador”

## Workplace Standards

There are certain norms in every workplace. Your willingness to follow these standards will show your supervisors and coworkers that you are responsible and respectful. Here are some tips to make your journey less bumpy. You can follow these standards and norms and still be yourself so don't worry!

**Dress appropriately.** Some workplaces are more casual than others, but your clothes should always be clean, modest, and appropriate for the work you are doing that day.

**Be on time.** Coming to work and showing up for meetings on time signals that you are in control of your own life, and respectful of other people's time.

**Follow policies and procedures.** They may seem awkward and bureaucratic, but following your agency's policies is safer and easier than making a mistake that gets your

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agency into a lawsuit—or gets you fired! Policies will help you set healthy boundaries as well.

**Beware of gossip and office politics.** Nothing causes more frustration for people at work than getting sucked into petty disagreements with co-workers—especially if those disagreements escalate to the point where it begins to affect your work. It is best to steer clear from the beginning. You can set boundaries with co-workers just like you set boundaries with peers.

## **Maintaining Personal and Professional Boundaries**

This means NOT seeking out co-workers for counseling. Work to keep your personal issues and triggers from interfering in your work. This is expected of all providers in mental health, if they are people with lived experience or not. This is where a WRAP document or similar plan for your support can be helpful. The work can be stressful. Manage the stress in a professional way. At the same time, it is important to leave your work at work. Use your time at home to relax and enjoy your family, pets, or hobbies. When working in a helping profession it is all too easy to worry 24/7 about the people you are helping, but you cannot be an effective Certified Peer Counselor if you don't take time to recharge away from work.

## **Collaboration and Building Effective Relationships with Co-Workers**

The new frontier of resiliency and child, youth and family Certified Peer Counseling in community mental health agencies provides Certified Peer Counselors with unique opportunities. They may have significant influence on the systems that serve children, families and youth. This is not simply a service but a revolutionary way to influence these systems in providing more voice and choice to the people receiving assistance from the various providers. This makes child, youth and family Certified Peer Counselors ambassadors of recovery and resiliency principles and values and could be uncomfortable

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at times. It can also be exhilarating. Gaining trust and respect of colleagues is something that every new employee goes through. This may take time and you may face stigma but you are being courageous in your ability to share your recovery story and help others. Do not forget the tools you have learned in this course. You have the ability to implement the core competencies of winning the R.A.C.E.. You have many resources that people need including your co-workers. You have the ability to advocate for others and yourself inside the workplace. You have excellent communication skills to problem solve anything that may need to be addressed and finally, using these core competencies you will not only be able to empower the peer you are working with but yourself and an entire agency. This creates a win-win situation for all involved. Empowered people who work at empowered agencies are able to empower and inspire hope to the children, youth and families that they serve.

Implementation of the core competencies helps to develop the most effective relationships with coworkers. A common occurrence among staff members of agencies when a new employee comes on board is a feeling of the unknown around the new employee. Many will wait to see how the new person does on the job before making a decision to form a relationship. Others will open up right away and will see a welcome addition who will contribute a great deal to the field and to the peers being served. Most staff are professional enough to appreciate and form relationships with new employees when the focus is on the mutual work. Understanding an organizations culture is very important when working at a new job. There might be written and unwritten norms, policies and ways of getting things done. Find someone to mentor you or show you the ropes. There will likely always be a few people that understand and remember what it was like to be a new employee. Most people want the best for each other and as always the children, youth and family members are the main focus.

Knowing the list of the many benefits of peer counselors can help the skillful sharing of these benefits. Carefully choose which benefit/s to share and with which colleague. Develop your awareness of the public mental health system and the known “best practices” in the field. Being able to speak to this knowledge, at times, helps to command the respect

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of colleagues. If you know your stuff, people notice. This does not mean you have to know everything. No one expects you to. Just be honest in your knowledge and seek to learn more.

Stay current on emerging “best practices” in, resiliency, recovery and consumer/family-driven approaches. Look for opportunities to add these to the menu of approaches and/or services in your agency or elsewhere in the community. As you begin to learn about the other general resources in your community, you can tell your co-workers about them. Many Certified Peer Counselors have become the “resource guru” in their agencies and co-workers have learned to come to them for information on what is available in the community. Know these resources and recommend their use appropriately. You are not expected to be the “resource guru”. If people at your work start asking you to form opinions for all peers or think that you speak for all peers make sure that they know that you are one peer with one experience and that is all you can speak to.

### **Being an Effective Change Agent**

To fully include Certified Peer Counselors in the work place, some employees may need to make changes or adjustments in their thinking. Hopefully, there will be a “champion” of peer counseling at the agency. That person and you, or you alone, will need to point out the benefits of Certified Peer Counselors specifically trained to assist children, youth and families on their journey. In order to win the R.A.C.E. against stigma and prejudice for families living with mental health challenges it is important to remember the core competencies of peer support. Through your behavior and interactions at the agency and in the community, you will be changing other people’s attitudes, perceptions, and thinking. This change will require resources, advocacy, communication and empowerment.

You will promote these values and core competencies in everything that you do as a certified peer counselor. In essence, you may become a change agent.

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## **Benefits to Children, Youth and Family Members**

The following list provides a description of the potential benefits children, youth and family members may experience by choosing to work with a Certified Peer Counselor.

- Certified Peer Counselors have personal lived experience;
- Certified Peer Counselors have a good understanding of child, youth and family needs/issues;
- Certified Peer Counselors have empathy, sensitivity, and compassion;
- Children, youth and family members may relate more easily to a Certified Peer Counselor that has lived experience and trust them faster than someone who does not understand the struggles and joys of living with a family affected by mental health challenges;
- Certified Peer Counselors may have a better understanding of medication issues/side effects and decisions made about taking them or not taking them;
- Certified Peer Counselors are highly motivated and dedicated because of their personal experience;
- Certified Peer Counselors are creative and resourceful; and,
- Certified Peer Counselors have hands-on knowledge of systems, how to navigate them and what pitfalls to watch out for.

## **Benefits to the Organization**

Some community mental health agency staff may not realize how having Certified Peer Counselors will help the organization. Certified Peer Counselors provide better services to the children youth and families they serve. The following is a list of potential benefits to agencies employing Certified Peer Counselors. This is a great list to use as a resource for

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when you go to an interview as a Certified Peer Counselor as well. While community mental health agencies are hiring peers they may not understand all the wonderful things that can bring to an agency. Here are just a few benefits:

- Enhances staff awareness of peers' capabilities;
- Provides valuable insight regarding recovery oriented treatment strategies;
- Increases staff sensitivity toward peers and their needs;
- A source of education for staff without lived experience in mental health;
- Gives the organization an informal perspective and an ability to see the peer as a whole person that contributes valuable insight into the team;
- Provides child, youth and family perspective/concerns to administration;
- More relevant and resilient focused child, youth and family services;
- Provides quality control from a peer perspective that gives valuable insight into what really works and what doesn't;
- Increases the organization's credibility with the children, youth and families it serves;
- Family and consumer groups are more supportive of the agency;
- Good for the organization who wants to "walk the recovery/resiliency talk";
- Provides a valuable bridge between clinician and peer which can build trust and empowerment for the entire team; and,
- Certified Peer Counselors are motivated employees who work hard, bring innovative and creative ideas to the table while being able to "keep it real."

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## **Recommending Change to Benefit Children, Youth and Families**

By taking the time to consider how to approach decision makers that can influence youth and family's lives at your organization and shaping your message, your communication will be more effective.

- Discover which benefits are directly related to any change being promoted;
- Present the benefits and the recommended change to the persons involved;
- Use clear and direct communication;
- Use "I" statements in explaining the recommendations;
- Avoid casting blame on other staff or the agency; and,
- Remember, the staff and the agency are trying to change the way services are provided as evidenced by hiring Certified Peer Counselors.

This method of change is called value-based advocacy. In embracing Resiliency and Recovery, the agency is expressing its positive values to better serve children, youth and families. The benefits aligned with any recommended organizational change will appeal to the values of the organization or will begin to change the values of the agency. As a Certified Peer Counselor you have the ability to see changes needed and propose them when appropriate. That is a big part of becoming a resiliency ambassador!

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# FINAL REVIEW

**R.A.C.E. Review**



**R. Resource and Referral**

**A. Advocacy**

**C. Communication**

**E. Empowerment**

**Write down ways you will use this information in either work, home or personal life in the context of the R.A.C.E. core competencies.**

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## Review Your Journey





**CELEBRATE!**

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# Appendix 1

## GLOSSARY

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Accessible services – are services that are affordable, located nearby, open during evenings and weekends, sensitive to individual and cultural values, and can handle consumer demand without placing people on a long waiting list.

Advance directives - set out a patient's wishes in writing concerning their care or treatment.

Advice - means recommending what to do.

Advocacy - promotes the cause of another person to secure the services they require and their rights.

Advocacy groups – are organizations that work in a variety of ways to create change with issues that affect society. (NAMI and Youth 'n Action are examples)

Alcohol abuse - means a pattern of alcohol use leading to significant impairment or distress; see also substance abuse and substance dependence.

Amnesia – means temporary or permanent loss of memory.

Appeal process — is a series of steps you must follow to get a decision about services reviewed and changed.

Assessment - is the gathering and appraisal of information in order to identify a person's needs and strengths.

Autonomy – means to be self-governing.

Best practices – are activities or programs that are in keeping with the best available evidence regarding what is effective.

Case manager – is the health care professional who works directly with consumer or children and their families to coordinate various activities, services and supports, and acts as the consumer's primary contact with other members of their treatment teams; also called rehabilitation specialist, service coordinator, and social worker.

Case management – is a service that helps people arrange for appropriate services and supports. A case manager coordinates mental health, social work,

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educational, health, vocational, transportation, advocacy, respite care, and recreational services, as needed.

Child Protective Services – is a DSHS agency that provides service designed to safeguard a child when abuse, neglect, or abandonment is suspected, or when there is no family to take care of the child. Help delivered in the home include financial assistance, vocational training, homemaker services, and daycare. If in-home supports are insufficient, the child may be removed from the home on a temporary or permanent basis.

Peer – is a term often used by service providers for an individual who receives mental health services; see also consumer. Parents may be referred to as peers when they are in a peer relationship with another parent.

Clubhouse - is derived from the Fountain House model of psychiatric rehabilitation; it is a club that belongs to everyone who participates in it, providing supportive companionship and opportunities for employment.

Collaboration - is where professionals and/or agencies with linked functions work effectively together on common issues, including the provision of care to an individual person.

Community – is a group of people residing in the same locality or sharing a common interest.

Community care - is the provision of services and support for people who are affected by a range of problems, including mental health challenges, to enable them to live as independently as possible in their own homes or in other home-like settings.

Community mental health agencies (CMHAs) – are groups of professionals providing mental health services locally.

Confidentiality – is the protection and proper use of patient information. Information given or received for one purpose may not be used for a different purpose or passed to anyone else without the consent of the provider of the information.

Consumer - is a term to describe someone who uses or has used mental health services because of mental health challenges or a disability; within service provider organizations, also called a Peer.

Continuum of care – is a term that implies a progression of services that a consumer or child moves through, usually one service at a time. More recently, it has come to mean comprehensive services. Also see system of care and wraparound services.

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Co-occurring disorder – see dual diagnosis

Coordination - means bringing people together to work together efficiently.

Coordinated services – means that several child-serving or consumer-serving organizations talk with the family or consumer and agree upon a plan of care that meets the child's or consumer's needs. These organizations can include mental health, education, juvenile justice, adult criminal justice and child welfare. Case management is necessary to coordinate services. Also see family centered services and wraparound services.

Counseling - aims to help people develop insight into their problems and identify resources within themselves that they can use to cope more effectively with their situation; see also psychotherapy.

Criminal justice system - includes all agencies involved in criminal justice including the police, probation service, courts and prisons.

Crisis - is a time of extreme trouble.

Crisis residential treatment services – are short-term, round-the-clock help provided in a non-hospital setting during a crisis.

Cultural competence/culturally appropriate services – means a set of values, attitudes and practices held by an organization or individual service provider that are sensitive and responsive to cultural differences. These differences can include race and ethnicity, national origin, language, beliefs, religion, age, gender, sexual orientation, physical disability, or family values and customs.

Culture – is the integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, faith or social group.

De-escalate – means to lower the intensity of a situation; often refers to a way of communicating with a person when they are upset or in crisis.

Deinstitutionalization – is the process of releasing individuals from psychiatric institutions.

Disability – is a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

Discharge plan - is a care plan for people being discharged from a hospital or residential center.

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Discharge planner – is the person on the hospital or residence staff who makes plans for an individual's health care outside of the hospital; this can be a nurse, doctor, resident/intern, or social worker.

Disclose – means to share or make known.

Diverse – means differing from one another.

Diversion - refers to the movement of an individual from the criminal justice system or hospital to health and/or social care.

Drop-in centers – are centers without structured activity where consumers can socialize.

Drug dependence - occurs when an individual persists in using a drug despite problems related to the use of the drug, such as legal, health, family, occupational or other problems resulting from the drug use. It can be diagnosed either with or without physical dependence, which means issues of tolerance to and withdrawal from the substance.

Dual diagnosis – is the combination of mental health challenges with other conditions, including alcohol abuse, substance abuse, compulsive gambling, a learning disability, or a physical disability. Also called comorbidity or co-occurring disorders.

Early intervention – is a process used to recognize warning signs for mental health challenges and to take early action against factors that put individuals at risk.

Eligibility criteria - are guidelines used when a person seeks mental health services to determine the priority of their need and the degree of risk, in order to make decisions about the appropriate use of services. These may include age, disability, income, or type of insurance.

Emergency and crisis services - a group of services that is available 24 hours a day, 7 days a week, to help during a mental health emergency. Examples include telephone crisis hotlines, suicide hotlines, crisis counseling, crisis residential treatment services, crisis outreach teams, and crisis respite care.

Empathize – means to identify with or develop an understanding of another's situation, feelings, or motives.

Empower - means to give authority, control and confidence to a previously disadvantaged group or person.

Environmental approach – is an approach to mental health treatment that attempts to influence either the physical environment (such as reducing access to lethal means) or the social environment (such as providing work or academic opportunities).

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Evaluation – is the systematic investigation of the value and impact of an intervention or program.

Evidence-based – means programs that have undergone scientific evaluation and have proven to be effective.

Family-centered services – are services designed to meet the specific needs of each individual child and family; see also appropriate services, coordinated services, wraparound services, and cultural competence.

Family focused — means an approach to designing and providing services that views the child as a member of a family and recognizes that everyone in a family can be affected by how the others act, what they say, or how they feel or are doing in school or work. Decisions about services are made considering the strengths and needs of the family as a whole as well as the individual child with a mental health challenge.

Family support services – are services designed to keep the family together, while coping with mental health challenges that affect them. These services may include consumer information workshops, in-home supports, family therapy, parenting training, crisis services, and respite care.

Frequency – refers to the number of occurrences of a disease or injury in a given unit of time.

Goal – is a broad and high-level statement of general purpose to guide planning around an issue; it is focused on the end result of the work.

Hallucination – is a false or distorted perception of objects or events, including sensations of sight, sound, taste, smell, or touch, typically accompanied by a powerful sense of their reality.

Health care - is medical and nursing care.

Health promotion – is education and support that enables people to increase their control over the factors that influence their health, thereby improving their health.

Holistic - means considering the whole person in the treatment of their illness; i.e. their physical, emotional, psychological, spiritual and social needs.

Home-based services – refers to help provided in a family's home either for a defined period of time or for as long as it takes to deal with a mental health problem without removing the child from the home; these can include parent training, counseling, and working with family members to identify, find, or provide other necessary help. Also called in-home supports.

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Homelessness - describes people living in a broad spectrum of unsatisfactory housing conditions ranging from cardboard boxes and park benches through night shelters and direct access hostels to bed a breakfast accommodation or even sleeping on a friend's floor.

Hospital leave – is the right to leave the hospital grounds temporarily, often with a family member or care provider; leave must be approved by the hospital staff.

Hypomania - is where someone is mildly manic (high); see mania.

Imminent – means likely to happen at any moment.

Individual service plan – see service plan

Initial referral — see intake

Intake - is the process an agency or program uses to find out about a consumer or child and family for the first time and determine their eligibility for services; also called initial referral; see also eligibility criteria.

Internalization – means to take in information, beliefs, or attitudes and make them a part of one's personal internal beliefs.

Intervention – is a strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition (such as providing lithium for bipolar disorder or strengthening social support in a community).

Managed care – is a system delivery of health care services. It may specify which service providers the insured consumer or family can see and may also limit the number of visits and kinds of services that are covered by insurance.

Meaningful occupation - is occupation which is suitable for a person and which they would find personally rewarding.

Means – in the context of completing a suicide/safety assessment, is the instrument or object whereby a self-destructive act is carried out (i.e., firearm, poison, medication).

Media - is the term used to describe TV, radio, newspapers and journals.

Mental health – refers to the way a person thinks, feels, and acts when faced with life's situations. Mental health is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; explore choices; handling stress; relate to other people; and make decisions.

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Mental health services – health services that are specially designed for the care and treatment of people with mental health challenges, including mental health challenges; includes hospital and other 24-hour services, intensive community services, ambulatory or outpatient services, medical management, case management, intensive psychosocial rehabilitation services, and other intensive outreach approaches.

Minority ethnic groups – are groups of people with a culture distinct from the culture of the host country.

Motivation - is the internal power and reasoning behind an action or decision. It can be looked at as a reason for doing something.

Motivational Interviewing- Motivational Interviewing is a collaborative conversation to strengthen a person’s own motivation for and commitment to change.

Mutual support groups - are groups where service users and/or family members share their experiences and feelings about mental health challenges and generally help each other; also called self-help groups.

Needs assessment - is the process of assessing and monitoring health and social care needs of a population.

Objective – is a specific and measurable statement that clearly identifies what is to be achieved.

Outcomes - are measurable results, such as a change in the health of an individual or group of people that is attributable to an intervention.

Outreach programs – are programs that send staff into communities to deliver services or recruit participants.

Parent Advocate — is an individual who has been trained to help other families get the kinds of services and supports they need and want. Parent advocates are usually family members who have raised a child with a behavioral or emotional problem and have worked with the system of care and many of the agencies and providers in your community.

Partnership - is working closely with others to achieve agreed common goals.

Plan of care – is a treatment plan especially designed for each consumer or child and family, based on individual strengths and needs; it establishes goals and suggests appropriate treatment and services.

Policy - is a plan of action or an agreed position adopted by an organization.

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Posttraumatic stress disorder (PTSD) - can occur after one is exposed to a traumatic event, such as war, natural disasters, major accidents, or severe abuse. The person may then develop an intense fear of related situations, heightened general anxiety, flashbacks and/or recurring nightmares.

Prevention – is a strategy or approach that delays or reduces the likelihood of onset of a mental health problem.

Primary care services - is the local network of primary health care and/or local social services centered around a health center.

Protective factors – are factors that make it less likely that individuals will develop a disorder; these may include biological, psychological or social factors in the individual, family or environment.

Provider - is any organization, agency, group of people or individual who supplies a service in the community, home or hospital in return for payment.

Psycho-education – is education offered to those with psychiatric disabilities and often their families with the intent of helping them to better understand and cope with their psychiatric disability.

Psychologist – is a non-medical professional who has completed graduate education and training and is qualified to perform psychological research, testing, or therapy.

Psychology – is the science concerned with the individual behavior of humans, including mental and physiological processes related to behavior.

Public sector - refers to any facility maintained or controlled by a central government, local government, or other statutory body; Medicaid services are public services, while other medical treatment may be private.

Rapport – means easy to talk to and building a friendly relationship with a basis of trust.

Recovery – according to RCW 71.24, ““Recovery” means the process in which people are able to live, work, learn, and participate fully in their communities.”

Rehabilitation - restores skills (e.g., vocational, social, or daily living skills) through treatment or by training.

Rehabilitation specialist – see case manager

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Resilience – refers to the capacities within a person that promote positive outcomes, such as mental health and well-being, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes.

Respite care – is a temporary break for the caregiver of a child, an older adult, or someone who is ill or disabled. This can be a formal service where a trained caregiver takes care of the person for a while, or informal help provided by a friend or relative.

Review - means a critical look at what exists.

Revise - means to change what exists.

Revised Codes of Washington (RCW's) – are laws that the state government creates; see also Washington Administrative Codes (WAC's).

Risk assessment - is an assessment of whether a person is at risk to themselves or others.

Risk factors – are certain factors that make it more likely that individuals will develop a mental disorder. Risk factors may include biological, psychological or social factors in the individual, family and environment, and are especially significant for children.

Screening – refers to the administration of an assessment tool to identify persons in need of more in-depth evaluation or treatment; see also eligibility criteria, intake.

Screening tools – are those instruments and techniques (questionnaires, check lists, self-assessments forms) used to evaluate individuals for increased risk of certain health problems; see also eligibility criteria, intake.

Self-help groups - see mutual support groups

Service – is a type of support or clinical intervention designed to address the specific mental health needs of a consumer or a child and his or her family. A service could be provided only one time or repeated over a course of time.

Service coordinator – see case manager

Service plan — Recovery Plan is a written document that lists and describes all the services and supports a consumer or child and family will receive. Typically, service plans also include information about the consumer's strengths, problems, and needs; describe what the services and supports are designed to accomplish; and explain how and when progress will be assessed. Also called individual service plan or treatment plan.

Service provider - see provider

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Sheltered work - is work provided for people with a mental health challenges or developmental disability in protected or well-monitored settings, outside the usual workforce; compare to supported employment.

Side effects - are the unwanted physical effects of taking medication.

Social support – refers to assistance that may include companionship, emotional backing, cognitive guidance, material aid and special services.

Social worker – is a graduate of a school of social work who holds either a bachelor's or master's degree and who is trained in effective ways of helping the people living with mental health challenges, and other groups in need of assistance. See also case manager.

Spiritual - relates to the spirit or soul as distinct from physical matters; it includes religion but goes much wider to embrace, for example, art and music.

Stakeholder – is anyone, including organizations, groups and individuals that is affected by and contributes to decisions, consultations and policies.

Statutory - relates to organizations set up by law, statute or regulation (e.g. county council, local authority).

Stigma – is a general term for the widespread fear and misunderstanding of mental health challenges, together with the stereotyping and negative attitudes toward those who suffer from them.

Street drugs – means drugs that are not prescribed by doctors for the person using them; also called illicit drugs.

Strengths — are the positive characteristics of any individual, child or family, including things they do well, people they like and activities they enjoy.

Substance abuse - is the use of a substance (e.g., alcohol, prescription drugs, street drugs, solvents, etc.) to the point that it has a negative impact on one's life (e.g., leads to fights, arrests, relationship problems, etc.); compare to substance dependence.

Substance dependence – is addiction to a substance (see above); i.e., the substance is taken more frequently, in higher doses, in inappropriate situations, or in spite of the user's desire to quit; compare to substance abuse.

Support - means to help provide for and encourage a person.

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Supported employment - is where a person is supported (usually by an organization or program) to obtain and retain open employment in the community; compare to sheltered work.

Supported housing - is where residents have their own accommodation, but a member of staff is available to provide support when necessary.

Symptom – is a reported feeling or specific observable physical sign of a consumer’s condition.

System of care — is a coordinated network of agencies and providers that make a full range of mental health and other necessary services available to consumers/peers or children with mental health challenges and their families.

Treatment - means a medical or psychological therapeutic intervention.

Treatment plan – see service plan

Treatment team- is a group of professionals, service providers, family members and/or support people who meet to develop, implement and review a comprehensive service plan for an adult consumer or child and family.

Washington Administrative Codes (WACs) - set out guidance for practitioners on the operation of legislation. These rules are derived from the Revised Codes of

Washington (RCWs), the laws that the state legislature has created.

Wellness Recovery Action Plan (WRAP) – refers training on and use of the Wellness Recovery Action Plan developed by Mary Ellen Copeland.

WISE - The Washington State Wraparound with Intensive Services (WISE) Program is designed to provide comprehensive services and supports to eligible clients. The purpose is to create a sustainable service delivery system for intensive home and community based mental health services to Medicaid eligible children and youth.

Wraparound Services – are individualized community-based services that focus on the strengths and needs of a child and family. Wraparound services are developed through a team-planning process, where a team of individuals who are relevant to the well-being of the child (such as family members, service providers, teachers, and representatives from any involved agency) collaboratively develop and implement an individualized plan of care, known as a wraparound plan.

Youth – an individual who is between 12 and 18 years old. This definition varies in different parts of the state, nation and by organization.

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Youth Culture – The norms, values, language and music that defines who a young person is.

Youth In Transition – A young person between the ages of 16 and 24 generally. This term is applied to youth who are aging out of the youth systems and moving into adult systems which includes education to higher education and does not necessarily mean that a young person who is in the mental health system will automatically move into the adult mental health system.

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## Appendix 2

### Acronyms

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AA - Alcoholics Anonymous  
AAA – Area Agency on Aging  
ACS - Access to Care Standards  
ACT – Assertive Community Treatment  
ADA - Americans with Disability Act  
ADHD - Attention Deficit Hyperactive Disorder  
ADL – Activities of Daily Living  
ADSA – Aging and Disabilities Services Administration  
AFDC - Aid to Families with Dependent Children  
AFH – Adult Family Home  
APS – Adult Protective Services  
ASL – American Sign Language  
BHSIA - Behavioral Health and Services Integration Administration  
CA – Children’s Administration  
CASA – Court Appointed Special Advocate  
CBT – Cognitive Behavioral Therapy  
CCS – Catholic Community Services  
CD – Chemical Dependency  
CDP- Chemical Dependency Professional  
CFR – Code of Federal Regulations  
CHINS - Child In Need of Services  
CIT – Crisis Intervention Training  
CLIP - Children's Long-term Inpatient Programs  
CMHA – Community Mental Health Agency  
CMS – Centers for Medicare and Medicaid Services  
CPC – Certified Peer Counselor  
COD – Co-Occurring Disorders  
COPS – Consumer Operated Programs & Services  
CPS - Child Protective Service  
CRC - Crisis Residential Center  
CSO – Community Service Office  
CSTC - Child Study and Treatment Center  
CVAB – Consumer Voices Are Born  
DBHR – Division of Behavioral Health & Recovery  
DBT – Dialectical Behavioral Therapy  
DD – Developmental Disability  
DDD - Division of Developmental Disabilities  
DL – Disability Lifeline  
DMHP - Designated Mental Health Professional

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DOH – Department of Health  
DRW - Disability Rights of Washington  
DSHS - Department of Social and Health Services  
DSM-IV-TR- Diagnostic and Statistical Manual (4th edition) Text Revision  
DVA – United States Department of Veterans Affairs  
DVR - Division of Vocational Rehabilitation  
Dx - Diagnosis  
E & T - Evaluation and Treatment facility  
EBP – Evidence Based Practice  
EEOC – Equal Employment Opportunity Commission  
EPSDT - Early Periodic Screening, Diagnosis & Treatment  
EQRO – External Quality Review Organization  
ESD - Educational Service District  
ESL – English as a Second Language  
ESH – Eastern State Hospital  
FACT – Forensic Assertive Community Treatment  
FAE/FAS - Fetal Alcohol Effects/Fetal Alcohol Syndrome  
FERPA – Family Educational Rights & Privacy Act  
FFCMH – Federation of Families for Children’s Mental Health  
FRS - Family Reconciliation Services  
GA – Gamblers Anonymous  
GLBT(Q) – Gay Lesbian Bisexual Transgender (Questioning)  
HHS – United States Department of Health and Human Services  
HMO - Health Maintenance Organization  
HIPAA - Health Insurance Portability and Accountability Act  
HR – Human Resources  
HWD – Healthcare for Workers with Disabilities  
ICCD – International Center for Clubhouse Development  
IDEA – Individuals with Disabilities Education Act  
IDDT – Integrated Dual Disorder Treatment  
IEP - Individualized Education Plan  
IMR – Illness Management & Recovery  
ISP – Individualized Service Plan  
IST - Interagency Staffing Team  
ITA - Involuntary Treatment Act  
ITC - Individualized and Tailored Care  
JAN – Job Accommodation Network  
JRA - Juvenile Rehabilitation Administration  
L & I – Department of Labor and Industries  
LCSW – Licensed Clinical Social Worker  
LD – Learning Disability  
LMFT – Licensed Marriage & Family Therapist  
LOS - Length of Stay  
LRA – Least/Less Restrictive Alternative

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LRE – Least/Less Restrictive Environment  
MCO - Managed Care Organization  
MDT - Multidisciplinary Team  
MHD - Mental Health Division (outdated; now Division of Behavioral Health & Recovery)  
MHFA – Mental Health First Aid  
MHHC - Mental Health Housing Consortium  
MHP - Mental Health Professional  
MHTP - Mental Health Transformation Project  
NA – Narcotics Anonymous  
NAMI - National Alliance on Mental health challenges (Illness?)  
NAPS– National Association of Peer Specialists  
NIH – National Institute of Health  
NIMH – National Institute of Mental Health  
NMHA – National Mental Health Association  
OA – Overeaters Anonymous  
OAH – Office of Administrative Hearings  
OCP - Office of Consumer Partnerships  
OCR - Office of Civil Rights  
OEF/OIF – Operation Enduring Freedom/Operation Iraqi Freedom (veterans)  
OSPI - Office of Superintendent of Public Instruction  
OT - Occupational Therapist/Therapy  
PACT – Program for Assertive Community Treatment  
PASS – Plan for Achieving Self Support  
PAVE – Partnerships for Action, Voices for Empowerment  
PCP – Primary Care Provider OR Person-Centered Planning  
PHI – Protected Health Information  
PIHP - Prepaid Inpatient Health Plan  
PSSP – Peer Support Service Plan  
PT – Physical Therapist/Therapy  
PTSD - Post Traumatic Stress Disorder  
QA - Quality Assurance  
QI - Quality Improvement  
QRT - Quality Review Team  
RC – Registered Counselor (outdated)  
RCW - Revised Codes of Washington  
RN – Registered Nurse  
RSN - Regional Support Network  
RTF - Residential Treatment Facility  
Rx – Medical Prescription  
SA – Substance Abuse OR Sexual Abuse  
SAMHSA – Substance Abuse and Mental Health Services Administration  
SBD - Serious Behavioral Disturbance  
SE – Supported Employment

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SED - Serious Emotional Disorder  
SEIU – Service Employees International Union  
SGA – Substantial Gainful Activity  
SMI – Serious/Severe Mental health challenges  
SSA – Social Security Administration  
SSDI - Social Security Disability Insurance  
SSI - Supplemental Security Income  
TACID - Tacoma Area Coalition for Individuals with Disabilities  
TANF – Temporary Assistance for Needy Families  
TBI – Traumatic Brain Injury  
TE – Transitional Employment  
TWE – Trial Work Experience  
TWP – Temporary Work Placement  
Tx – Treatment  
USPRA – United States Psychiatric Rehabilitation Association  
VA – (United States Department of) Veterans Affairs  
WAC - Washington Administrative Code  
WADADS – Washington Dads (parent organization)  
WCMHC – Washington Community Mental Health Council  
WDVA – Washington State Department of Veterans Affairs  
WIMHRT – Washington Institute for Mental Health Research & Training  
WIPA – Work Incentives Planning & Assistance  
WISe- Wraparound Intensive Services  
WPAS – Washington Protection & Advocacy Service  
WRAP - Wellness Recovery Action Plan  
WSCC – Washington State Clubhouse Coalition  
WSH – Western State Hospital  
YNA – Youth ‘N Action

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## Appendix 3

### Workgroup

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We want to give our sincere appreciation and thanks to the following people:

We honor and deeply respect the contributions each and every one of you made to the development of this training curriculum. This comes from the heart and souls of youth, young adults and families that have lived experience with mental health conditions. Your expertise is well represented within the pages of this manual and everyone has a lot to be proud of in the final product. We could not have done this without you. Thank you co-authors:

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### Executive Editing Team

**Stephanie Lane; Jennifer Bliss; Jenna Cook; Tamara Johnson; Joyce Lane; Aubrey Lawless; Beverly Miller and Kara Panek**

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## Appendix 4

### HIPAA

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The Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”) establishes, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services (“HHS”) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). The Privacy Rule standards address the use and disclosure of individuals’ health information—called “protected health information” by organizations subject to the Privacy Rule — called “covered entities,” as well as standards for individuals’ privacy rights to understand and control how their health information is used. Protected Health Information.

The Privacy Rule protects all “individually identifiable health information” held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information “protected health information.”

“Individually identifiable health information” is information, including demographic data, that relates to: the individual’s past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

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## Appendix 5

### The ADA - Americans with Disabilities Act

#### **What is the intent of the ADA?**

The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities in employment; state and local government activities; public accommodations; public transportation; telecommunications; and public services. It was signed into law by President George H. W. Bush on July 26, 1990.

#### **Does the ADA protect people with severe mental health challenges?**

The definition of disability in the ADA includes people with mental health challenges who meet one of these three definitions: "(1) a physical or mental impairment that substantially limits one or more major life activities of an individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment." A mental impairment is defined by the ADA as "any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental health challenges, and specific learning disabilities." Please include something around not everyone knows an employer may verify or deny your claim as having a disability.—many have to document #1, the limitations. Some people think just having a disorder categorizes them as disabled.

#### **How and when should I disclose my disability to an employer?**

Disclosure is a complex decision and should be made with care. Here's what you might want to think about:

#### **Preparing to disclose**

Assess your employment skills to determine whether you need help from your therapist or mental health agency to:

- Initiate contact or arranging an interview with the employer interview.
- Describe your disability.
- Negotiate the terms of employment.
- Negotiate accommodations.

Identify any potential accommodations you might need during the hiring process or on your first day of work.

Explore your feelings about having a mental health challenges and about sharing that information with others. Remember, no one can force you to disclose if

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you don't want to. Research potential employers' attitudes toward mental health challenges and screen out unsupportive employers.

- Have they hired someone with a psychiatric disability before?
- Do they personally know someone with a mental health challenges?
- What positive or negative experiences have they had in employing someone with a mental health challenges?
- Do they show signs -- newsletters, posted notices, employee education programs about mental health challenges, etc. -- of encouraging a diverse workforce?
- Do they have a corporate culture that favors flex time, mentoring programs, telecommuting, flexible benefit plans, and other programs that help employees work efficiently and well?
- Does the job have certain requirements (e.g., child care, high security, some government positions) that would put you at a disadvantage if you disclosed your diagnosis?



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## **Weigh the benefits and risks of disclosure**

- Do you need to involve an outside agency to get or keep the job?
  - Do you need accommodation or other employer support?
  - When will you need this accommodation?
  - Do other people in the company need similar accommodation?
  - How stressful will it be for you to hide your disability?
- **If you decide not to disclose, find other ways to get the support you need**
- Behind-the-scenes support from friends, therapists, etc.
  - Research potential employers who provide these supports to all Employees
- **If you decide to disclose, plan in advance how you'll handle it**
- Who will say it (you, your therapist, your job coach, etc.);
  - What to say (see below); and,
  - When to say it.

Under the ADA, a person with a disability can choose to disclose at any time, and is not required to disclose at all unless s/he wants to request an accommodation or wants other protection under the law. Someone with a disability can disclose at any of these times:

- Before the hiring interview;
- During the interview;
- After the interview but before any job offer;
- After a job offer but before starting a job;
- Any time after beginning a job;
- We recommend disclosing sometime before serious problems arise on the job; and,
- It is unlikely that you would be protected under the ADA if you disclosed right before you were about to get fired.

## **Do all employers have to comply with Title I of the ADA?**

Private employers with 15 or more employees, state and local governments, employment agencies, labor organizations, and management committees are all subject to the ADA. The ADA does not apply to the federal government; however, discrimination by the federal government or federally assisted programs is prohibited under Title V of the Rehabilitation Act of 1973.

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## **Who is protected?**

The ADA prohibits discrimination against "qualified individuals with disabilities" who are individuals with disabilities who meet the skill, experience, education, and other job-related requirements of a position held or desired and who, with or without reasonable accommodation, can perform the essential functions of a job.

## **What employment practices are covered?**

All aspects of an employment relationship including recruitment, hiring, job assignments, pay, lay-off, firing, training, promotions, benefits, and leave.

## **How does one file a complaint under Title I of the ADA?**

An individual who feels that they have been discriminated against in employment on the basis of disability can file a charge with the Equal Employment Opportunity Commission (EEOC) within 180 days of the alleged discriminatory act. (In certain states that have their own laws prohibiting employment discrimination based on disability this time limit may be extended to 300 days, but, as a general principle, the time limit is 180 days). The EEOC is authorized to mediate and negotiate a settlement between the individual who files the complaint and the employer. If this fails to resolve the matter, the EEOC has the option of either filing a lawsuit on behalf of the individual or issuing a "right to sue" letter. After a "right to sue" letter has been issued, the individual may file a lawsuit in a federal district court.

## **How does the ADA apply to state and local governments?**

Title II of the ADA prohibits discrimination against qualified individuals with disabilities in all programs, activities, and services provided by state and local governments.

## **What are examples of state and local government activities covered under Title II of the ADA?**

A state or local government must eliminate any eligibility criteria for participation in programs, activities, and services that screen out or tend to screen out or discriminate against persons with disabilities, unless it can establish that these requirements are necessary for the provision of the service, program, or activities. For example, a state may not refuse to grant a driver's license to someone merely because of their psychiatric diagnosis, unless the illness or medication taken for the illness interfere with the ability to drive. The ADA also requires that all new buildings constructed by a state or local government be accessible.

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## **What is the purpose of Title III of the ADA?**

No individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodations by any person who owns, leases, or operates a place of public accommodation.

## **What are places of public accommodations?**

Places of public accommodation include a wide range of entities such as restaurants, hotels, theaters, doctors' offices, pharmacies, retail stores, or museums.

## **Filing a Complaint**

### **How does one go about filing a complaint under title III of the ADA?**

As with Title II, The U.S. department of justice is responsible for administering Title III of the ADA. An individual who believes he or she has been discriminated against in violation of Title III may either file an administrative complaint with the Department of Justice (1-800-541-0301) or file a private lawsuit in a federal district court.

### **Who can I call if there is evidence of an ADA violation?**

**Equal Employment Opportunity  
Commission (EEOC)  
for Title I concerns**  
[www.eeoc.gov](http://www.eeoc.gov)  
800-669-4000

**U.S. Department of Justice**  
Title II and Title III concerns  
[www.usdoj.gov](http://www.usdoj.gov)  
800-541-0301

### **Job Accommodation Network**

<http://askjan.org/> 800-526-7234

State Protection & Advocacy Agency [www.ndrn.org](http://www.ndrn.org)

Legal services organization (legal aid) in your area local phone directory

**A Technical Assistance Manual on the Employment Provision (Title I)** of the ADA. A resource directory published by the U.S. Equal Employment Opportunities Commission. To order a copy, call 800-669-EEOC or visit [www.eeoc.gov/policy/docs/psych.html](http://www.eeoc.gov/policy/docs/psych.html)

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# Appendix 6

## Medicaid Rights

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Your Rights as a Person Receiving Public Mental Health Services Are:

- To be treated with respect and dignity
- To have your privacy protected
- To help develop a plan of care with services to meet your needs
- To participate in decisions regarding your mental health care
- To receive services in a barrier-free location (accessible)
- To request information about names, location, phones, and languages
- To receive the amount and duration of services you need
- To request information about the structure and operation of the RSN
- To services within two hours for emergent care and 24 hours for urgent care
- To be free from use of seclusion or restraints
- To receive age and culturally appropriate services
- To be provided a certified interpreter and translated material at no cost to you
- To understand available treatment options and alternatives
- To refuse any proposed treatment
- To receive care that does not discriminate against you
- To be free of any sexual exploitation or harassment
- To receive an explanation of all medications prescribed and possible side effects
- To make an advance directive that states your choices and preferences
- To receive quality services which are medically necessary
- To have a second opinion from a mental health professional
- To file a grievance with your agency or RSN
- To file a RSN appeal based on a RSN written Notice of Action
- To choose a mental health care provider or choose one for your child who is under 13 years of age
- To change mental health care providers
- To file a request for an administrative (fair) hearing
- To request and receive a copy of your medical records and ask for changes.
- Be free from retaliation
- Request and receive policies and procedures of the RSN and Community Mental Health Agencies (CMHAs) as they pertain to your rights
- You may also contact the Office of Civil Rights for more information at <http://www.hhs.gov/ocr>

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## Appendix 7

### FERPA

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The Family Educational Rights and Privacy Act (FERPA) is a national law and has three main goals:

1. FERPA gives parents of minor children and adult students (over 18 years of age) the right to inspect and review the student's education records. The system is to respond to the request within 45 days of the day that the system receives the request. A copy of "Request to Inspect Student Educational Records" is available upon request at the student's school. At the time the records are inspected, the requester must complete a "Log of Inspection of Records."
2. If parents or eligible students feel that a record is not accurate, is misleading, or is in violation of privacy or other rights, FERPA gives them the right to request an amendment of the student's education records. The form "Request to Inspect Student Educational Records" also has a section for this request.
3. FERPA gives the parents or eligible students the right to consent to disclosure of information that is contained in student's school records. Any school will have a fully developed policy in regard to these rights and you can request to review the policy.



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## Appendix 8

### Mental Health Advance Directives

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What is a mental health advance directive?

A mental health advance directive is a written document that describes your choices about what mental health treatment you want or don't want. It can also identify a person to whom you have given the authority to make decisions on your behalf.

What is a mental health advance directive?

A mental health advance directive is a written document that describes what you want to happen if you become so ill by mental illness that your judgment is affected or if you are unable to communicate. It tells others about what treatment you want or don't want. It can identify a person to whom you have given the authority to make decisions on your behalf.

If you have a physical health care advance directive you should share that with your mental health care provider so they know your wishes.

How do I complete a mental health advance directive?

A model "fill-in-the-blanks" form is available on the DSHS web site, <http://www1.dshs.wa.gov/mentalhealth>.

Your CMHA, your mental health care provider, or your Ombudsman may also have copies of the form and can help you.

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## Appendix 9

### Timeline Family & Youth

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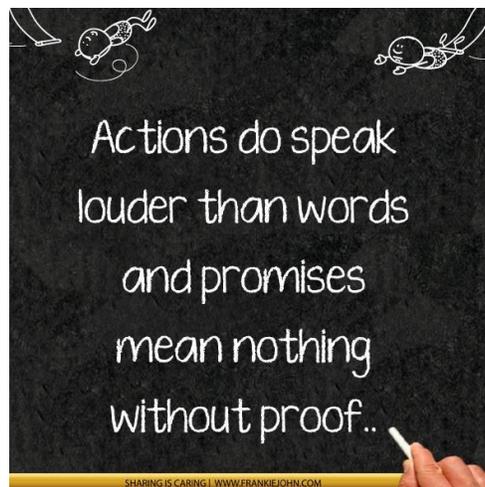
Organizing our Family and Youth movement has been challenging at best. With challenge comes growth and to date we are developing a structure through which families and youth are being recognized as equal partners in the decision making process. The following represents how we got where we are to date:

- In 1988, the journey began in early 1988 with the development of the Community Connectors Project to fill a recognized need for connection between parents/caregivers for support. Families (mostly moms) involved in this project were those whom folks in the community turned to for support and information;
- In 1992, Washington State submitted its EPSDT plan for Medicaid with a major component mandating the development of a Children's Oversight Committee recognizing parents/caregivers as 'major' players. This was the first year Wraparound training was provided for parents/caregivers;
- In 1993, a waiver to Medicaid rules was submitted requesting the provision of managed care service for mental health consumers. A significant piece of the waiver was the inclusion of consumers, their families, people providing non-direct mental health services and others, at the consumer's request in Individualized and Tailored Care Planning (Wraparound);
- In 1994, the WAC (Washington Administrative Code) was changed to reflect the language in the Medicaid waiver, also requiring the plan be flexible and responsive to the consumer's needs. The WAC also required each RSN (Regional Support Network) to have an advisory board whose membership was made up of at least 51% consumers and families;
- In 1996, A Common Voice for Pierce County Parents became the first non-profit parent organization whose sole focus was supporting families of children with complex needs
- In 1997, the first Parent Advocate was hired at a children's long-term inpatient residential facility. Community Connectors participant numbers grew to 53 participants across the state. Parent resource/support groups were forming with or without the support of Federal Block Grant (FBG) dollars;

- 
- In 1998, Mental Health Division (MHD) contracted with a parent to serve as Child Service Advocate in the Office of Consumer Affairs (Now known as Office of Consumer Partnerships);
  - In 1999, the Statewide Parent Council formed through the support of MHD representing family organizations from across the state;
  - In 2000, October – 2001, September Federal Block Grant funds were set aside to specifically assist in the development of family organizations;
  - In 2000, King County formed the first for youth by youth group with lived experience in mental health called Health 'N Action! This group was one of the first three groups in the nation modeled around choice and voice for youth;
  - In 2000, the application for SAMHSA's Statewide Networking Grant was submitted and awarded; Parent Council renamed SAFEWA (Statewide Action for Family Empowerment of Washington) began to form a statewide family organization;
  - In 2001, March, Passages was formed and became part of the Parent Council;
  - In 2001, a short lived plan for a parent/caregiver to be part of the MHD Monitoring Team was implemented. Although having the position on the team created positive change in the field, it was a difficult shift for some to make or accept;
  - In 2002, the Substance Abuse Mental Health Administration allowed the Technical Assistance Partnership to form a "Youth Track" at their annual system of care conference. Youth, for the first time, were seen as subject matter experts. Health 'N Action! of Washington helped plan the conference and presented on "Youth Culture". This is the first of many conferences and they are still active today;
  - In 2003, Health 'N Action! partnered with other youth organizations and formed the first legislative advocacy "Youth Day";
  - In 2003, SAFEWA obtained status as a 501C3 organization;
  - In 2003, MHD moved the parent Advocate position from a contracted to a full time state staff position;
  - In 2003, several family organizations are starting to form around the State of Washington. They meet and learn from each other at the Connectors conference held each year;

- 
- In 2004, three administrations within Department of Social and Health Services, Mental Health Division, Children’s Administration and the Juvenile Rehabilitation Administration started partnering and contracting with SAFEWA;
  - In 2005, the Parent Advocate position at Child Study and Treatment Center became a part of the CSTC staff reporting to the CEO;
  - In 2005, King County’s youth organization, Health N’ Action! transitioned under SAFEWA’s purview and re-named to Youth N’ Action! to become the first statewide youth organization whose focus was around youth with complex needs;
  - In 2005 the second Youth ‘N Action! group was formed in Spokane, Washington on the Eastern side of the state. Passages family organization sponsored the youth group within their organization;
  - In 2005 Washington Dads began to organize with support from the Mental Health Division;
  - In 2006 SAFEWA was one of the major contractors involved in Washington State’s Mental Health Transformation Project (MHTP);
  - In 2006 Full time youth director was hired for Youth ‘N Action! and supported by the MHTG;
  - In 2008 Family Alliance for Mental Health forms. MHTP supports a Family Liaison position with the transfer of MHTP Consumer Family Tribal Liaison into the vacated position;
  - In 2009 Family Liaison position was fully funded by and was incorporated into DBHR (Division of Behavioral Health and Recovery);
  - In 2010 SAFEWA dissolved; “What Do Families & Youth Want?” survey was distributed and as a result MHTP allocates funds to support outcomes of the survey. The survey indicated the desire of families and youth to develop networks of support locally and regionally across the state;
  - In 2010 Youth ‘N Action! moved and became an integral program at the University of Washington’s Department of Psychiatry and Behavioral Sciences, Public Behavioral Health Policy Institute. Youth ‘N Action! has six regions and is still a major contributor to the national youth movement as a pioneering youth voice organization;

- 
- In 2011 regional organizing of families and youth began through contracts with four family/youth organizations in response to “What do Families and Youth Want?” survey outcomes;
  - In 2012 Youth ‘N Action! drives the development of the Youth and Family Peer Support curriculum;
  - In 2012 Families and youth from across the state began a nine month process of strategic planning and writing the youth and Family Peer Support training curriculum; and,
  - In 2012 Regional Family, Youth and System Partner Roundtables (FYSPRT) begin to develop, building off the regional organizing work of 4 family and youth organizations in 2010-2011. Through outreach and development of regional FYSPRTS four additional local FYSPRTs are growing as well as 6 additional branches of already existing family and youth organizations and/or resource groups.
  - In 2013 the first youth and family Certified Peer Counselor Training was held.



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# Appendix 10

## Recovery Progress Note Samples

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### **DAP – Description Assessment Plan**

DAP NOTE NAME: \_\_\_\_\_ CLIENT # \_\_\_\_\_ DATE: \_\_\_\_\_

#### Services:

med. check - 1/4 hr.

individual therapy - 1/2 hr.      Frequency of visits:

peer counseling - 1 hr.       weekly       monthly       2 months

family therapy - 1/2 hr.       2 weeks       5 weeks       3 months

family therapy - 1 hr.       3 weeks       6 weeks       prn

group therapy - 1 hr.       other \_\_\_\_\_

SESSION GOAL: \_\_\_\_\_

DESCRIPTION:

ASSESSMENT/DIAGNOSIS:

PLAN:

Global Assess. Functioning (#)0-100 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## **DAP Progress Note**

**D – Data** – a factual description of the session. It generally comprises 2/3 of the body of the note and includes the following information about the general content and process of the session:

- Subjective data about the client – what are his/her thoughts, activities, observations, desires, complaints, and self-reported problems, needs, limitations, strengths, and successes?;
- Subjective data about the therapist’s activities and use of self – what is the therapist doing in response to treatment goals/objectives and client needs (e.g., therapeutic techniques being employed)?;
- Objective data about the client – what was the therapist observing during the session about the client’s affect, mood, and appearance?;
- If therapeutic tasks, homework and/or behavior plans are a part of treatment, include comments about reviewing those items and tweaking assignments;
- Detail activities that reflect a clear association to the goals and objectives noted in the client’s treatment plan;
- Document any referrals you make.

**A – Assessment** – an evaluation by the therapist of current status and progress toward meeting treatment goals. It generally includes information about:

- The therapist’s current working hypotheses about dynamics and diagnoses.
- The therapist’s description of client’s progress in response to the treatment.
- Perceived client insights and motivation to change.

**P – Plan** – statements about what will happen next. It includes two (or three) things:

- When and what is the next session? (e.g., we will continue weekly individual therapy next week). If there will be a gap due to vacation, holiday, etc., note that.
- What is the plan for the next session? (e.g., we will continue to focus on anger management, or we will include spouse and address communication issues).
- If new information becomes available, progress (or the lack thereof) occurs, additional problems arise, or the simple passage of time means a treatment plan update is needed, note that too, as a prompt to do the update next session.

Other guidelines for DAP notes:

- 
- Write legibly and use only black ink;
  - Spell correctly and use full, grammatically correct sentences;
  - Be careful with abbreviations (must be standardized and consistent);
  - Content must be written in a way that even someone unfamiliar with the case can easily understand what occurred;
  - Client name, number, date, time, and other top-of-the-page data elements must be completed;
  - Sign every note; and
  - Do a note for each missed session (client cancellations / no shows).

## **S.O.A.P. Progress Note**

TYPE OF NOTE \_\_\_\_\_  
 IND INDIVIDUAL SESSION \_\_\_\_\_  
 GRP GROUP SESSION \_\_\_\_\_  
 FAM FAMILY SESSION \_\_\_\_\_  
 COL COLLATERAL SESSION \_\_\_\_\_  
 01/03/05: IND: \_\_\_\_\_

S: "I wanted to talk to my kids about how guilty I feel about my drinking."

O: Tearful at times; gazed down and fidgeted with shirt buttons

A: Consumer has gained awareness in how drinking behavior has embarrassed and hurt his teenage children. He expresses intense feelings related to his drinking and appears to assume responsibility for his past behaviors.

P: Completed Tx Plan Goal #1, Obj 1. Continue with Goal #1, Obj 2, in next session. Sally Jones, CAC

Note:  
Standardized

Abbreviations S.M.A.R.T. Treatment Planning Module 4 – Handout 3

### **S. O. A. P. NOTE**

S = Subjective or summary statement by the client. Usually, this is a direct quote. The statement chosen should capture the theme of the session.

1. If adding your own explanatory information, place within brackets [ ] to make it clear that it is not a direct quote.

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◆ Example of session theme: “When he raises his voice, I just . . . what do I do? . . . “Yes, I’ll talk more in group.”

2. If client refers to someone else’s name, indicate that other person by initials. This makes it clear that the client is the focus, not the person the client is talking about. It also guards against any breeches in confidentiality. This is especially true when a client refers to another client.

◆ Example of client using someone else’s name: “She really made me mad . . . You think I should make an appointment to talk to her? I don’t like dealing with this stuff [case worker S.P.].

2. If the client didn’t attend the session or doesn’t speak at all, use a dash on the “S” line.

◆ Example:

O = Objective data or information that matches the subjective statement. Descriptions may include body language and affect.

◆ Example: 20 minutes late to group session, slouched in chair, head down, later expressed interest in topic.

A = Assessment of the situation, the session, and the client, regardless of how obvious it might be based on the subjective and/or objective statements.

◆ Example: Needs support in dealing with scheduled appointments and taking responsibility for being on time to group.

◆ Example: Needs referral to mental health specialist for mental health assessment.

◆ Example: Beginning to own responsibility for consequences related to drug use.

P = Plan for future clinical work. Should reflect interventions specified in treatment plan including homework assignments. Reflect follow-up needed or completed.

◆ Example: Begin to wear a watch and increase awareness of daily schedule.

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# Appendix 11

## WISe

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The Washington State Wraparound with Intensive Services (WISe) Program is designed to provide comprehensive behavioral health services and supports for eligible children, adolescents, and transition aged youth (herein referred to as “youth”) with complex behavioral health needs and their families, so that these youth can live and thrive in their homes and communities.

### Background

*TR vs. Dreyfus*, a Medicaid lawsuit regarding intensive children’s mental health services for youth, was filed in November 2009. The lawsuit was based on federal EPSDT (Early and Periodic Screening, Diagnosis and Treatment) statutes requiring states to provide any medically necessary services and treatment to youth, even if the services have not been provided in the past. After several years of negotiations, a full settlement agreement was reached with the plaintiffs. With this settlement agreement, Washington has committed to build a mental health system that will bring this law to life for all young Medicaid beneficiaries who need intensive mental health services in order to grow up healthy in their own homes, schools, and communities. The settlement was reached in 2014 and “The Journey” Youth and Family Certified Peer Counseling Training is one example how the Department of Social and Health Services and the Division of Behavioral Health and Recovery are keeping their commitment to value the voice and choice of children, youth and families served in the Washington State Mental Health System.

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# Appendix 12

## WISe Goals

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To have a mental health system that will:

- a) Identify, screen and link eligible youth to the WISe program;
- b) Communicate to families, youth and stakeholders about the nature and purposes of the WISe program and services, who is eligible for the program, and how to gain access to the WISe program and services regardless of the point of entry or referral source;
- c) Provide timely statewide mental health services and supports within a Medicaid structure that are sufficient in intensity and scope, based on available evidence of effectiveness, and are individualized to each youth's needs consistent with the WISe program model;
- d) Employ a system of continuous quality improvement, including measures and procedures that support the continual improvement of quality; clear understanding of outcomes and costs; and transparency and accountability to families, youths, and stakeholders;
- e) Afford due process to youth denied services;
- f) Coordinate delivery of services and supports among child-serving agencies and providers to participants in order to improve the effectiveness of services and improve outcomes for families and youth.
- g) Reduce fragmentation of services for youth, avoid duplication and redundancies, and lower costs by improving collaboration among child-serving agencies (see Appendix CS-MOU);
- h) Support workforce development and infrastructure necessary for adequate education, training, coaching and mentoring of providers, youth and families;
- i) Maintain a collaborative governance structure that includes child-serving agencies, youth and families, and other stakeholders;
- j) Minimize hospitalizations and out-of-home placements;
- k) Reduce the impact of symptoms of mental health problems, increase resiliency, and promote recovery;
- l) Keep youth safe, at home, and making progress in school; help youth to avoid delinquency; promote youth development; and maximize participant' potential to grow into healthy and independent adults.

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## Appendix 13

### Washington State Children and Youth Mental Health Principles

Washington is committed to implementing Systems of Care (SOC) for youth with behavioral health and other intensive needs. SOC has been defined as “a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents ...and their families” (Friedman & Stroul, 1986, p.3).

SOC embodies the fundamental principle that youth have the greatest opportunity for normal, healthy development when ties to the community and family are maintained. Washington State DSHS seeks to support participants and youth with emotional and/or behavioral challenges and needs, and their family/caregivers by providing them with behavioral healthcare services and complementary services and supports appropriate to their needs, at the appropriate level of service and for the appropriate length of time. Washington DSHS believes that participating youth and families should have access to necessary services and supports in the least restrictive, most appropriate, and most effective environment possible. Therefore, through development of an organized SOC and implementation of WISe, Washington State is committed to providing services and supports that work on behalf of participants, youth and families with complex and intensive needs served through the Medicaid funded behavioral health system. These services and supports will be characterized by the following principles:

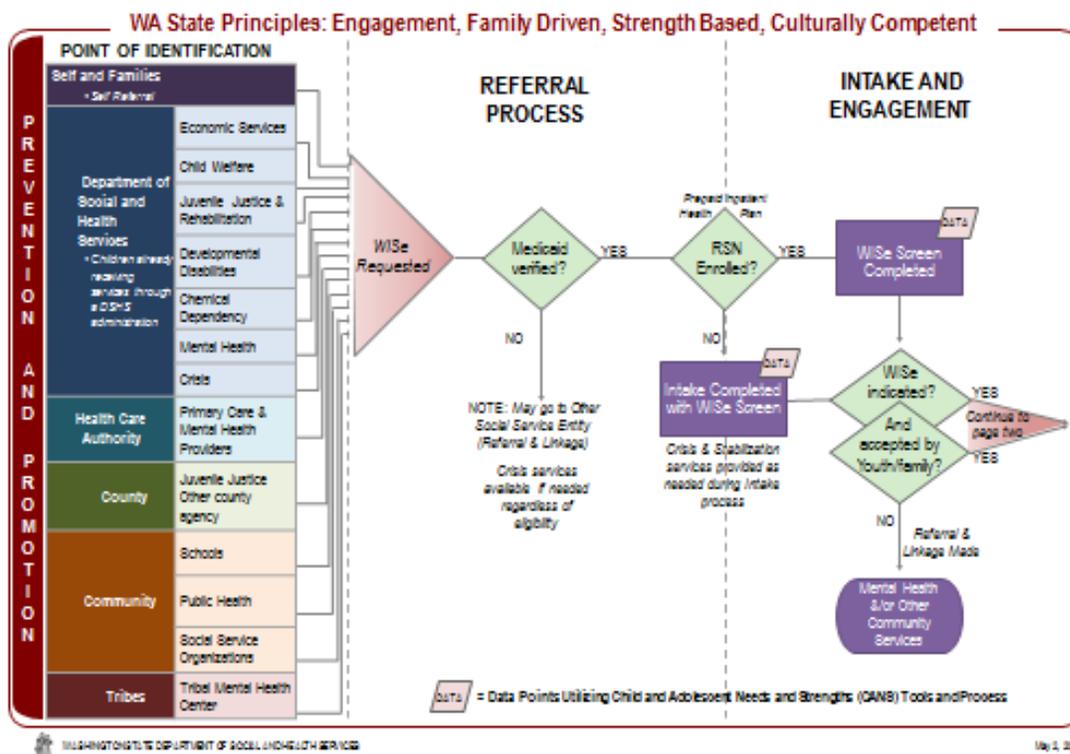
- **Family and Youth Voice and Choice:** Family and youth voice, choice and preferences are intentionally elicited and prioritized during all phases of the process, including planning, delivery, transition, and evaluation of services. Services and interventions are family-focused and youth-centered from the first contact with or about the family or youth.
- **Team based:** Services and supports are planned and delivered through a multi-agency, collaborative teaming approach. Team members are chosen by the family and connected to them through natural, community, and formal support and service relationships. The team works together to develop and implement a plan to address unmet needs and work toward the family’s vision.
- **Natural Supports:** The team actively seeks out and encourages the full participation of team members drawn from family members’ networks of interpersonal and community relationships (e.g. friends, neighbors, community and faith-based organizations). The care plan reflects activities and interventions that draw on sources of natural support to promote recovery and resiliency.

- 
- **Collaboration:** The system responds effectively to the behavioral health needs of multi-system involved youth and their caregivers, including youth in the child welfare, juvenile justice, developmental disabilities, substance abuse, primary care, and education systems.
  - **Home and Community-based:** Youth are first and foremost safely maintained in, or returned to, their own homes. Services and supports strategies take place in the most inclusive, most responsive, most accessible, most normative, and least restrictive setting possible.
  - **Culturally Relevant:** Services are culturally relevant and provided with respect for the values, preferences, beliefs, culture, and identity of the participant/youth and family and their community.
  - **Individualized:** Services, strategies, and supports are individualized and tailored to the unique strengths and needs of each youth and family. They are altered when necessary to meet changing needs and goals or in response to poor outcomes.
  - **Strengths Based:** Services and supports are planned and delivered in a manner that identifies, builds on, and enhances the capabilities, knowledge, skills, and assets of the youth and family, their community, and other team members.
  - **Outcome-based:** Based on the family's needs and vision, the team develops goals and strategies, ties them to observable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly. Services and supports are persistent and flexible so as to overcome setbacks and achieve their intended goals and outcomes. Safety, stability and permanency are priorities.
  - **Unconditional:** A youth and family team's commitment to achieving its goals persists regardless of the youth's behavior, placement setting, family's circumstances, or availability of services in the community. The team continues to work with the family toward their goals until the family indicates that a formal process is no longer required.

# Appendix 14

## WISe Access Model

### Access Model to Wraparound with Intensive Services (WISe)



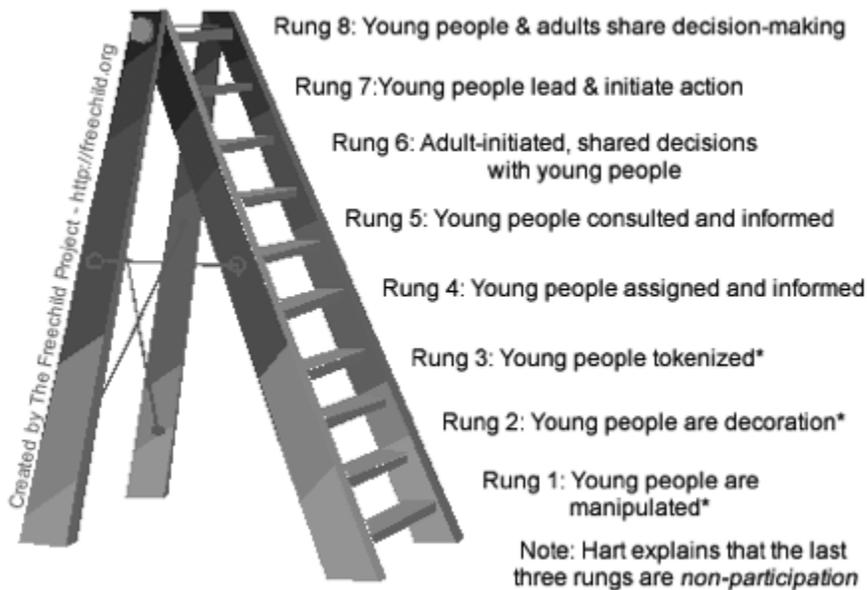
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# Appendix 15

## Ladder of Youth Involvement

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### Roger Hart's Ladder of Young People's Participation



Adapted from Hart, R. (1992). *Children's Participation from Tokenism to Citizenship*. Florence: UNICEF Innocenti Research Centre.

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# Appendix 16

## **S.M.A.R.T. Goal Worksheet**

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SMART Goal-Setting Worksheet

For Certified Peer Counselors in “The Journey” Class

When working with peers in creating goals for their recovery journey, it is sometimes easier to start with a worksheet to make sure that the goals they are setting are Specific, Measurable, Attainable, Realistic and Timely. Here is a worksheet that could assist in clarifying goals and objectives.

Step 1: Write down the goal in as few words as possible.

My recovery goal is to:

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**Step 2: Make the goal detailed and SPECIFIC.**

**Answer who/what/where/how/when.**

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HOW will you reach this goal? List at least 3 action steps you'll take (be specific):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Step 3: Make the goal is MEASUREABLE. Add details, measurements and tracking details.**

I will measure/track my goal by using the following numbers or methods:

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I will know I've reached my goal when

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**Step 4: Make the goal ATTAINABLE. What additional resources do you need for success?**

Items I need to achieve this goal: \_\_\_\_\_

How I'll find the time: \_\_\_\_\_

Things I need to learn more about: \_\_\_\_\_

People I can talk to for support: \_\_\_\_\_

**Step 5: Make the goal RELEVANT. List why this goal is important:**

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**Step 6: Make your goal TIMELY. Put a deadline on your goal and set some benchmarks.**

I will reach my goal by (date): \_\_\_/\_\_\_/\_\_\_.

My halfway measurement will be \_\_\_\_\_ on (date) \_\_\_/\_\_\_/\_\_\_.

Additional dates and milestones I'll aim for: \_\_\_\_\_ on (date) \_\_\_/\_\_\_/\_\_\_.

**These steps are a great beginning to assisting a peer in making S.M.A.R.T. goals towards their recovery!**

