EVIDENCE-BASED
PRACTICES

KIT

Knowledge Informing Transformation

Training

in Consumer-Operated
Services

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Training in Consumer-Operated Services

This booklet is a resource for training staff and volunteers of Consumer-Operated Services which are administratively controlled by mental health consumers and operate according to self-help principles. Whether you are a leader, manager, worker, or volunteer, we hope you use this booklet as both a training manual for group sessions and a basic desk reference. This booklet addresses the following topics:

- Belief systems;
- Environment (both physical and emotional);
- Peer support;
- Education;
- Leadership; and
- Advocacy.

For references, see the booklet, *The Evidence*.

Consumer-Operated Services

This KIT is part of a series of Evidence-Based Practices KITs created by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of the Consumer-Operated Services KIT, which includes seven booklets:

How to Use the Evidence-Based Practices KITs

Getting Started with Evidence-Based Practices

Building Your Program

Training Frontline Staff

Evaluating Your Program

The Evidence

Using Multimedia to Introduce Consumer-Operated Services

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What's in *Training in Consumer-Operated Services*

Consumer-Operated Services

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Training in Consumer-Operated Services

How Program Leaders Should Use This Booklet

This booklet is a resource to help program leaders establish effective organizations by training the people who work or volunteer in Consumer-Operated Services. It covers the following topics in six modules:

- Belief systems;
- Environment;
- Peer support;
- Education;
- Leadership; and
- Advocacy.

The six topics closely follow the domains in the Fidelity Assessment Common Ingredient Tool (FACIT) found in Evaluating Consumer-Operated Services in this KIT. One departure is that leadership training replaces organizational structure, which is covered under Tips for Consumer-Operated Service Leaders in Building Consumer-Operated Services in this KIT.

The six modules in this booklet contain several training units, which are meant to be covered in order before another is started.

Training in peer support might feel awkward at first, as many of us assume that peer support is built on natural connections, relationships, and informality. The purpose of the training is to give staff in Consumer-Operated Services, peer support group facilitators, and members with basic values-based tools that will help build consistency and quality.

The key to successfully implementing training is balancing formality and informality, while also building leadership and accountability. We trust the material will be made available to as diverse a group as possible. This resource will benefit those in positions of leadership and management, whether paid or not, including board members, group leaders, and facilitators. We anticipate that this material will also inspire future leaders, members, and volunteers.

Included in this booklet are the following different types of exercises:

- Group exercises to be completed by small groups in the sessions. Some of these exercises have facilitator versions with suggested answers or tips on how to lead the activity.

- Role plays for practicing and developing skills. Role plays are conducted in pairs, small groups, or, on occasion, in front of the larger group. Specific scenarios are included as examples, but you may find it also helpful to use real-life scenarios. Make sure someone cannot identify people you use in real-life scenarios.

- Individual exercises involving written responses.

- Group discussions to be led by the facilitator.

- Thought-provoking questions for readers who are reviewing the material.

Some Tips for Implementing This Training

- Arrange for participants to meet a couple of times a week for 4 or more weeks. Cover several modules on a single topic in each session.

- Review the directions for facilitators before the training so that you become familiar with the content and the exercises.

- Copy and distribute the training units that participants will read. Make sure everyone has a copy before the start of the training.

- Copy and distribute the exercises for each session. When a separate page that is labeled Facilitator Version, have the facilitator keep and use this copy; do not distribute it to the group as a whole.

- Encourage participants to rotate responsibility for facilitating the discussion. Be sure each facilitator has time to prepare.

- Discuss the information in each session. Encourage participants to apply it to the issues and challenges they are facing.

- Complete the suggested exercises for each session.

The ultimate purpose of this booklet is for participants and staff of Consumer-Operated Services to think and act as a team. Critical components of a well-functioning team are open communication and plenty of opportunities for reflection and feedback.

Working through these modules as a group creates an opportunity to learn how people communicate in a team environment.

- Take your time.
- Encourage dialogue.
- Enjoy!

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Training in Consumer-Operated Services

Module 1: Belief Systems

This module discusses belief systems as a common ingredient of Consumer-Operated Services. The purpose of this material is to explore the philosophical foundations and core beliefs that form the bedrock of Consumer-Operated Services.

Discussion questions are included in each training unit and a group discussion is at the end of the module

Training units in this module

Understanding Belief Systems

Instilling Hope of Recovery

Connecting Peers

Empowering Ourselves

Group Discussion: Power Dynamics

Training Unit: **Understanding Belief Systems**

Our beliefs make us unique and give us meaning. The same is true for groups and organizations. Some of them are written, such as mission and values statements. Some grow from the purpose of the group and events in its history. Belief systems often change and grow over time.

Consumer-Operated Services are based on the belief that people can recover and live well despite mental health treatment and diagnosis. We help one another overcome barriers, challenges, and negative messages about recovery.

For example, when we participate in making important decisions about planning for the future, creating a budget, or hiring staff in a Consumer-Operated Service, we demonstrate our belief that peers are capable and can acquire the skills needed to run and develop a program.

Many Consumer-Operated Services find that their belief in the capability, participation, and potential of their members goes against prevailing beliefs of the community, family members, and traditional mental health services. It is important that Consumer-Operated Services find ways to clearly put these beliefs into action. This can be done in many ways including the following:

- Facilitated discussions;
- Visual arts and prose;
- Program documents;
- Staff training materials; and
- The tools used to monitor and evaluate program success.

Different points of view

A Consumer-Operated Service will hash out its beliefs as it drafts a mission statement and operating principles. Allowing for differences and vigorous discussion is important for developing and reflecting on shared beliefs. For instance, someone may suggest that one goal is to help people "move beyond" their psychiatric diagnoses and ultimately leave the mental health system. Another may respond, "Gee, I thought we help one another manage our problems and follow the recommendations of our mental health providers."

You do not know what you do not know. We do a lot of dreaming out of the box.

Consumer-Operated Service member

These sorts of differences are healthy when they are discussed and negotiated constructively and respectfully. They will affect the types of programming offered, how peer services are delivered, and the organization's relationship with the traditional provider network. A strong program allows for differences in belief systems, encouraging members to be open to both challenging one another and being challenged.

As we learn, grow, and take new risks, our beliefs and the work we do in Consumer-Operated Services changes. We need to keep asking one another, informally and in focused meetings, "What beliefs do you have about recovery, peer support, this program, our role in the community?" and "What do you want?"

Creating and telling our story

Over time, Consumer-Operated Services develop a shared experience and history—a "story" unique to the program. It is important to keep that story alive in words, pictures, photographs, and anecdotes. The story is an important resource for educating new members, reviewing where we have come from and why, and finding reasons for celebration.

- What story do you tell about your program?
- What story does each person tell about his or her journey?
- How do these fit into a shared story?

Creating and sharing personal and group experiences of difficult times, treatment, coping, and recovery is the touchstone of peer beliefs. Each of us telling our own story in our own way is an important part of recovery. In the telling, we take back the power to define who we are. Similarly, consumer-Operated Services find new ways to identify as a group and organization and challenge many beliefs held in the wider community.

The uniqueness of the peer belief system

The peer belief system is a core set of principles and values held by Consumer-Operated Services. The principles unite people in an evolving culture of hope and self-empowerment.

No matter how diverse programs appear to be, they share common principles that are expressed through program practices and services called Common Ingredients.

Among the belief systems identified in the literature and the work of peer providers and researchers in conducting the Consumer-Operated Service Programs (COSP) Multisite Research Initiative are the following:

- Hope of recovery;
- Social connectedness; and
- Empowerment.

These beliefs are reflected in the FACIT fidelity scale and are explored in the three training modules that follow in this booklet. For more information on the FACIT, see Evaluating Consumer-Operated Services in this KIT.

Historical context

Writings by people who have first-hand experience with the mental health system chronicle the story of how people diagnosed with mental illnesses were discharged from psychiatric hospitals in the 1970s to find themselves adrift in uncaring communities—isolated, lonely, and lacking meaningful relationships.

Ex-patients banded together in local groups to provide peer support and to advocate for social justice. Early attempts to reclaim ownership of their lives led to organizing patients' rights groups. Championing the South African disability motto, "Nothing about us without us," consumer groups opposed meaningless day treatment, involuntary commitment, forced drugging, and the use of seclusion and restraints.

In the early 1990s, consumers organized on a national level and began to emphasize concepts such as choice and consumer inclusion in the administration, provision, and evaluation of mental health services as part of the mental health system reform movement. As mental health consumers built a national presence within the public mental health sector, many peer support programs, once separate from mainstream mental health services, developed partnerships with traditional mental health providers.

During this period, Americans participated increasingly in a broad range of self-help groups where people united to share experiences and feelings and helped one another find practical ways of handling problems.

Consumer-Operated Services matured and spread, offering peer support as a form of self-help for people with psychiatric problems. Peer support groups sprang up to meet the need for human interaction and socialization, for quick availability of others in a crisis, and for a place to go where the focus was on sustaining the ability of members to cope with the difficult situations they faced in the treatment system and in the community.

For more information about the history of the consumer movement, self-help, and Consumer-Operated Services, see *The Evidence* in this KIT.

Advocacy and peer support traditions

Both advocacy and peer support are part of the Consumer-Operated Service tradition of mutual support. Each program finds it own balance within these important traditions.

As advocates, Consumer-Operated Services may work for systemic changes by combating discrimination, advocating for social justice, and upholding the right to have basic needs met such as safe and affordable housing. The advocacy tradition also includes self-advocacy, assertively getting what is important to the individual; and peer advocacy, through which people help one another advocate for their best interests in specific situations.

The peer support tradition emphasizes mutual support as part of personal recovery and growth. Peers listen to one another as equals, believing that people with similar experiences are best equipped to understand one another's needs and desires. We talk about recovery, focusing on one another's strengths and skills, enabling each of us to progress from "patienthood" to "personhood." We welcome as peers people from all walks of life, such as people with physical disabilities, people from different cultures, and people with different types of sexual orientation.

Consumer-Operated Services support hope for the future, a self-determined life, self-esteem, and a meaningful role in society. Their advocacy tradition is rooted in the belief in the rights and equality of all people, while peer support arose in response to discrimination and social isolation. Both traditions keep Consumer-Operated Services vibrant and responsive to consumer needs.

Defining a peer belief system

As peers, what beliefs do we share? This training unit explores core beliefs that guide Consumer-Operated Services—beliefs so central that they are a foundation for peer programs across the country.

Mutuality

One of the most universal peer beliefs comes from the basic human interactions of both giving and receiving. We firmly believe in the power we have to support one another and to be supported in turn.

Discussion Questions

■ Think of a positive time when you were helped or supported. What was it like? Why was it useful?

■ Think of a time when "help" or support was "harmful." How can we avoid supporting in a patronizing or coercive manner?

■ When and how have you supported a peer?

Sharing common experiences

Other beliefs that define us as peers stem from common experiences we have shared as mental health consumers. While we do not share all the same personal experiences, we share the collective experience of being labeled with a mental illness, receiving treatment from the mental health system, and living in a society that discriminates against the people who have those experiences. We believe that sharing these experiences—when done in the context of respect and hope—can support us to recover.

At the core of peer beliefs is the affirmation of our essential humanity. Structured and unstructured opportunities to tell our stories about the experience of being labeled with a psychiatric diagnosis can encourage us not only to speak for ourselves, but also to rebuild a sense of self. Sharing stories within the context of peer support opens the way to find new meaning and ways of telling our stories.

Sharing our stories can be an opportunity to create something new. We stop seeing ourselves as "sick" or "ill" and give ourselves permission to have feelings of anger, sadness, and despair as well as community, empowerment and the hope of recovery.

Discussion Questions

■ In general, do others treat you differently when they learn you have a psychiatric diagnosis? In what ways?

■ How often do you find that people treat you differently when they know you are a mental health consumer? When and where does this happen most?

■ Do you believe you have been discriminated against because you are a mental health consumer?

Training Unit: **Instilling Hope of Recovery**

Recovery is a normal human process that is unique for each person. It takes time and involves a range of experiences. It may include ups and downs, and also periods with no apparent change. Recovery is a core belief of Consumer-Operated Services.

From "patienthood" to "personhood"

Living with a psychiatric label has robbed many of us of the quality of our lives and of the freedom to choose and do what we want. Sometimes those of us who use mental health services are treated as though we are all the same, when all we have in common is that we have been diagnosed with a mental health problem.

We sometimes begin to think of ourselves as "sick" and our identity becomes one of a "sick person." We lose sight of the huge range of characteristics and gifts that make us unique human beings.

Within the social context, responses to people diagnosed with mental illnesses are often organized around negative assumptions or stereotypes of dangerousness, unpredictability, lack of insight, and hopelessness.

We know that each of us is a whole person with a variety of needs, expectations, and behaviors. We believe we can help one another affirm the richness of our individual humanity.

Hopelessness is a form of silence, of denying the world and fleeing from it.

Paolo Freire. Pedagogy of the Oppressed, 1973, p. 80

Building a sense of community

The very act of telling our story within a peer support relationship denies that the storyteller is isolated and unattached to the world. We learn that others share similar experiences. We come together as a group and as a community. We learn that being in this community of others offers both strength and comfort.

Together, we can reclaim the right to be recognized as individuals and not be lumped together as psychiatric labels and stereotypes. As part of our recovery, we demand to be recognized as complex humans with many different traits, abilities, hopes, and experiences.

The twin traditions of peer support and advocacy empower us to speak for ourselves and to undertake healing conversations about trust, safety, and respect within our families, professional settings, neighborhoods, and society at large.

Recognizing the individuality of recovery

To promote recovery, peer practices must clearly emphasize hope, moving forward, and resisting inertia and pessimism. When hope feels real, it becomes a major source of internal motivation for positive change. When combined with favorable external resources and opportunities, it can jump-start the person's involvement in new activities.

Consumer-Operated Services foster the hope of recovery in many ways, including the following:

- Teaching members the skills needed to direct their own lives;

- Creating empowering relationships; and

- Building an accepting community in which members can begin to realize their dreams.

I believe that if we confront our illnesses with courage and struggle with our symptoms persistently, we can overcome our handicaps to live independently, learn skills, and contribute to society, the society that has traditionally abandoned us.

Leete, 1988, p. 32.

Through empowering relationships, Consumer-Operated Services enable us to support one another in the recovery process. The skills of listening and collaborating are crucial. Peers repeatedly state that a critical element of their recovery was people who helped them and who believed in them. Program members stress the importance of feeling understood and connecting emotionally to peers.

While no one can make another person recover, hope of recovery can be reawakened after despair. "We do not hit them over the head with it," says a staff member. "We do not go up and say, 'We have got this thing that will work for you.' But they do get the idea that recovery is possible."

Discussion Questions

- How is hope communicated in this program?

- What does recovery mean to you?

- How is your understanding of recovery and the path to recovery similar to that of others? How is it different?

Personal responsibility

Consumer-Operated Services encourage active participation rather than passive adjustment. It is important for people to take personal responsibility for their own well-being.

Recovery-based peer support services actively engage members in making choices about their services and social activities. An emphasis on self-care encourages people to take responsibility for their lives in an affirming manner. Members learn from their peers how to pay attention to sources of stress and to deal with difficulties as quickly as possible.

On a collective level, personal responsibility is promoted when program members participate in the important decisions affecting them and when program members are recognized for bringing important knowledge and ideas to the table.

Stretching and "moving beyond"

Recovery is sustained when members are supported to begin to reach past their perceived boundaries. Within the program, members become staff and staff advance to supervisory positions. Outside the program, members explore and achieve a fulfilling life in the community. Ideally, a Consumer-Operated Service can help provide a way for members to move beyond the mental health system. Recovery often means that peers will leave the program, take new jobs, get married, or move to a new home.

Leaders and members may have mixed feelings about losing valuable members who are seen as an inspiration, mentors, and sources of wisdom. But stretching out and moving beyond are important steps in personal recovery for many people.

Discussion Questions

- How do you define success within your program culture?

- How do you help people stretch in the Consumer-Operated Service? The system?

- How do you help people move beyond the Consumer-Operated Service? How do you define success within your program culture? The system?

- Have people left the program because they found jobs or achieved stable, productive lives?

- Do members choose when to leave or how long to remain?

- What kinds of things do programs do to hinder people stretching or moving beyond?

Searching for meaning and spiritual growth

The search for meaning in life is part of our human condition. Why are we here? What is our purpose? Who are we?

Spirituality is a drive to feel connected to or part of something larger than oneself: a purpose, a community, a deity, or even "the truth." Peers should be encouraged to explore and talk about their beliefs about meaning and spirituality in their lives.

Many consumers find that their spirituality and their experience of extreme mental and emotional states are entwined. For some, seeing their experiences from a spiritual perspective can mediate or reduce symptoms.

Spirituality is a part of who people are. It is not a cause or symptom of psychiatric problems, though it is sometimes viewed this way in traditional mental health services. A North Carolina Consumer-Operated Service promises in its mission statement to "safeguard and support" members' spirituality and embrace a dedication to "multiple truths."

The program should not endorse or evangelize a particular faith or spiritual practice.

Make sure that people are not made to feel uncomfortable because of their religious beliefs or disbeliefs. Members should not push their own particular beliefs onto other members.

Spirituality is a very personal journey. Open exploration and discussion that is accepting of many different views can help participants see new possibilities and ways of viewing themselves and their lives.

Discussion Questions

- How often are spiritual beliefs discussed formally or informally?

- What happens if someone shares their spiritual beliefs with other peers?

- Do consumers feel comfortable discussing their spiritual beliefs?

- Does your program keep a list of contacts and volunteers at local congregations who would talk to interested members or take them to services or to a class?

- Do you keep a list of clergy or leaders from various religions, or temporary AA/NA sponsors, who could talk with or visit a member?

Tips for Supporting Spirituality in Recovery

- Provide formal and informal opportunities for members to discuss their spiritual beliefs and practices and how these beliefs support their recovery.

- Inform people about opportunities for spiritual growth or activity such as 12-step groups, religious communities and congregations, study groups, meditation, or yoga classes.

- Include yoga, meditation, and other kinds of spiritually based groups as part of the program. But be careful to avoid endorsing a particular practice as "the way."

- Provide chances for members to explore meaning and purpose through secular activities such as writing poetry or doing artwork.

- Offer to visit spiritual or religious groups and present a short talk on mental health, recovery, and your program. Many spiritual people are eager to help and willing to "be there" for those who seek spiritual guidance or support. Reaching out with information could encourage people from the community to reach out, in turn, to your members.

Training Unit: **Connecting Peers**

Many core beliefs of Consumer-Operated Services relate to the specific ways in which peers can connect and help one another. This training unit will look at the principles that underlie our relationships in Consumer-Operated Services.

The "peer principle"

The peer principle states that we find connection with others with whom we share similar life experiences. Peer relationships imply equality, along with mutual acceptance, and respect.

The peer principle is different from simple social interactions or friendships, though they can be intertwined. Peer support is intentional and includes planned procedures, routines, and practices for addressing problems in individual and group settings. For example, formal peer support groups expose members to successful role models, offer information about coping strategies and survival skills, and help members make sense of their experiences.

Discussion Questions

- How are our personal (or, individual) mental health stories seen as an asset and a point of connection in the program?

- In what ways are staff and participants encouraged and supported to share their stories?

- What is our collective understanding about how and when it is useful to tell our stories? When might it be helpful to tell our story? When might it not be helpful?

The "helper principle"

The helper principle states that helpers are helped by helping others. Working for recovery of others can facilitate personal recovery. The helper principle is a corollary of the peer principle.

All services at a program are based on peer-to-peer relationships. Help or advice is friendly rather than professional and does not demand compliance.

I want to really and truly be someone's anchor. I want to pay back in deeds the people that really gave me a push. They were always there for me no matter how bad it got, or how far down I went. I want to be that person for someone else.

Consumer-Operated Service staff member

Everyone helps everyone else in a Consumer-Operated Service and is, in turn, helped—by the experiences of giving and receiving. Staff members are also program members and must balance these roles. Speaking about program staff, a director says, "When they go off duty they fall back into membership mode. If needed, they go back to employee mode."

Through structured and informal social interaction, people provide feedback and assistance to others. They also receive support for their own efforts to address problems. Advice does not come just from professionals; it also comes from people with practical knowledge and experience, peers who have "been there."

"Winnie's Story: We Can ALL Contribute!

Winnie had been a client of a community mental health center off and on for 10 years before she joined ARISE, a new Consumer-Operated Service. She went to ARISE looking for help and services, but never thought she had something to offer. No one had ever asked her for help at her community mental health center.

One day she saw another member, Frank, spilling his coffee and acting upset and worried. Winnie went to the office and told the director that Frank needed help calming down.

"I'm on the phone with our funding agency," said the director. "Could you help Frank get settled? Talk to him about last night's baseball game."

Baseball was one thing that Winnie knew about. She went to Frank, helped him put down his coffee, and asked if he saw the game last night. Soon they were talking away and the crisis had passed. Winnie realized she could help others and began looking for opportunities to do so.

Taking on valued roles

Consumer-operated programs can help members move past patient-based identities and take on valued roles in relationships, programs, and communities.

For example, being asked to visit some people at the hospital when a staff member cannot can help shift a member out of the "helpee" role and into a "helper" role. The member experiences being needed, helping others, feeling valued.

At the same time, leaders should not exploit members as free labor. At a drop-in center, the director was running out the door one day and asked a member to handle the phones while he was out. The woman did so, but later said she wasn't going to do so again for free.

This issue is not easily resolved. You will have to keep asking certain questions such as the following:

- Are members empowered by the roles they are asked to fill?
- Are they being exploited as free labor for tasks that belong to paid staff?
- Where is the dividing line?

How do you know your program embodies the helper principle? Here are some useful questions to ask participants and staff members.

Discussion Questions

- Have you ever found yourself stuck in just a "recipient role" or a "helper role"?
- What is it like when relationships are more reciprocal, that is, when helping goes back and forth?
- How are both parties helped through the process of helping?

Sometimes we are helped by others. The quality of the experience of being helped also matters. Participants and staff can ask themselves such questions as the following:

- Have you ever felt required or forced to follow the advice of a peer?
- Have you ever been denied services at a Consumer-Operated Service because you didn't follow a peer's advice?

Diversity and cultural competence

Diversity

Having a diverse membership involves more than skin tone or accent. It also includes a wide range of differences among people including age, education, gender, religion, sexual orientation, physical disability, homelessness, political viewpoint, and marital status. Members may also have different experiences with the traditional service system and arrive at the program from many pathways. They often have different needs and expectations of the program.

Cultural competence is the acceptance, respect, and celebration of individual uniqueness, beliefs, rituals, and social diversity. Peers believe in having respect for one another and for the person they are.

Diversity within a program is not something just to be tolerated. It is a vibrant, exciting component of a program that can lead to a deeper knowledge of the world and the human condition, spark new ideas, and enrich everyday life. Every person should be accepted and respected for his or her uniqueness and value as a human being.

Empowerment and hope are nourished by accepting people as they are, "warts and all." This includes understanding people and behavior in ordinary human terms and not clinical interpretations. For example, someone may fear something but should not be labeled "paranoid."

Diversity affects the way people behave, communicate, and solve problems. These differences can create group tension and individual isolation within the program. Often subgroups express the need for recognition, respect, programming and funding, safety, and a host of specific cultural accommodations.

Critical issues and behaviors that can be affected by culture include the following:

- Roles and social interaction;

- Patterns of decisionmaking;

- Patterns of handling emotions;

- Definition of mental illness;

- Expectations; and

- Obligations in relation to age, gender, class, or kinship.

Tips to Actively Promote Diversity and Cultural Competence

- Discuss when to generalize and be inclusive and when to individualize and be exclusive.

- Develop social and creative activities that allow peers to gain basic knowledge of others' cultures through storytelling, music, films, poetry and prose, mural and quiltmaking, theater, dance, and food.

- Help staff "fit" services to cultural backgrounds of members. Books, conferences, and training on cultural competence and culture-based approaches to healing are good sources of information.

- Help members become more aware of their own cultural values and accept and celebrate cultural differences. Program retreats and facilitated discussion groups can be useful for building awareness.

- Consider offering culture-specific support or discussion groups.

Cultural competence

To address conflicts and benefit from members' diversity, it takes more than saying, "We accept diversity." Programs must actively practice tolerance and respect for individual and group differences. Consumer-Operated Services must incorporate cultural competence systematically into all aspects of the organization.

Cultural competence is an active process of building skills, changing values, and acquiring knowledge and understanding. Peers must be willing to adapt or adjust the way they interact to take into consideration cultural differences. At times, intolerance of other cultures is deeply ingrained in a person's belief system or even within a particular cultural group. If this becomes an issue, it must be openly discussed and negotiated within the program.

- How will such situations be handled?

- How do we ensure that all participants are respected and included and made to feel welcome?

Many Consumer-Operated Services find that, in addition to developing cultural competency within the program, it is very important to have policies, procedures, and rules that define and regulate practices and behaviors regarding discrimination and sexual harassment.

All members should be made aware of such rules and regulations. Further, these policies must be consistently enforced to avoid harm to members, promote a safe environment, and reduce potential conflict and misunderstanding.

Discussion Questions

- What are some of the cultural groups represented within this program?

- What are some of the unique qualities that each group contributes to the program?

- Do these groups face specific challenges? If so, how can we work to be more inclusive or to meet the needs of this group?

Training Unit: **Empowering Ourselves**

Empowerment is an important principle for people who have experienced a lack of choice or control over their mental health services and treatment. This training unit focuses on how members can help one another claim and use power over their own lives.

Seeing Power

What does each of these situations tell you about how power is shared in the program?

- There are separate bathrooms for staff and members.

- Only the staff has the keys to locked doors and cabinets.

- Staff stays in the office and does not mingle with members.

Types of empowerment

Empowerment is about giving and gaining power. This may seem to be a simple concept but, in reality, it is complex with psychological, social, organizational, and political components.

Empowerment can be either individual-based or group-based. Each type of empowerment is discussed below.

Individual empowerment

Individual empowerment is sense of personal strength and efficacy, with self-direction and control over the decisions affecting your life.

Belonging to a Consumer-Operated Service contributes to personal empowerment of its members. The program works to enable, confer, or recognize peer authority and to promote personal growth and recovery.

Steve's Story: Taking the Wheel

Steve, a member of a Consumer-Operated Service, told his peers that, like most young men his age, he wanted to drive. He liked the sense of freedom and power it gave him.

He came from a family that loved cars and reconditioned them as a hobby. Because he was taking psychiatric medications, his father hesitated to let Steve drive.

A staff person suggested to the father that his son practice driving in a large parking lot. This reassured both son and father, and soon the young man was driving again.

One program staff member wants to be supportive when another member is called to court. But she defines her role very carefully as a friend and supporter, but not as an advocate who would speak directly to the judge on behalf of the member. She does not want to do anything to take away the member's own voice. Such choices are very difficult, but we have all had periods when others did the speaking for us. Doing it ourselves might hurt or be downright terrifying.

But, realizing that we have the power to deal with our problems and overcome them can also give us the confidence to try new things that can ultimately lead to getting a job, moving into our own apartment, making friends, sharing our talents, or helping others. Sometimes by a simple suggestion, peers can help others to gain a sense of personal power.

Discussion Questions

■ Describe some times when someone tried to "fix" a problem of yours. How about when someone helped you solve the problem yourself? How did these feel different?

■ Describe some times when you tried to "fix" someone's problem. And when you helped someone solve his or her own problem. What was different?

■ What are some ways you can help someone solve a problem without stepping in and taking over?

■ Should you ever try to protect someone from the consequences of his or her actions? If not, explain why not. If yes, explain when and why.

Group empowerment

Group empowerment means that members have a real, meaningful, and active role in the governance and decisionmaking within the program.

To facilitate group empowerment, no rigid hierarchies or distinctions should exist between staff and the membership. It is a mistake, however, to think that, since "we are all in this together" or because "we share a vision," there is real power-sharing within a program.

Shared power can be like great art: it exists in the eyes of the beholder. But shared power can be like great art in another way: you know it when you see it. When you walk into a Consumer-Operated Service, you may be able to sense if power is truly shared.

A Consumer-Operated Service that practices group empowerment has shared governance and decisionmaking. Members should have opportunities to do the following:

■ Provide input into the budget;

■ Help plan for the program's future;

■ Participate in hiring decisions;

■ Express dissatisfaction with operating procedures; and

■ Share in decisions about which activities should be supported.

Jane's Story: Helping vs. Fixing

Jane is a program member who lost her apartment due to mismanaging her finances, a recurring issue.

Instead of swooping in to "fix" the problem as mental health workers have done previously, her peers let things unfold. "You'll have to figure it out," they said.

They did offer some resources and ideas on setting aside an emergency fund or having her rent deducted automatically from her bank account.

Roles for program members can include the following:

- Participation on a governing board;

- Volunteer and paid staff positions;

- Facilitator of a support group;

- Editor of a newspaper; and

- Evaluator.

A facilitated group discussion is one way to encourage members to undertake leadership roles and make group decisions over operations. Alternating group leaders or co-chairs can share the role of facilitator.

Like other grassroots organizations, as Consumer-Operated Services grow, they face pressures to become more structured and systematized. They may begin to lose their flexible, egalitarian structure to become more bureaucratic with more rules and procedures.

This is a natural process as the group consolidates gains and secures its future. Therefore, a Consumer-Operated Service has to periodically re-examine its practices to ensure that empowerment remains a core belief.

Discussion Questions

- Are staff accountable to the membership for its actions? In what ways?

- Are staff meetings open to all and held at a convenient time for members?

- Describe a time when a member challenged a staff member on his or her behavior. How did the staff member respond?

- Who hires and fires?

- Who wrote the program's vision, the values, and the rules? Can any member advocate for a change in these? What is the process?

- Describe a time when a member wanted to discuss how the program was run or make suggestions about programming or policies? How did it turn out?

- What are the opportunities for members to provide program feedback or discuss grievances? How often do these occur?

- Can people be kicked out of the program? For what reasons? Who decides and how is the decision made?

- How does the program gather member input through private or community meetings?

Basic Skills for Meetings that Empower

- Focus on the situation, issue, or behavior, not on the person.

- Support and encourage the self-confidence and self-esteem of others.

- Promote constructive relationships.

- Take the initiative to make things better!

Offering choice

Participation in a Consumer-Operated Service is completely voluntary. All programs are elective and non-coercive. Choice of services means offering a variety of activities and the right to choose none. People are experts in defining their own experiences and choosing the services that best suit their needs and preferences.

Staff and members should always be alert and avoid exercising subtle coercion or undue influence that sometimes accompanies a strong commitment to the program. For example, if you are deeply invested in the program, you may unwittingly push others by your well-meaning enthusiasm to do certain things.

Honoring member choices means recognizing that people are the ultimate directors of their own lives. People are able to make decisions even when circumstances impose constraints or limits.

A belief in choice involves accepting that others may make some bad choices or may make choices we do not like. A belief in choice means we accept our peers' right to take chances and risks, just as we do in our own lives.

Discussion Questions

- In your experience, which activities and programs offered by the Consumer-Operated Service do members find most empowering? Why? What about them is empowering?

- Can members freely select from a variety of activities? Can they choose to just sit and watch TV or sleep all day? Are there ever times when people are told they must or must not participate in a certain activity or program?

- Do members know all of their available choices? How do they learn about them?

- What happens when one member's choices affect the rest of the group in an uncomfortable way?

Scenario 1:

Staff and members of a consumer-operated program decided to have a cookout. Everyone was excited and interested in the event. When the time came to prepare the food and get things underway, however, only a couple of people showed up to do the work. They were furious.

Soon a lot of gossip erupted about the people who did not show up. Staff posted a notice saying that no more cookouts would occur for the rest of the summer. Some of the people who hadn't shown up decided to go to the director and make a formal complaint about how the staff were abusing their power.

1. What is going on here? Who holds the power? How do you know?

2. How do you think these power dynamics affect other parts of the program?

Scenario 2:

Staff and members of a consumer-operated program decided to have a cookout. Everyone was excited and interested in the event. When the time came to prepare the food and get things underway, however, only a couple of people showed up to do the work.

Instead of blowing up at people or talking about them behind their backs, the situation was discussed at the next member meeting. Some people talked about their experiences with cookouts with family and in other programs, and their expectation that others do the work. The members who prepared the food talked about their frustration when people did not show up to help. The discussion centered on what was needed to make this more of a community effort.

1. How does Scenario 2 differ from Scenario 1? Who holds the power in Scenario 2? How do you know?

2. How might this kind of conversation create opportunities for shared power and shared decisionmaking in an organization?

3. Talk about some of the power dynamics in your program. How is power shared? Not shared?

4. How are you dealing with these power dynamics?

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Training in Consumer-Operated Services

Module 2: Environment

This module discusses the environment of a Consumer-Operated Service in terms of both the physical setting and the emotional climate. It helps participants consider how the environment affects the program and the people who use it, and how to create an environment that is supportive and healing.

Discussion questions are included in each training unit and group exercises are at the end of the module.

Training units in this module

Defining Environment

Group Exercise: Physical Environment

Our Physical Space

Group Exercise: Developing Our Physical Space and Emotional Environment

Group Discussion: Clinical Thinking

Group Discussion: Judging Others

Group Exercise: Reasonable or Unreasonable Accommodations?

Group Exercise: Reasonable or Unreasonable Accommodations—Facilitator Version

The Emotional Environment

Training Unit: **Defining Environment**

Environment is both the physical space and the emotional space. It is the "feel" of the program. This includes what the program looks like inside and out, how people are treated, the roles people play, the overall beliefs about the program, and the kinds of activities that take place.

Important qualities in a Consumer-Operated Service environment

The environment of any program, group, or organization is a combination of qualities that includes things such as the following:

- Physical space;

- Relationships;

- Sense of physical and emotional safety;

- How authority or power is handled; and

- How the mission of the program is perceived and implemented.

Physical aspects of an environment such as location, layout, and furniture, exist as well as emotional aspects, or how you feel when you are there.

In Consumer-Operated Services, both aspects of environment are vital to what your group is trying to accomplish: creating a space and climate that promotes well-being for all participants.

While each program has a unique environment, some important aspects cut across programs, such as the following:

- An informal setting;

- Safety;

- Accessibility; and

- Reasonable accommodations for participants' disabilities.

This training unit focuses on each aspect in relation to both physical and emotional environments.

Does your environment reflect who you want to be?

The four elements outlined above may look different from program to program because they are shaped by the specific role the program's mission, goals, and the role the program has chosen to play in its community. For example, one program might focus on scheduled educational activities while another might offer a less structured environment where people come to hang out. One might focus on mutual support groups and another on providing individual advocacy for people using mental health services. Some might do all of the above.

Our activity and service choices have implications for the physical and emotional environment we need. For example, the structured program needs adequate space for educational activities it provides. The less structured program needs comfortable hang-out spaces. Programs often need both kinds of space because they provide both structured and unstructured supports.

How we go about implementing our mission can also have consequences for the environment. For example:

- If we want to teach people about recovery but then become rule-driven and highly structured, we risk losing the feeling of informality and spontaneity and begin to take on some of the characteristics of a treatment setting. If we started as a space that is as open and undefined as possible, we may soon experience chaos and power struggles.

- If we think that the sole purpose of our organization is to change the traditional system, we might miss opportunities to build a larger supportive community.

- If we focus only on creating a safe and friendly space as an alternative to the traditional service system, we may create another place where people can get stuck.

Aligning Our Environment with Our Mission

- If we have decided to be a program that teaches people about recovery, we might need a space that allows us to provide structured recovery and wellness groups. We will probably need some kind of training program for educators or facilitators and some specific expectations about members' participation.

- If we offer a comfortable, informal space where people can come and build social relationships, we might need a large room with comfortable furniture and very little formal structure.

- If we are an alternative to traditional treatment, where people can come and get nonprofessional support from one another, we might need several small rooms and a core group of committed people to facilitate mutual support.

- If we are an advocacy or community education organization, we might need some training space and people who are committed to working in and with the larger community.

Training Unit: **Our Physical Space**

The characteristics of the physical space for a Consumer-Operated Service might not seem important at first. You may not have that many options to choose from. However, the space must give you with the ability to carry out your mission. Further, space can shape the program culture and norms.

This training unit considers how and why the physical aspects of space contribute to a strong, supportive environment, and how four environmental attributes (informal setting, safety, accessibility, and reasonable accommodation) are factors.

Physical space

Large rooms or little rooms?

Different configurations of space have advantages and disadvantages. For example, a large room or downtown storefront may appeal to people who would just like to drop in and have a cup of coffee. Lots of smaller rooms may be useful for activities such as meetings, art projects, education groups, and an office.

At the same time, having only one big room can create a sense that it is just a space to hang out. Having lots of little rooms can create more of a "therapy" feel.

How much light?

Sometimes programs have taken basement space or space without windows because it was available or affordable. However, natural light is very important to many people. Space without natural light can literally be depressing and can make people feel like second-class citizens.

Be mindful of the kind of artificial lighting used in the space. Some people have sensitivities to some kinds of light. Flickering fluorescent lights can be very bothersome. Insufficient lighting, whether it is not placed well or too dim, can cause eye strain and headaches.

Should we include a kitchen?

Even if the program does not provide food, a kitchen is useful. Even if the program does not use the kitchen in the early stages, it is difficult to add one on to the space if needs or interests change later.

What kind of office space is needed?

Does the program need or want a special space for staff offices? It may be a good idea to have set-aside office space for some administrative work. However, it is common for a kind of segregation to develop when staff offices exist.

Lots of little rooms can lead to the "shut door" syndrome. In other words, people feel excluded and assume something is going on that they are not privileged to know.

To avoid segregation and "shut door" syndrome, consider having spaces that have a variety of purposes and are not just relegated to staff.

If the office is a place where members come for a variety of reasons, is it welcoming and comfortable? For example, large desks and chairs can be intimidating and increase the sense of power difference. Having room for a couple of comfortable chairs and a coffee table can make a visit to the office an enjoyable, rather than a daunting experience.

If a number of people work in one room, give some attention to what they need to do their best work. For example, some people need quiet space to be able to filter out sound or visual distractions to work effectively. Can group office space be divided in imaginative ways that make it possible for people to have the working environment they need?

Another consideration is space for the office equipment needed. Copiers can take a lot of space; so can computers and printers. Make sure you have adequate electrical outlets for office equipment and avoid extension cords that are tripping and fire hazards.

Informal setting

Regardless of the kind of services or programs you offer, the setting shapes how people feel, what they'll expect and, ultimately, what will be accomplished. Most Consumer-Operated Services offer an informal, comfortable space where people can congregate and feel at home.

Purpose and welcome

If we run education groups, a bright room with comfortable chairs will encourage discussion. Chairs set in rows like a classroom create the feeling of school with experts lecturing, not peers discussing.

For relaxation and community-building, it is nice to have comfortable furniture, perhaps some musical instruments, a library, and a large kitchen where people can make shared meals.

For mutual support, it is good to have some quiet or private places. But keep the space "unoffice-like" to support a sense of equality and reciprocity. Do not have desks with people sitting behind them or talking over them.

To support outreach and advocacy, it is important to have an area for information and resources. Phones must be available. Again, try to avoid an "office-type" feel.

When deciding on the kinds of space, think about what the program is trying to do— its mission. Discuss what things people find attractive and welcoming. Consider what kinds of environmental features will support and enhance the program's activities.

Attractiveness

Make the most of the talents of the visually oriented people involved with your program. These might be artists, designers, decorators, or those who are known to have an "eye" for visual settings and details. Engage them to help make the setting bright, comfortable, and pleasant.

Inclusion

Most Consumer-Operated Services do not charge for participation, but some programs charge for optional items, such as meals or special activities. It is important to make sure that people are not feeling excluded due to cost. Is there some other way to "pay," such as doing dishes?

Is there something for everyone? Even if the program has a clear purpose and mission, it is important to remember that people have different needs and different ways of learning. For example, if you offer just educational groups, you may not attract people who want to ease into something new. If the program is only a "drop in," you may not appeal to people who want to learn, try new things, or advocate for important policy issues in the community.

Safety

Safety has both external and internal aspects. External aspects of safety are those that are created by physical conditions, while internal safety relates to how people behave toward one another within that physical space.

Common Rules That Help Support Safety

- Respectful language.
- No sexual comments or gestures.
- No threatening behaviors such as screaming, yelling, threats.
- No use of illegal substances or alcohol or intoxication on the premises.
- No drug dealing on the premises.
- No violence.
- No unwanted physical contact (sexual or otherwise).
- No weapons on premises.
- No theft or vandalism.
- No discriminatory comments or demeaning language.

External safety

A building that is physically safe is critical for a personal sense of safety. This includes the following:

- Space that is up to current building codes;
- A basic security system, including locks on external doors (for security purposes, not for keeping people in);
- Keys for people who will not abuse their use; and
- Structures to accommodate various disabilities (more on this later).

Internal safety

Most organizations have rules that help support the physical safety of members. The group should develop such rules.

Rules should also state the consequences when they are broken. Consequences of breaking rules should be clear, fair, and consistent. For example, a "first chance, second chance" approach is common. Consequences increase with repeated violations and might include the following:

- A reminder of the policy;

- A warning;

- Being asked to leave;

- A ban from the property for a few hours or days;

- Community service;

- Meeting with the members who may have been affected by the broken rule; and

- Meeting with the director.

Repeated offenses may result in increasing amounts of time that the offender is banned from the property. Some situations may call for individualized consequences.

In this case, the process for deciding the consequences must be clear, fair, and consistent. For example some programs have a rotating group of people who agree on consequences for unusual or repeat violations.

Often rules state "NO"– what should not be done. It is also a good idea to state in positive terms what is expected of participants. These expectations should go hand in hand with the core values of the program.

Finally, be clear about when situations require outside help. Have a clear, fair, and consistent protocol for when to call the police so people do not have to guess. For example, calling 911 is important for someone experiencing a medical crisis. But we may also need to call for outside assistance when someone has a weapon, is damaging property, or is threatening in a way that cannot be worked out, such as if someone refuses to leave when asked.

Examples of Positive Expectations

- Respect others' privacy.

- Participate in and support the mission and values of the organization.

- Communicate with others respectfully, honestly, and directly, including in conflict situations.

- Respect others' thoughts and opinions.

Accessibility

Accessibility means that the program is open and available to people. People with mobility impairments may need ramps, elevators, and other accommodations. Setting up a program on the second floor of a building with no elevator will make the program inaccessible to some members.

Accessibility also means it is easy to get to and that meeting times are convenient.

Reasonable accommodation

The Americans with Disabilities Act (ADA) requires that all people have reasonable access. This means providing accommodations for people with physical disabilities. Accommodations may include ramps for wheelchairs, written materials in Braille, TTY for people with hearing difficulties, and so forth.

But reasonable accommodation also includes considering environmental disabilities, such as allergies to perfumes and smoke. Accommodating psychiatric disabilities might include having some space that is quiet.

Training Unit: **The Emotional Environment**

Emotional environment is everything that people see, feel, hear, or experience when they walk in the door. It is related to the program "culture," which includes elements such as the unique values, rituals, beliefs, and customs that define an organization or group.

In Consumer-Operated Services, emotional environment includes the following:

- How people treat one another;
- How decisions are made;
- How power is handled; and
- How safe people feel to be honest and real with one another.

Let's consider how the four elements that characterize Consumer-Operated Service environments (informality, safety, accessibility, reasonable accommodation) relate to emotional environment.

Informality

Peer-operated programs emphasize the importance of a casual, friendly environment that minimizes rigid hierarchies, top-down decisionmaking, or heavy-handed use of power. Such informality can help create a sense of welcoming and emotional safety for members.

It is important to get to know one another, especially new people who come to the service. One way to begin to get to know people is to start a conversation about what peer support means to that person.

Go slowly and make it reciprocal. This helps avoid putting people on the spot, and also helps to create less staff/member distinction. As new people become more comfortable and engage gradually and at their own pace, they may start to feel a sense of ownership and a willingness to contribute. Then you can begin to find out what might interest them.

Traditional mental health services have often influenced how you think about one another and how you offer one another support. Sometimes, we find ourselves acting in ways that resemble some of the negative treatment we have received from others. For example, we may use the power of our position to control others. All too quickly, we can create the same kind of top-down culture found in many treatment settings.

Keeping informality in mind helps us remember that rigid and controlling structures do not help us feel empowered to move toward recovery.

Strengths-based

Being strengths-based means that we look for what people can do, rather than what they cannot do. Everyone has something to offer and contribute. Everyone has strengths, gifts, talents and abilities. Our job as a strengths-based community is to see these positives in one another and to help others see them as well. For example, rather than saying, "Joe, you look like you are having some problems," you could say, "Joe, what you said to me yesterday really meant a lot to me."

Moving toward what we want

If the goal is to help one another explore new roles and new identities, it is critical to both move toward what we want and move away from what we do not want. This means focusing on what people want to create in their lives (for example, health, financial comfort, career), rather than focusing on what people are moving away from (for example, feeling lousy, being broke, not having a meaningful job).

Consumer-driven

Ensuring that programs are consumer-driven can also build a sense of informality. Since consumer-driven implies that no agenda is imposed, participants decide for themselves what form the program will take.

In most cases, this means that the members who use the program determine all activities and decisions. (We'll talk about membership meetings later in this booklet.)

This collaborative approach to decisionmaking promotes ownership. It also gives the group responsibility for taking action.

Reciprocity

Many of us have been in relationships that were top-down and controlling, relationships in which we felt devalued or came to believe we had nothing to offer. Many of us have grown accustomed to the role of "helpee."

When we start to provide support to someone else, we can feel very powerful. We may find this feels so good that we want to stay in the "helper" role. Therefore, one of the critical components of a successful consumer-operated program is reciprocity.

Reciprocity means that we have multiple roles with one another. At any given time, either one of us can be the helper or helpee. We go back and forth in these roles.

Safety

Safety has been used as an assessment to determine the likelihood of causing physical harm to others or ourselves. We have been asked if we are safe, if we will be safe, if we will sign a safety contract.

It also refers to the physical safety of members in the neighborhood or even in the program itself. It is one of the reasons many programs prohibit weapons on the program site.

The physical safety of people and the community can be very important in Consumer-Operated Services. However, safety also refers to the extent to which people feel that they can be themselves, express themselves as human beings, go at their own pace, and make their own decisions about how they want to participate.

Being nonjudgmental

Our past relationships affect how we view our lives and current relationships. For example, if I was taught that, "Cleanliness is next to Godliness," I might look down on others who are not as clean and tidy as I think they should be. Understanding that my idea of "clean" may be different from others allows me to step back and avoid judging others.

Practicing nonjudgment does not mean that we give up all judgment, but rather that we maintain an awareness of our judgments.

Respecting one another

It is easy to respect one another when things feel comfortable; it is harder when a conflict exists. It is not easy to be respectful when we have felt disrespected in the past. Like non-judgment, respect involves knowing that everyone has a unique perspective based on their own experience.

For example, you have been holding a membership meeting for several weeks. Each week, one particular person starts interrupting and then talks endlessly about how no one ever listens to him. What can you do? You could meet with this person before the meeting, tell him what you have noticed, and ask if he would hold some of his comments until the end. You could start the meeting by asking how people want to take responsibility for everyone having a say.

Interest and respect for different views

No matter how clear our program mission, some people will have different views. For example, some people feel very beholden to mental health services, while others have experienced these services as destructive and negative. Some people feel that their diagnosis is very helpful in explaining their experiences, while others find it arbitrary, discriminatory, and limiting.

All of these views (and everything in between) are real for the people who experience them. It helps if we understand and respect the experiences that led people to their perspectives.

It is important to remember that we are not there to change people's minds but rather to learn from one another. We can do this by doing the following:

- Being curious about what specifically works for each person;
- Finding some common ground; and
- Training group facilitators or staff people to facilitate interesting dialogues.

Many people have strong religious beliefs. They may see their beliefs as central to recovery—theirs and everyone else's. Further, their beliefs may make them intolerant of others' religious views and even other cultures, views and characteristics (for example, gay, lesbian, transgender, different political views, age, physical disability, ethnicity, etc.).

As peers, our sense of safety depends in part on knowing we are accepted and respected as we are.

Honest, direct, and respectful communication

One of the hardest things to do is to be really honest when we are uncomfortable. Combining honesty with respect can be even more challenging, but building a sense of trust and community depends on honest, direct, and respectful communication. For example, one person likes coming to your program for the lunch. Although she's been asked to help out, she continues to come just for the lunch and then leaves. What might you say to her that is honest, direct, respectful, but also considers her perspective?

Possible responses include the following:

> I wonder if there are things that might make you feel more like joining in.

> When you come in for lunch and leave right away, I feel frustrated….

Being trauma informed

Many people who have received mental health services have histories of some kind of trauma and abuse. These abuses may have occurred when they were growing up (such as physical, emotional, or sexual abuse) or in the mental health service system (such as forced treatment, or seclusion and restraint).

The trauma framework is useful because it helps us better understand people's behavior and relational dynamics. It also asks the more respectful question of, "What happened to you?" rather than the more medicalizing question of "What is wrong with you?"

No matter what, where, or when it happened, experiences of trauma always leave an impact. In Consumer-Operated Services, we may see the effects of trauma when people consistently feel unworthy, mistrustful, uncomfortable in their bodies, or they abuse or relinquish power (for example, falling into victim or aggressive roles). These qualities in one person may spark a trauma response among others.

Though this training unit isn't going to talk about trauma in detail, it is useful for us to consider how our organizations might become more sensitive to these issues. For example, your program could do the following:

- Provide information about the effects of trauma;

- Build opportunities for sharing power into all aspects of the program;

- Offer support groups for trauma survivors; and

- Create a culture where people are viewed through the lens of their experience rather than through their diagnoses.

When there is a conflict, Marcia always seems to get very upset while Lisa tends to get silent and "invisible." If we understand this in relation to trauma and abuse, we might consider that Marcia may feel safe only if she is controlling the situation, while Lisa only feels safe hiding.

■ Can you think of examples of ways people respond when conflict arises in your program?

■ How might these be related to trauma experiences?

A couple of times a year, Joe stops bathing or showering. He begins to smell bad and people start pressuring him to clean up. Joe just says that the water is poison.

When we talk with Joe, we learn that that he was abused in the shower at certain times of the year.

■ What might people do differently if they know this?

Sue Ann talks about wanting to cut herself.

If we think of this as a logical response to seeing her body as the enemy or voicing a strong feeling when there are no words, we can begin to understand that cutting may have become a way to cope with strong feelings or a "language" for things that are too painful to talk about.

Mutual responsibility

Many organizations have an established hierarchy and clear roles defining who does what. In Consumer-Operated Services, mutual responsibility for the overall outcome is critical.

Mutual responsibility means that you and I play equal parts in making things work. When someone walks in the door, they should have some sense that they are not just there to be "helped," but are part of something bigger.

This commitment to mutual responsibility is true in individual relationships as well as in groups and organizations. A sense of mutual responsibility is one of the ways that members come to feel the emotional environment in a program is "safe."

Mutual responsibility gets complicated when one person is paid to be at the program and another is not. Whose job is it to make the coffee, keep the kitchen clean, or break up a heated argument? The people who are paid are ultimately responsible for making sure that things get done. This can lead to resentment, power trips, and a strong distinction between staff and members. The ability to build a sense of group ownership despite these distinctions is an important skill. This can happen in a variety of ways, including the following:

■ Find out what people are passionate about;

■ Find out what their experience has been with helping run an organization, program, or even a family;

■ Ask what they need from you and others to participate fully; and

■ Make sure they understand how the staff role might be different here than in other service relationships.

Rita's and Bob's Story: Making it Work Together

Rita and Bob are members of a Consumer-Operated Service. Rita rarely talks about her needs or her problems. On the other hand, Bob often asks for advice and support. Rita has been getting a little resentful of always being there for Bob.

Instead of blaming him, however, she recognizes that she has played a part in this dynamic. She says to Bob, "I realize I have not been very honest in our relationship and I think I have been acting like a caretaker. I would like to recognize when I am doing it and try something different."

Bob then says he had not realized that Rita was unhappy and that he will make more of an effort to draw her out.

When Rita acknowledges that she plays a part in the dynamic above (instead of building up more resentment), she opens up the possibility for Bob to see things from a different perspective. Both can feel safe as they work through the issue.

Shared power

What is shared power? All relationships, communities, and groups have power dynamics. We have already mentioned an obvious one in many Consumer-Operated Services: some people are paid and others are not. We can also get into power dynamics when some people are held more accountable than others, when we carry assumptions about others, or when fear and the need to control a situation exist.

In the training unit Empowering Ourselves, we talked about empowerment—of ourselves individually and as a group—as a key belief system in effective Consumer-Operated Services. Empowerment is also part of the foundation for a sense of emotional safety.

If we have shared power, we feel safer. We have a sense of our power and an ability to negotiate. It means that we are all responsible for making a program work. To keep things working, participants must "tune in" to the times when you are not using a shared power model.

When you slip, remind one another of your intent to share power collectively. Membership meetings provide an opportunity to raise this type of issue and make sure that the emotional environment of the program is healthy and safe for everyone.

Membership meetings

Many programs use membership meetings to build community, to resolve conflicts, or to make decisions about the program. These meetings can also be used to assess how well we do what we say we want to do. This means reflecting on our own actions and interactions, taking a look at how power is being shared, and checking to see if our program activities fit with our mission.

You can set up a membership meeting in different ways. For example:

- Do you have one meal a week where many people can participate? You could hold the membership meeting during or after the meal.

- It is a good idea to have a basic agenda so you can cover all the decisions that have to be made. Ask interested participants' help in creating the agenda.

- Bring lots of options! People cannot ask for things they do not know about.

Praise and celebration

When we get caught up in the day-to-day challenges of running a program, it is easy to overlook what is working well. Instead, we focus on what is not working and what we need to do to correct it. Taking time to pay attention to various contributions and things that have gone well creates an environment of pride and investment.

Accessibility and reasonable accommodation

We talked about reasonable accommodation for access in the training unit about physical environment. In this training unit, we will talk about reasonable accommodations for a successful work environment.

Start by considering the question: "Is reasonable accommodation different in a Consumer-Operated Service than in other organizations?" The answer is both "yes" and "no." Yes, because we hire people based partly on the fact that they have a disability. No, because any organization is required to hire and make accommodations for people with disabilities.

In a Consumer-Operated Service, accessibility and reasonable accommodation are not just about complying with the law. Openness to people with various disabilities and recognizing that everyone has strengths and an ability to contribute, are an important indication that a Consumer-Operated Service has a healthy, recovery-oriented emotional environment.

As in other work environments, Consumer-Operated Service staff are entitled to reasonable accommodations that will enable them to perform required functions of their job. For example, people with a visual disability that affects their ability to read words on a computer screen may request software that reads the words on the screen aloud. People who take medication that affects alertness may ask to have some flexibility in working hours. Some people may need an office space that minimizes sound and visual distractions. However, reasonable accommodation does not mean that anyone can use their disability as an automatic excuse for not fulfilling a needed job function.

Sustaining the environment

No matter how well you have set things up, nothing is permanent. People will come and go. People fall quickly into old habits unless you have some way of sustaining the environment and keeping the principles alive.

One approach is to keep returning to your mission statement and thinking about what it means in a variety of situations. For example, a program's mission statement might be "to provide a safe and empowering environment that supports people in their recovery and wellness." While this sounds good on paper, it does not necessarily help people know what they are supposed to actually do.

Make sure that all members (including newcomers) know that your organization has a purpose and that everyone has a role in achieving it. For example, in the mission statement above, we could begin by talking about what a safe and empowering environment looks and feels like, and what can happen because of it. We might also consider what it looks and feels like to support others in their recovery and wellness.

Group Exercise: **Physical Environment**

1. Describe or draw a picture of the layout of your program space.

2. In what ways does the space promote inclusion? Exclusion? Does this space allow you to do all the things you want? If not, can you reorganize the space?

3. Who in your program has keys to the building? How does that contribute or not contribute to a sense of shared ownership?

4. What was the process for creating rules? (If you are a new program, what process will you use?) How do your rules fit with your mission?

5. How are expectations and responsibilities of members communicated? How well do members understand these expectations and responsibilities?

6. How do you decide when to call for outside help? If you do not already have a protocol for this, take time now to develop one that supports Consumer-Operated Service values.

Group Exercise: **Developing Our Physical Space and Emotional Environment**

1. Write down the purpose or mission of your program.

2. What type of space do you need to fulfill your purpose? What do you currently have and not have?

4..What are some possible strategies to change the space you have or gain access to the space you need?

5. What kind of emotional space is needed to fulfill this mission?

6. How do you feel about your emotional environment now? What, if anything, might change?

Frederick is worried about Paula because she seems to be very high energy. He asks her if she's been fooling with her medication.

1. How might that question affect Frederick and Paula's relationship?

2. What might it say about the culture of the program?

3. How could he express his concern without medicalizing her experience?

4. Is it easier to be in the position of helper or the person getting help?

5. What are the kinds of things that help build (or could help build) reciprocity in your program?

Group Discussion: **Judging Others**

Sam has been coming to your program for some time. Lately he has begun to talk down to some of the other members, calling them "low-functioning" and saying that he is more recovered than they are.

1. What happens to the environment of programs when people see themselves as "more recovered" than other people?

2. What are your immediate judgments about Sam?

3. What are some reasons why he may be doing this?

Rick was surprised to find out that Adam was gay. He didn't waste any time in telling Adam that homosexuality was a sin and that he was damned for eternity if he didn't change his tune.

4. How would you respond to this situation? How would your response avoid shaming Rick?

Some programs have policies that restrict imposing religious or political beliefs on others, but if something like this should happen, it may be time for a wider discussion about difference and a reminder that many of us have been judged all of our lives.

5. What forums do you have in place for discussions about difference?

6. How can you make it emotionally safe for people to talk honestly about differences?

Group Exercise: **Reasonable or Unreasonable Accommodations?**

Discuss each situation below. Do you feel that an accommodation for the staff member is reasonable or unreasonable? If you think either answer might be true under particular circumstances, explain.

A paid staff member did not show up for work or get a replacement. When called at home, the staff member blamed it on his disability.

1. Reasonable or unreasonable? Explain.

A staff member impulsively quits in the heat of a conflict and then asks for her job back the next day, arguing she was stressed out because of her disability and deserves an accommodation.

2. Reasonable or unreasonable? Explain.

A staff member requests afternoon hours because the medication she takes makes it hard to get going in the morning.

3. Reasonable or unreasonable? Explain.

Discuss each situation below. Do you feel an accommodation for the staff member is reasonable or unreasonable? If you think either answer might be true under particular circumstances, explain.

A paid staff member did not show up or get a replacement. When called, the staff member blamed it on his disability.

   1. **Reasonable or unreasonable? Discussion Points: While some unusual circumstances may exist where it is reasonable to miss work based on a disability, blaming it on disability without some special circumstance takes away any personal responsibility for serving as reliable paid staff.**

A staff member impulsively quits in the heat of a conflict and then asks for her job back the next day, arguing she was stressed because of her disability and deserves an accommodation.

   2. **Reasonable or unreasonable? Discussion Points: Some people have had limited work experience and do not really understand the implications of quitting. While you might let this go the first or even the second time, to keep the pattern going reinforces the belief that it is okay. Talk it through and see what you both need when a heated moment occurs.**

A staff member requests afternoon hours because the medication she takes makes it hard to get going in the morning.

   3. **Reasonable or unreasonable? Discussion Points: If the hard time getting up is due to the type of medication that person is on or even when the person is on a difficult sleep schedule, this may be very reasonable. Find out what hours suit the person and then try her out at those times.**

Training in Consumer-Operated Services

Module 3: Peer Support

This module discusses peer support, which is a way of being with others, a set of skills, a service component, and a philosophy that links many peer-operated activities and services.

Peer support is the heart of Consumer-Operated Services.

Discussion questions are included in each training unit and exercises are at the end of the module.

Training units in this module

Understanding Peer Support

Informal Peer Support
Group Exercise: Personal Connections
Group Exercise: Communication Styles
Group Exercise: Communication Styles—Facilitator Version
Group Exercise: Communicating

Formal (Group) Peer Support
Group Exercise: What Makes Peer Support Groups Different?
Discussion Questions: What Makes Peer Support Groups Different?

Expressing Our Experiences
Individual Exercise: Telling Our Stories

Consciousness Raising
Group Exercise: Unpopular Rules
Group Exercise: Consciousness-Raising

Crisis Prevention
Individual Exercise: Dealing with Uncomfortable Situations
Individual Exercise: Dealing with Uncomfortable Situations—Facilitator Version

Training Unit: **Understanding Peer Support**

For many of us, a critical moment occurs when we realize that someone else out there "gets it." This someone has similar feelings and reactions and truly validates our experience. This sharing creates a bond that can lead to trust, knowledge, and, ultimately, to action. This is the core of peer support that is the foundation of all Consumer-Operated Services.

Peer support can take many forms. Fundamentally, it is people with shared experiences helping one another. It can be two people talking over coffee. It can be structured group meetings. It can also frame a set of operating principles that guide a Consumer-Operated Service.

Elements of peer support

Our personal stories and experiences are powerful. Sharing them with supportive others can build trust and be healing. Peer support can help us explore and consider other ways of viewing our experiences, a concept sometimes called re-storying. It can help us tell our stories in ways that contribute to our growth and wellness. Peer support can provide unique and invaluable opportunities to redefine ourselves within the context of a larger community.

Peer support also calls on us to open ourselves fully to the stories and experiences of others. We share our experience, strength, and hope in ways that provide support and encouragement to others in their journey of recovery. In the process of supporting others, we also build awareness of our own growth and change.

Some core values drive all peer support, including the following:

- Being nonjudgmental;
- Respecting one another;
- Believing in one another's recovery and wellness;
- Reciprocity;
- Mutual responsibility;
- Honesty and direct, respectful communication; and
- Shared power.

Respecting boundaries and limits

An important way of communicating respect for ourselves and for others is by honoring personal boundaries and limits. We need to establish our own boundaries and respect those others set.

Setting personal boundaries and limits

It is useful to think of these words—boundaries and limits—as having different implications. Boundaries are personal and often permanent markers that distinguish us as individuals. We need boundaries to take care of or protect ourselves. Examples of boundaries are not allowing someone to abuse you or put you down, or deciding how much information you want to share with people in various situations.

Limits may be temporary or situational. For example, we might set a limit with one person about borrowing, but comfortably make loans to someone else.

In peer support, boundaries can be a confusing concept. Many of us have been in situations where we have been punished, ridiculed, or labeled for saying "No." Some of us have learned that it is unacceptable to say "No." Some of us have learned from traditional service providers that it is necessary to maintain rigid boundaries in helping and sometimes even in personal relationships.

It is easy to be confused about what boundaries are "right" in peer support relationships. Making too many permanent boundaries can take us away from being honest and direct with one another. Not having enough or not being clear about our boundaries and limits is equally damaging.

The following questions can be useful to sort out when and what kind of boundaries to set for ourselves.

- Am I abusing my power by setting this boundary?

- Am I doing anything to take advantage of or exploit someone?

- Am I letting someone else take advantage of me?

- If I do not set a limit here, will I end up feeling resentful later?

Respecting boundaries and limits of others

It is easy to assume that everyone wants to share as many personal details of their lives as we do. Because we have had to share our details repeatedly with professionals, we may find ourselves expecting others to do the same with us.

It is useful to ask someone about their comfort in sharing personal information, and then respect their comfort zone. On the other hand, sharing too much of our own story with others before

establishing the relationship can also become a boundary violation. Maybe the other person is disinterested or experiences our openness as uncomfortable, or even invasive.

Discussion Questions

- What do boundaries and limits mean to you?

- What policies does your organization have around boundaries? Do these policies fit with peer support values?

- How is setting a particular boundary or limit supporting your growth and wellness?

- Do you avoid setting limits because you want others to like you?

- What are some of the signals people give that might indicate a boundary?

Avoiding caretaking and burnout

One meaning of caretaking is the responsibility we feel for taking care of others. Caretaking in this context can be linked to feeling responsible for decisions that others make, overprotection, and paternalization. The caretaker in this context can be a specific individual, but it can also be an organization or service program. This feeling is a common hazard in any human service, including peer support.

Think about a time in your own life when someone was "over-caring" for you. How did you feel? What ended up happening to the relationship?

People tend to do to others what has been done to them. Because of our experience with caretaking by traditional providers, many of us automatically assume caretaking roles within peer support. It is tempting to want to be a hero, a rescuer, or to "just fix it."

However, caretaking can be destructive to both people and organizations. When we try to caretake, we suggest that we know more than the other person or are in some way "the expert." Caretaking also denies others the opportunity to learn and take responsibility for their own lives, and the opportunity to experience the consequences of their decisions and actions.

Organizations that perpetuate caregiving often end up with many members who are stuck in helpless roles or are unable to move on from the program and toward the lives they want and deserve. This "stuckness" comes from a cycle of a caretaker believing people are fragile and incompetent or unable to take risks—and then the people learning to believe these things about themselves. This cycle is common in traditional services, but can also occur in Consumer-Operated Services.

Relationships in this kind of environment can become negative and even toxic because the sense of hope that is essential to a dynamic organization has been allowed to fade.

When we try to take care of others, we often find ourselves burning out. We simply cannot—and should not—try to take responsibility for everything and everyone. The good news is that, if we are really practicing peer support, there should not be much burnout.

When we have give-and-take relationships and we are able to say honestly what we feel and need, our stress is lowered considerably. Building mutually responsible relationships, as well as taking good care of ourselves, makes this work feel rewarding.

Validating One Another's Experience

> Sally is angry with people who she says are being disrespectful. Ann listens for a while and then says, "Sally, I'm really sorry that's going on for you. It can be very frustrating and hurtful."

Discussion Questions

- How can you tell if you are taking on too much caretaking?

- Does your organization create a sense that the staff are responsible for taking care of members? How could you tell whether this is happening?

Self-care

Self-care is simply taking responsibility for our own health and wellness. It means doing those things that help us create and sustain a sense of well-being. It includes attending to our physical health as well as our emotional health.

Self-care is very individual. For example, what works for some people may be taking relaxing walks while others may find a hard physical workout beneficial. Each of us has learned strategies that help and most of us continue to learn new or better ones.

We should be mindful of when we are using self-care as an excuse. We must be honest with ourselves and others about when we are really doing something important to take care of ourselves and when we are using the activity to avoid something we do not want to do. An example of the latter is saying that you are taking a day off to take care of yourself when you are really avoiding someone with whom you had a recent argument.

Discussion Questions

- What does self-care mean to you?

- How was self-care modeled for you growing up?

- How do you know when you are taking good care of yourself?

Training Unit: **Informal Peer Support**

Informal peer support refers to all those moments of unstructured, sometimes unplanned, but often powerful supportive connection and communication we experience with others. It can happen anywhere and at any time.

Although peer support comes naturally to most of us, there are some essential skills that help us build stronger relationships with others. These include the ability to build connections and to communicate effectively.

Building connection with others

Building connection with others is the first step of peer support, whether you are talking with another person or with people in a support group. Connection means that people have some rapport and are willing to create a meaningful relationship. Building a strong connection promotes honesty, trust, shared vulnerability, and hope. Strong connections also help us take risks in the relationship which can inspire mutual growth.

Having similar life experiences does not automatically create connection between people, but it does give us a place to start. You can observe signs of connection and disconnection in a relationship by noticing subtle things like body language, the flow of the conversation, and energy levels.

How do we build connections with others? The first skill is to meet one another with curiosity and genuine interest. Sharing stories can help us find commonalities while building trust. It can be useful to talk directly about the purpose of the peer support relationship such as support, education, or advocacy. This helps differentiate peer support from friendship, therapy, or teacher-student relationships.

Fred and Andrew's Story: Respecting Each Other's Needs

Fred and Andrew are working together at a consumer-operated program. Andrew has been quite late for work a couple of days in a row. Fred is getting mad because he has to fill in for Andrew when he is late.

Fred says to Andrew, "I have to tell you that I'm feeling frustrated with you coming in late so often. But I realize that I do not know what has been going on for you. I'd like to understand and be able to work this out with you."

This is a good example of communication and respecting our own needs as well as those of others. Fred owns his own feelings and does not make them Andrew's fault. He then acknowledges that he really does not know what is happening in Fred's life at the moment and shows some interest. It is more than likely that Andrew will not get defensive and will be able to work this out with Fred.

Communicating

Communication is the single most important factor in any successful relationship, including those within an organization or group. Good communication helps build healthy individual and group relationships.

Good communication includes listening, respecting the perspectives of others, being honest and direct and, often, being patient with one another. On the other hand, poor communication which may involve being secretive, gossiping, being indirect, or needing to be right, can quickly destroy a single relationship or a whole organization.

Communicating in person

Many of us have learned some skills called "active listening." These communication skills include being aware of our nonverbal language such as facing the person we are speaking with, having an open posture (rather than crossing our arms or placing our hands on hips), maintaining eye contact, and staying relaxed.

All of those skills are important, but they also miss some essential points:

- **Our own experience informs how we listen to others.** When people are sharing their stories and it sparks something from our experience, we begin to understand and relate based on our personal experience. This can be helpful to build connection, but it can also limit our ability to fully appreciate other people's perspective. It can also lead to "over-relating"—making assumptions, judgments, and suggestions based on our own experiences. For example, we might cut someone off by saying prematurely, "I know exactly what you mean. You should just …" Over-relating can lead to disconnection and does not build depth or respect.

- **Validation often gets overlooked when someone we care about is in pain.** Often we naturally want to jump into problem-solving. Instead, we must take our time and simply show compassion. Validation leads to connection. We must be aware of our urge to jump in and give advice or just "fix it." Sometimes we need to sit with our own discomfort because it can be difficult to hold back.

- **Listen with curiosity.** This is a respectful way of listening. We should not assume that we know what other people will say, or how they see or understand their experiences. This means being curious about how other people has learned to see and think about their experiences. Were they told that they were "sick"? Did they grow up in a different country? How might these experiences affect the way someone thinks about things now?

- **Know when to share.** Knowing when and how to share our own story of growth and recovery is important. Sometimes we challenge other people's ideas through our own stories. For example, many people get stuck in telling their "illness story" and it may be the only one they know. In response, we can talk about a time when we believed we were fragile and incapable, but then explain that peer support has challenged those beliefs and led us to a whole different perspective. Our stories may help others view their experiences differently.

- **Move toward, not away.** The ability to move toward something, rather than away from something, is a subtle but powerful skill. It can help us refocus our attention on things that are working rather than struggling against things that are not working. An example is working on wellness and what we want for our lives, rather than focusing on managing symptoms or even recovering from illness.

- **Maintaining mutual responsibility for making the relationship work is a key to peer support**. If peer support is not working for both people, then it is not working.

Gillian and Mai-Yee's Story

Gillian and Mai-Yee have some experiences in common and spend quite a lot of time talking at the Peer Center.

Gillian is enjoying being able to use her knowledge of disability services and has given Mai-Yee a lot of advice about how to navigate the system.

Mai-Yee has become frustrated because Gillian assumes the "expert" role whenever they speak and does not seem to listen for long or value her opinions. She says to Gillian, "I appreciate the help you have given me. However, I'm feeling frustrated that our relationship seems to be about your being the expert. At times, I wonder whether you are really interested in what I think. I am feeling that our relationship has become one-way. Do you think there is something we can do to change this?"

OR

Gillian might come to Mai-Yee and say, "I realize that whenever we talk, it seems to be about my giving you advice. To be honest, I think we have both fallen into a pattern of expecting that our conversations will be that way. Do you think we could talk about changing this pattern?"

Communicating on the telephone

Talking with people on telephone warm lines or support lines is not very different from supporting them in person. However, the fact that you cannot see them leaves a gap in the communication. You can hear their words, but you cannot see their expression or other body language as they talk.

Many people who call support lines are looking for something fairly specific, and typically they do not want to establish two-way relationships. This makes our job stickier. Since one of the essential qualities of peer support is mutuality, we must be mindful that we do not assume the roles of problem-solver or advice-giver.

In the warmline conversation below, the focus is on validating the caller and helping the caller consider or create options—not on talking about the peer support worker's opinions. In the end, both people may come away with new information or ideas that neither could have discovered alone.

On the Warm Line:
Validating Experience and Creating Options

Caller: Hi, I called to get some help.

Peer Support Worker (PSW):

Can you tell me what you are looking for?

Caller: Well, I've been feeling really tired lately and I think I'd like to lower my medication. But I'm afraid to tell my mental health workers.

PSW: Being tired can be very frustrating. I do not like it myself.

Caller: Do you think I should just lower the medication without telling the workers?

PSW: I cannot really answer that, but maybe we could think about some of your options.

Communicating by email and chat

Email and computer chats are now popular means of peer support. A number of Internet sites offer both open and closed chat rooms where participants can give and receive personal support. Some of these sites focus on specific kinds of problems, such as hearing voices, or on a particular diagnosis or treatment. Others are more general.

You can find support sites by using Google or other Internet search engines. It is always wise to check out multiple sites to find those that feel comfortable and safe to you. Alternatively, you can create your own email group or chatsite. Social network sites such as MySpace and Facebook provide many opportunities. However, it is wise to be familiar with exactly how they work before setting up or joining anything.

The anonymity of email and Internet-based information is both an advantage and a disadvantage. Computers can provide a huge social network accessible from your living room.

The options seem to be limitless and people are always available for chat. The flip side is that there are no guarantees of quality, reliability, or accountability other than mutually negotiated terms. Another disadvantage is that you have no way of knowing what is "real" or "true."

Sometimes relationships begun on the Internet develop into real-life relationships. This creates an opportunity for a wide network of friends and contacts around the country and even the world.

When you do not know the person you are talking to and are just beginning to establish a relationship, some precautions are essential. Remember to be very careful about sharing personal or identifying information on public sites or in chat rooms. If you want to share personal information with another site member, do so in a separate and private email exchange.

This is an effective and growing mode of support, networking, information gathering, and relationship building and will likely continue to be a popular resource.

Training Unit: **Formal (Group) Peer Support**

All of the concepts and skills involved in informal peer support, such as connecting and communicating, also apply to more formal support in group settings. However, groups have some unique characteristics to consider.

Sharing power in groups

Sharing power in groups means that all the people in the group have responsibility for making the process work. Sharing power is easy when no single facilitator is designated. Everyone pitches in to make it work. Sharing power is more challenging when someone is designated as the facilitator.

When you are asked to facilitate a group, it is common to take on full responsibility for "making it work." This can lead to assuming both the role and attitude of a manager or expert. Facilitating peer support groups actually means being a full member of the group. The facilitator provides and receives support just like any other group member. But the facilitator also has the task of helping the group operate according to peer support values.

A good starting point for sharing power in groups is for the group members to create a list of group agreements and decide how they will be implemented. Too often group rules are posted and then forgotten. In actuality, it is the group's responsibility to keep the agreements alive and enforce them when broken.

Facilitators should explain up front that they may take a lead to get things started but will back off as the group gets underway. Facilitator should ask how the group wants to deal with conflict, interruptions, disrespectful language, or people talking longer than others would like.

One good strategy for sharing power in groups over time is to rotate which group member is responsible for facilitating. This way everyone builds skills in facilitating groups and one person is not pegged as "the leader."

Getting started with groups

When people attend groups, they often want a good idea of what to expect. This could mean posting a list of discussion topics in advance so that interested people will attend. You can identify discussion topics in many ways, but one of the best is to find what interests the members.

Welcome and introductions

When opening a group meeting, it is useful to remind people about the purpose of the group and the discussion topic or task for the meeting.

Many people may know one another before they enter the group. However, it is good practice to start with a welcome and introductions. This helps to relax people and saves the embarrassment of not remembering someone's name. It also helps new people feel included.

One option is to introduce yourself and then go around the group. Ask people to say their names and to say something else brief. This is called a starter. It could be a short statement about why the group or the day's discussion topic is meaningful, or what they want to get out of the group that day. Lighthearted starters—such as stating a personal interest, saying something about ourselves that might surprise people, or telling where we were born—can "warm up" the group and also create points of connection for future conversations among members.

The best time for mentioning any housekeeping matters is at the beginning of the meeting. Housekeeping may include items such as start and finish times, breaks, location of bathrooms, and emergency procedures.

Build connections in the group

Just like informal peer support with individuals, you be aware of when a sense of connection within the group exists and when participants seem disconnected. Facilitators and other group members can develop skills in observing points of connection and disconnection. Things to look for include what is not being said, body language, tensions, and other undercurrents. It is important that facilitators promote people talking to one another rather than talking directly to the facilitator. This helps build connections among group members.

These skills do not develop overnight. Everyone has to start somewhere, including the most skilled facilitators. Be patient, especially if you are new to group facilitation. Both new and experienced facilitators find it helpful to do some advance preparation, including writing an agenda and points to cover. This helps the memory and reduces stress and anxiety.

Finally, be very aware of the power you hold as a facilitator. A delicate balance exists between providing no structure or agenda for a group and being too dominating or controlling and between speaking too much and not saying enough to get things going. It is always useful to reflect and to ask for feedback from group members about how to develop as a facilitator.

Discussion Questions

■ Is power shared in this group? In what ways?

■ How does the group make decisions? Whose opinion is given the most weight?

■ Who talks the most? The least?

■ What person or people do group members look at and listen to the most during discussion?

Who has the final say in decisionmaking?

Billy-Joe, Group Facilitator

Billy-Joe was nervous about facilitating the new recovery group, because he had never led a group before. He was worried about how he could help the group get off to a good start.

He decided to ask the group members to make a list of all the things that had made groups work well for them in the past. What things made groups ineffective or uncomfortable?

Based on these lists, Billy-Joe helped the group think about and decide which of those pointers they would implement in the new group.

Billy-Joe found that, by drawing on group members' experiences, everyone participated. They created a group agreement that was much more meaningful to the group members than he could have written on his own. The group members had a feeling of ownership of the agreements and a willingness to hold each other accountable to them.

Make room for multiple perspectives

Group members usually have many different experiences, ideas, opinions, and perspectives. Letting everyone have a say and, at the same time, keeping the conversation focused can be challenging, especially if discussion topics are emotional.

Good listening skills are as important in groups as they are in informal peer support. In addition, a facilitator should model good listening skills for other group members. Remember to listen with curiosity. Use open-ended questions that suggest interest rather than defensiveness. Help others do the same.

Help the group move toward what it wants

Sometimes group conversations get bogged down in what is not working. Remember the earlier discussion about moving toward what you want rather than away? This applies to groups as well.

Facilitators can help groups remember their purpose, goals, and agreements as a group and move toward them. Sometimes it is necessary to actively redirect people to move toward what they want. For instance, if people are "one-upping" one another with war stories, the facilitator may want to ask if these stories fit with what the group is trying to achieve.

Challenging situations in groups

Groups of every kind experience challenging situations and peer groups are no exception. Facilitator play a key role in resolving difficult situations. Some common challenging situations are discussed below.

One person does all the talking

Sometimes one person or a few people in the group talk a lot. This can happen for many reasons. Perhaps they have just never felt heard. Perhaps they need to demonstrate their knowledge. Perhaps they do not want to listen to others. Or perhaps they are simply used to having that role in groups.

- Facilitators can take several approaches in this situation:

- Talk to the person before the group starts. Tell him or her that you value his or her comments, stories, and knowledge, but that you would also like to draw on people who are less forth-coming. Brainstorm with the person ways to draw people out together and what should happen if there is silence.

- Set some time limits for people to talk within the group and signal to let people know their time is up. This should be a group decision. Talking sticks that a speaker holds and then passes on to the next speaker can be helpful.

- Determine what the person needs and see if other forums meet those needs. For example, if the person needs to prove his or her knowledge, could he or she teach a class on a favorite subject?

Interrupting

Not interrupting is often an established part of the group agreement. But if people regularly interrupt anyway and no one in the group calls them on it, it is up to the facilitator to make the observation in a nonjudgmental way. The facilitator could say, for example, "I wonder if you realize that you've been interrupting."

Same story, over and over

The person who says basically the same thing multiple times is often similar to the person who talks a lot. Chances are that this person has not felt heard. What does this person need to feel heard? For example, explicitly repeating and confirming the person's message can give some people assurance that you hear their point or concern. If this approach does not work, you can help the group ask the person about what he or she needs in a way that does not create shame or embarrassment.

Angry outbursts

Hopefully, the group will take responsibility for saying what they need if a member has an angry outburst. In the absence of group response, the facilitator should stay calm and nonjudgmental while suggesting that other ways may be used to communicate their message. For example, "It sounds like this is really important to you. Is there a way you can talk about it so that people can hear what you have to say?"

Conflict in the group

Conflict within groups is common; some conflict is almost inevitable. Therefore, part of the group agreement should include ways to handle conflict when it arises. No right or wrong way to deal with conflict in groups exists. Many approaches are possible and each group and facilitator will develop their own style as time goes on.

Conflict takes many forms—from differences of opinion to angry outbursts. Not all conflict is destructive; it can be a sign of a healthy group where people are free to risk expressing them-selves and giving their opinions. However, violence, whether verbal or physical, should never be tolerated.

Although it can be scary to deal with conflict, it is unwise to ignore it. If you do not deal with it, it can develop into larger problems, in much the same way that ignoring signs of something going wrong in a car can lead to serious problems later.

Some tools for dealing with conflict are the following:

- Own your own discomfort or anxiety. You can state that you are feeling uncomfortable or upset and ask that the group talk about it.

- Ask the group what is going on if you sense discomfort within the group.

- Ask people directly if you observe that they are uncomfortable or upset about something.

- Ask a group member or members to own their feelings and to use "I" statements rather than making generalizations about others. For example, instead of saying, "Bob is an intellectual snob," say "I am hurt by what Bob said about people who did not finish school, because it is something I am sensitive about." Then invite the members being talked about to respond. Encourage them to respond to the issue with facts, rather than with counter-accusations.

- Invite group members to perform a "round," where one by one each expresses his or her feelings. Do not allow jumping to a solution before everyone has expressed their feelings. Then encourage the group to listen for agreement in the second round.

- If all options have been tried and no resolution arises, consider using a neutral third party as an independent external facilitator. If the conflict has gotten to this stage, it is usually helpful to ensure that this external facilitator is skilled in group conflict resolution or mediation.

Deferring to the facilitator

When people attend a continuing group for the first time, they often defer to the facilitator to give them guidance about what is expected in the group. However, by the second meeting, the facilitator should call people on this when it occurs. A pattern of deferring to the facilitator will interfere with the person's own experience as a group member. Participating as a full member also helps establish a sense of empowerment and shared responsibility.

Silent member

Sometimes it is a good idea to check in with people who are not talking in the group. This can be done before or after the group, or during a break. Do the silent members really want to be quiet? Is this how they want to participate in the group? What would it take for them to feel comfortable or safe enough to speak up?

Gossip

When tension arises in a group, people will often talk about one another outside the group. They may even complain to the facilitator. The facilitator must take care to not get tangled in the gossip. Taking sides or making accusations adds fuel to the fire. It is best to have an upfront discussion with the group about how gossip can kill a group.

Put-downs

Insults and put-downs can be open and obvious or subtle and sly. Facilitators should model ways of handling put-downs by making an observation about it in a nonjudgmental way and asking to be treated in a different way. For example, say, "When you tell me that I do not know what I'm talking about, I feel judged. I would like to have my perspective heard and respected." Facilitators can help other group members learn to respond similarly.

"I Do Not Know. What Do You Think?"

Iris has been running a wellness support group for a couple of weeks. She asks the group for input on the topics, but they just keep asking her what she thinks. She decides that maybe they want to have her set the topics.

As facilitator, how would you handle Iris' situation?

One response might be for the facilitator to ask why other members might be finding the facilitator's thoughts more helpful than other people's and wonder out loud what the group might do to solve its own problem.

Digressions

Sometimes group discussions move away from the designated topic. Brief anecdotes or digressions can be interesting or fun, but they can build on each other and move the discussion further away from the main topic. When this happens, a facilitator should simply ask people how they think this fits with the purpose of the group and find out if another forum exists for discussing the topic or points of the digression.

Discussion Questions

- What are some of the challenging situations that have come up in some of your groups? How did you address them?

- How do your groups deal with conflict? What works? What does not? What could be done differently in the future?

Training Unit: **Expressing Our Experiences**

Sharing our stories with others who can relate to them can be a very powerful healing process. However, it is important to allow people to go at their own pace and share what they want to share, when they want to share it. Not everyone is comfortable talking about themselves or revealing deeply personal information.

Sharing our experiences can also help challenge assumptions that others have made about us. For example, when someone has what seems like an unrealistic fear, others may have judged or pathologized it. When we take time to hear what people experience and how they understand these experiences, it can open a whole new way of seeing or understanding for both the listener and the person.

George's Story: Sharing Common Experiences

It took George a while to come into the Climbing Up Peer Support Center. He told people that his symptoms had kept him away. When other people shared that they had also been afraid when they were new, George started to think his feelings were pretty legitimate.

He became more and more comfortable attending the Center when he found that people understood his experiences and feelings.

Stories we tell ourselves

Our stories can also trap us into roles that may be unhelpful. Some of us have learned to see ourselves as "consumers" or "clients" first and have forgotten that we are also parents, siblings, children, neighbors, friends, lovers, workers, and many other things.

The role of "consumer" is limiting in a variety of ways. For many people, it implies that others are always the experts. It also means feeling or actually depending on others. This comes across in Consumer-Operated Services programs when someone says, "I cannot help you; I'm not staff," or when a member looks to a staff person to resolve problems or conflicts.

Challenging this "consumer" role means that we have to understand how it continues to serve people. In other words, it means approaching people respectfully and with patience.

Discussion Questions

■ How does the way you think about "illness" affect how you see yourself?

■ In what ways is the role of "consumer" different from our other roles such as parent, friend, or worker?

■ What might be other ways to describe or talk about your experiences?

■ What does the term "consumer" mean to you? Are you comfortable with this term? If not, suggest alternatives.

Artistic expression

Freedom and resources to express ourselves in multiple ways allow us to access all kinds of hidden talents, as well as parts of ourselves we never knew existed. When we combine our efforts, a kind of spontaneous, creative communication can occur.

It is useful for Consumer-Operated Services to have an array of different materials handy for artistic expression. These may include fabric, paper, drawing and painting supplies, collage material, or clay. A local artist or a member who is an artist might love to teach drawing, painting, or sculpting. After your art program is underway, people may want to share their art with others. Some programs hold art exhibits at local galleries or create their own exhibits and invite others.

Many people like to express themselves through poetry and other literary genres. Some programs have different types of writing workshops including poetry writing, journaling, and writing short stories. Consider organizing a poetry reading night or starting a literary magazine as a program activity. It is surprisingly easy to create publications with easily available computer software.

Theater is also a great forum for expression and is often used to educate, change attitudes, or raise issues. Some programs have created their own scripts, plays, or public productions that travel to schools, agencies, or other places. Others have regular talent nights or use themes to do improvisation shows for their own enjoyment. Theater is a great way to get lots of people involved.

You do not need lots of expensive instruments to provide an opportunity for musical expression, though it is great to have instruments available. Often pianos are available free if someone helps move them. Drums and other instruments can be made from common items and can be fun to play. Creating them can be a form of artistic expression itself. Many people who come to the program may have musical experience and would be willing to teach others. Some programs do an "open mike" night; another option is karaoke.

The trap of patronizing

Many of us have spent time in hospital wards or day treatment programs that limit creative expression to painting precast sculptures, coloring or dipping candles, and other highly structured "arts and crafts." Rather than opening up creativity, these activities have made many of us close down artistically. We may have come to associate creative expression with feeling treated like children, as if this is all we are capable of, or that we need low-stress activities that do not challenge us very much.

By offering a variety of creative opportunities and by brainstorming with our member community about a wide range of options for artistic expression we can open up a conversation that is limitless, energetic, and life-giving.

Training Unit: **Consciousness Raising**

The long-term goal of peer support is taking action. This action can occur on any number of levels, from making personal change to building strong programs, to working for larger social change. This focus on action helps us challenge ourselves so we do not fall into complacency or the "whatever" approach to life. Consciousness raising involves helping people see the purpose and importance of an action or cause.

Some of us have had difficult experiences in our local communities and may find it hard to re-engage with people. We carry assumptions, and perhaps judgments, about others and what they might think of us. Sometimes people get comfortable in a program and then get stuck there. This applies to Consumer-Operated Services as much as to traditional mental health services. Consumer-Operated Services can be effective as a "practice ground" for building better relationships with others and can help us develop confidence to move beyond our assumptions and judgments.

The Consumer-Operated Service community

Consumer-Operated Services offer the unique quality of being both organizations and communities. This community may be the first place where many of us have felt comfortable, safe, unjudged, and valued. It also provides a context where relationships are fluid and negotiated and where power belongs to the group.

However, it is not always easy to establish or maintain this type of community. We can get stuck in old patterns or fall into roles where we either abuse or relinquish our power.

Power dynamics

All relationships, communities, and groups have power dynamics. Power dynamics means essentially how power or authority is held and used within a relationship, organization, or community. For example, a common power dynamic that affects many Consumer-Operated Services is that some people are paid and others are not. Money is often seen as a form of power.

Other forms of power dynamics often found in Consumer-Operated Services exist when some people are held more accountable than others or when a fear-driven need to control a situation arises.

Shared power means that we are aware of our power as individuals and as a group and have a willingness and ability to negotiate it. It means that we—individually and collectively—are responsible for making a program work. Further, it means becoming aware of when we are not sharing the load.

Mutuality is present when two people negotiate the terms of their relationship and both draw from each other. Mutuality is not just feeling good because you have helped another person. It also entails receiving help from that person.

Mutual responsibility

Regardless of the program focus or activities of a Consumer-Operated Service, some basic principles help us use our collective wisdom to make the program a better place.

Principle 1:
We have much to learn from one another.

This is the first and most obvious principle. It is often forgotten when staff in a program feel responsible for "teaching" other members. Learning from one another reinforces the notion of reciprocity and draws on the fact that we each have something of value to offer others.

Principle 2:
We are not there to take care of other people.

So how does mutuality work when one person is paid and the other is not? Many peer support initiatives have been working for years without pay. Something shifts when there is pay, but this does not have to make the relationship one way.

When you are paid to do peer support, you must acknowledge the fact that you have some power and some specific responsibilities but that you are not there to take care of people. It is helpful right from the start to explain the role of a paid person to new members.

Gary's Story: Introducing Paid Staff

By using his own experience to explain peer support, Gary does not come off as a distant staff person. He recognizes that Sam will find his own way, but sharing his story gives Sam something to model.

Gary is working in a peer program and is just meeting Sam, who asks, "So, what are you paid to do?" Gary starts by explaining what peer support is not (case management or therapy). He goes on to talk about his own experience as a newcomer and says, "When I started here, I thought the staff was here to help me. I certainly wasn't paid to help them! But quickly I realized that the role of staff was to focus on recovery— mine and theirs. It was then that I realized that I had something to offer."

Principle 3:
We are responsible for our relationships with others.

In peer support, *mutual responsibility* means taking responsibility for our relationships. While this sounds straightforward, it is one of the hardest things to maintain in any relationship or organization. We are afraid of hurting someone's feelings. We think the other person might get mad at us. So we just gossip to others about it.

Ruth's Story:
Is this "Mutual Responsibility?"

Ruth has been coming to Hopeful Hearts for a while and is getting more involved. One day she comes in and starts talking louder and louder. She is talking about things that other members do not seem to understand. Very quickly, other members start talking among themselves about calling her case manager or telling her she'll have to take more medication if she wants to come here.

In *Ruth's Story*, the other members started to try to take responsibility for Ruth rather than finding out from her what might be going on. They talked about Ruth without her being present and they assumed that something was wrong with her that could be controlled by professional help or medication. What they did not do was look at their own reactions and discomfort.

Instead of the response they chose, they could have talked to Ruth individually to gain more perspective. At the very least, they could have acknowledged their own feelings and noticed their own reactivity.

Ruth's Story Again provides an example of how this can work.

Ruth's Story Again: Take 2: "Mutual Responsibility"

Ruth has been coming to Phoenix Place for a while and is getting more involved. One day she comes in and starts talking louder and louder. She is talking about things that other members do not seem to understand.

Frank notices his own discomfort but takes a deep breath and starts a conversation with Ruth. He asks her what has happened lately.

Even when he does not understand everything she says, he continues to pay attention. Finally, he says that he's noticed that she's been talking very loudly lately and he admits that he's having a hard time following her. He says he feels a bit scared when he cannot understand her and wonders with her if there's a way they can talk so that both of them are on the same page.

Sitting with discomfort

When we become afraid or uncomfortable, most of us want to do something about it so that we feel better. We want our discomfort to stop or we want the uncomfortable situation to go away. When other people behave in ways that are challenging, we also tend to want to change them or make them go away. This "do something" message has been reinforced over and over in mental health services, so it is not surprising that many peers handle things in the same way.

Alternatively, it can help to learn to control the urge to "do something" to reduce our own discomfort by practicing the art of "sitting with discomfort." Learning to sit with our own discomfort, without judgment and without reacting (or overreacting), takes an awareness of our personal feelings. It also takes the presence of mind to stay open and be willing to learn more.

Ruth's story reminds us that it is important for us to be interested, curious, and nonjudgmental about someone's experience. It is up to us to say what we personally see, what we feel, and what we need. This can open up a negotiation that leaves both people feeling empowered and responsible for making things work.

When facing a situation that causes you discomfort, take the time to do the following:

- Really pay attention;
- Say what it is that you see;
- Own what you feel about it;
- State your need; and
- Request something that might work for both people.

Susie's Story: The Wrong Kind of Celebration

Dirty dishes have been piling up at the drop-in center. It is bothering people and becoming an issue. One of the paid staff says to a program participant, "Oh Susie, how great! You've washed your dish!"

We need to be careful that we aren't inadvertently patronizing. Celebrate things that are important to people. Find out what has made a difference in their lives.

Celebrating change

Peer support is not always fun, easy, and natural. We work hard to create change and to sustain it. Sometimes it feels as if it takes all our effort and energy just to keep it going. It is important to acknowledge and celebrate the changes we have made and are making. This builds an awareness of how we have gotten to this point and creates an energy that helps generate further change.

At the same time, it is important to focus on celebrating real success about things that are important and meaningful to both individuals and the community as a whole. Susie's story illustrates how easy it is to focus on little things that may feel patronizing.

Discussion Questions

- What are some of the power dynamics that occur in your program? How do they affect the program?

- How are you dealing with power dynamics now? Can you deal with them in ways that are not destructive or harmful to the program or its members?

- How does mutuality work in your program between paid and unpaid people?

- Describe a difficult situation when you were scared or unsure of what to do—but you still managed to reach out and connect with someone. What happened?

- Talk about a time when you were not in a good place yourself, but you felt a connection with someone. What happened?

- How do you feel when you make a connection in a difficult situation? How do you think the other person feels? What are some of the signs of how they are feeling?

- What sorts of situations do you find scary or that you want to avoid? What are some of the ways you can deal with these situations?

- In what situations have you overreacted? What happened to the relationship?

- What are the hardest feelings for you to sit with? (Examples might include fear, anger, and sadness).

Training Unit: **Crisis Prevention**

Many people have difficult times. Sometimes our difficulties become overwhelming and result in situations we or others call a "crisis." Peer support can be an effective way of preventing difficult situations from becoming crises. Crisis prevention in Consumer-Operated Services can involve negotiating uncomfortable situations, dealing with conflict, or simply sitting with intense feelings.

One feature that makes a peer support response different from that of traditional providers is that, rather than focusing on assessing risk or "do something" approaches, we try to work things out so that everyone feels like an equal player: involved, invested, and mutually responsible.

We might have lots of strong feelings and opinions, but it is tremendously important to not just react. Instead, we need to listen to other people's position and remember that they are coming at the situation from a perspective that we simply cannot know.

Informal approaches

Informal crisis prevention can be as simple as taking the time to really listen to someone. Perhaps together you can do something concrete to ease the situation. It gets more complicated to do this when you are in the middle of a conflict. Conflict can be a very difficult situation by itself. It can also be the tipping point, the point at which an already difficult situation becomes overwhelming.

Addressing conflict

Conflict is part of life. Conflict can be framed as being negative and something to avoid or it can be framed as being essential for learning. Each of us has a lifetime of experience with conflict—within our families, friends, treatment providers, and even communities. For many of us, conflict is linked with violence or coercion.

Sometimes we have formed ways of dealing with conflict that do not deal with the real problem. Some of us try to avoid conflict altogether. Others of us react by taking charge, striking back, or getting even in some way. These common styles of reacting to conflict are often given names such as peacemaker, scapegoat, wallflower, or aggressor.

Often we react to conflict in a way that has more to do with the past than the present. In organizations, this can translate into ways of addressing problems or conflict that are not constructive or effective or that create power struggles. Since conflict is almost inevitable, we must use these conflicts as opportunities to individually and collectively learn and grow instead of falling into power struggles.

Holding multiple truths

We each come to our particular viewpoints from our own background and history. As such, we all see things slightly differently. When these perspectives clash and this is perceived as a problem, conflict arises. In *Steve and Patricia's Story*, Steve is from an area that is very culturally diverse, while Patricia grew up in a small, conservative town. Steve's and Patricia's situation is fairly straightforward and could be easily negotiated.

Steve and Patricia's Story: Different Experiences, Different Views

Steve, who identifies himself as transgendered, has started coming to the Haven Center. As he gets more comfortable, he begins to wear dresses and makeup. Patricia comes from a very rural area and has never met a transgendered person. She nastily says to Steve, "Why are you dressed that way? Are you off your meds?"

Steve, who has lived most of his life in New York City, cannot believe Patricia's assumption or her judgment. He becomes angry and responds, "What kind of hick are you anyway? You should be kicked out of this Center!"

What might be going on here? Clearly Steve and Patricia come from very different environments. Steve assumes that being transgendered is no big deal and expects a peer center to be accepting. However, Patricia's experience has been quite different. Her family and her church taught her that this was "sick" and "sinful" behavior. She knows no other way to think about it.

The fact is that their differences of opinion arise from differences in their experiences and both have the potential to learn from the other.

What happens when two people's experiences are diametrically opposed and a decision must be made? Consider Rita and Donna's Story.

Both Rita and Donna have very strong contradictory opinions and they cannot agree on whether Ella should use the program. The problem has very little to do with Ella. When our opinions are based on our past emotional experiences, it is more complex. It would be very easy for Donna and Rita to get into a power play, possibly to the extent of going behind each other's backs and building alliances to bolster their own side of the argument.

Rita and Donna's Story: How Do We Make a Decision?

Rita and Donna are working in a consumer-operated crisis program. Ella calls and says she needs to come in because she cannot stand the wires that the FBI has attached to all the light fixtures in her house. She has been throwing out electrical appliances and living in the dark to foil the FBI.

Rita and Donna get into a discussion about whether Ella is "appropriate" for the program. Donna says that Rita is clearly delusional and should be in a hospital getting her medications adjusted. Rita says that the peer crisis program does not look at things diagnostically and that Ella just needs a break with some good listeners who will not judge her.

Based on their past personal experiences, both Rita and Donna are correct. The only way they are going to come to an agreement is for each to share how her strong opinions originated. Each must really listen to the other and then figure out what to do.

What if Donna's mother abandoned her because of her mother's own worries about the FBI spying on her? What if Rita was hospitalized because she told someone that she thought someone was stalking her and someone really was? Each would need to understand the other's perspective before they could problem solve around what to do. When we consider how each has come to their strong opinions, we can more easily see that her opinions are not necessarily "wrong," nor are they bad people because of them.

In *Rita and Donna's Story, Continued*, Rita and Donna demonstrate another way of approaching the same situation. Their mutual goal is to find a solution that works for everyone.

Rita and Donna's Story, Continued: Talking it Out

> Rita says to Donna, "When I think about Ella coming here, I worry that she'll get out of control and that someone might get hurt. That really scares me. I'd like us to talk about how to make this work for all of us. Would you be willing for us to talk to Ella a bit more before she comes and explain that we all need to feel okay about this situation?"

> Donna says, "When I think about Ella going to the hospital, I worry that they will overmedicate her and she will come out like a 'zombie.' That makes me feel like we will have abandoned her. I want us to talk with Ella about how this stay might or might not be useful to her. Would that work for you?"

Negotiating solutions

After people in a conflict have talked to each other and become more familiar with the other's experiences and viewpoints, the next step is negotiating a solution. One way to approach this is simply to say what you see, explain how it affects you, talk about what you would like to try, and then request a specific solution.

Addressing difficult situations

Even when we are doing our best work, difficult and challenging situations arise for which we must find solutions that fit with our principles. When someone we know is in a difficult situation, we often want to "do something" to help protect the person. Certainly quick action is the right response to true emergencies. But sometimes well-intended people jump in too quickly. Our instinct for immediate action is motivated not only by our desire to help another, but often also by our own discomfort. We must be aware of our own feelings as we decide what is the "right thing to do" in any given situation.

Many situations raise intense feelings in us—for example, when someone talks about feeling suicidal or self-injurious, or when someone is wound up and talking fast or in ways we do not understand. These situations and many others create fear in some of us. One way many of us respond to fear is to "do something" to control the situation. Emily and Peter's Story illustrates the importance of not automatically taking charge of situations that worry us.

When intense feelings arise, remembering the importance of sitting with our own discomfort can help us avoid overreacting.

What is making us feel so uncomfortable? What personal buttons are being pushed by the situation? What do we need to do to calm our own strong feelings?

Emily and Peter's Story: Sitting with Feelings

> Emily is walking up and down the streets with a broom over her shoulder. She periodically yells and then starts sweeping furiously. Peter, looking out the window of the Peer Center, notices her and feels concerned. He wonders if he should call the authorities. He resists and goes out to see if there's anything he can do for Emily.

> Later, when Emily has calmed down, Peter asks her if she thinks he should have called someone. She looks terrified and emphatically says that if he had called anyone, it would have been much worse and she would have lost her trust in him. She says it felt calming to simply have him walk with her.

Dealing with risk

What if the situation in *Sheila's Story* became more intense or serious? For example, Sheila tells you that things were only getting worse and she was going to make the pain stop once and for all.

- It is important to know what resources and alternatives are available to help and support people in extremely painful or difficult situations. Questions to ask include the following:

- What kind of assistance is available in your community to help people deal with extremely painful or crisis situations?

- Is a consumer-operated crisis program available? Who can use it? How do you make sure people like Sheila know about this resource?

- Do you have an outreach program? What does it offer? How would your program reach out to someone like Sheila?

- What kind of relationship do you have with the local mental health service agencies? What are the pros and cons of letting someone there know that Sheila is suggesting she might do something extreme to make the pain go away?

Peer support is about being with one another, especially in difficult times. However, peer support is not a clinical or treatment role. As peer supporters, we do not want to assume or let others assume that our role is to provide ongoing risk assessment. We must be mindful of situations that require assistance that is beyond our ability to provide. We must know when to call for help. We must also consider how our personal discomfort with situations influences decisions to call for outside help.

It is useful to have a good reciprocal relationship with other local agencies, including traditional mental health treatment providers. This means talking with them and figuring out together who does what best. Each should be referring and deferring to the other for appropriate tasks in the right situations. If you have had a difficult time with some programs in the past, this can be an excellent opportunity for advocacy.

Sheila's Story: Knowing Our Own Feelings

Sheila comes into the Center looking quite different from other times she has attended. She mumbles and hangs her head low. When you approach her, she says she does not want to talk to anyone. Last night she made a phone call to your support telephone line and told the worker that, if things did not get better soon, she had "a plan." How might you approach this situation using peer support practices?

- Be aware of your own feelings. Are you scared and feeling responsible? Are you hurt because she does not want to talk to you? Are you mad because you do not want to deal with this?

- If you have some of these feelings and find yourself reacting based on those feelings, you may want to take power and try to control the situation.

- Another response is to leave Sheila alone. Maybe she has come in to be around other people, but simply does not want to engage with others right now.

- Try saying what you see, feel, and need: "Hi Sheila, I understand that you do not want to talk to me, but I noticed that you are looking kind of distant. You called me last night on the support line, and said if you did not feel better, you had 'a plan.' I feel a little scared and do not really know how to be helpful. I need to know whether you will tell me if there is something I can do. I want to be able to tell you what I need as well. Does that work for you?"

Creating rules for community safety

Some rules are necessary for any organization to function properly. Effective rules are always clear, well communicated, and have specific consequences for violating them. Member control is important in all aspects of Consumer-Operated Services, including rulemaking. When members talk about what rules are needed, it is common to repeat rules we have experienced elsewhere: no stealing, no weapons, no abusing others.

Many of these rules are important for members to feel safe and respected within the program. Be cautious, however. Rulemaking seems to be a common response to conflict or disturbances within the membership. Have a problem? Make a rule about it!

Avoid jumping to rulemaking as a solution to problems or conflict. You do not want to replace conflict negotiation with rules.

Discussion Questions

- What rules and policies does your program have about risk?

- How did you decide on these rules? Do they fit with the values of peer support?

- What are your "bottom lines" in terms of risk and responsibility?

- If you do not have particular rules or policies in place, consider forming a group to talk over difficult situations that you have or might face as a program. How could you do this? Who should be involved in these discussions?

Group Exercise: **Personal Connections**

Rodney is working in a peer program and meets Susan, who is a new member. They spend a little time getting to know each other over coffee. Susan admits that she has been having a difficult time and that she does not really understand peer support. Rodney listens and empathizes but does not try to fix it.

Rodney asks Susan if she would like to hear a little about how peer support has worked for him. He goes on to say that it has been great having people around who both support and challenge him and who never see him as incapable. Because of this support, he has shifted his whole way of thinking about himself and his situation.

Rodney listens with interest to Susan so that he can get to know where she's coming from. Instead of telling her "the definition," he shares his own experience, which leaves room for her to explore it from her own experience.

1. **What are the signs that you have made a connection with another person?**

2. **How do you know when you have disconnected?**

3. **What are some things you can do to rebuild connection?**

4. **What are some ways in which you have managed to connect with someone you have found difficult to relate to?**

5. **What did you learn from this discussion? What can you as individuals and as a group commit to doing differently to stretch beyond your comfort zones and to connect with people you might not find easy to relate to?**

Scenario 1:

Joe and Linda have just met. They discovered that they are both taking a certain medication and experience similar side effects. Joe listens for a couple of minutes, then says, "Oh, I've had the exact same experience. You should just cut it in half."

1. **What are the possible consequences of this conversation?**

Scenario 1, Take 2:

Joe and Linda have just met. They discovered that they are both taking a certain medication and experience similar side effects. Joe listens for a couple of minutes and then asks Linda some questions about what the experience is like for her and what she wants to do about it.

2. **Do you think the outcome is likely to be different? How or why?**

Scenario 2:

Fiona and Eleanor have just met at their peer program. Eleanor shares a story about her recent experience at work with people talking about her behind her back. She feels judged and is thinking about quitting. Fiona jumps in and says, "Everyone talks about people behind their backs. That's nothing. The people at my job tell my boss that I'm not doing my work and that I should never have been hired."

3. **What are the possible consequences of this conversation?**

Scenario 2, Take 2:

Fiona and Eleanor have just met at their peer program. Eleanor shares a story about her recent experience at work with people talking about her behind her back. She feels judged and is thinking about quitting. Fiona listens with curiosity and comments on how gossip can be hurtful.

4. **Do you think the outcome is likely to be different? How or why?**

Scenario 1: Joe and Linda / Role Play:

Have two people role play Scenario 1. Discuss with the role players how it feels for each of them to have this kind of conversation. Discuss with the group the possible consequences of this conversation.

Scenario 1:

Joe and Linda have just met. They discovered that they are both taking a certain medication and experience similar side effects. Joe listens for a couple of minutes, then says, "Oh, I've had the exact same experience. You should just cut it in half."

Role Play: Have the same two people role play Scenario 1, Take 2. Discuss with the role players how the two conversations felt different to them. Discuss with the group their observations of what was different and how this change is likely to affect the conversation.

Scenario 1, Take 2:

Joe and Linda have just met. They discovered that they are both taking a certain medication and experience similar side effects. Joe listens for a couple of minutes and then asks Linda some questions about what the experience is like for her and what she wants to do about it.

Discussion Points:

- Joe is not in a position where he is entitled to give advice on medication. The results could be disastrous for Susan, for Joe, and for the organization.

- In telling Susan to cut her medication in half, Joe is taking on the "expert" role, possibly creating an imbalance in power.

- Joe assumes that Susan will have the same outcomes as he did without knowing anything about her.

- Asking her what she would like to do about the situation gives her the opportunity to explore the options, and possibly open up and tell more of what is going on for her.

Scenario 2: Fiona and Eleanor

Role Play: Have two people role play Scenario 2. Discuss with the role players how it feels for each of them to have this kind of conversation. Discuss with the group the possible consequences of this conversation.

Scenario 2:

Fiona and Eleanor have just met at their peer program. Eleanor shares a story about her recent experience at work with people talking about her behind her back. She feels judged and is thinking about quitting. Fiona jumps in and says, "Everyone talks about people behind their backs. That's nothing. The people at my job tell my boss that I am not doing my work and that I should never have been hired."

Role Play: Have the same two people role play Scenario 2, Take 2. Discuss with the role players how the two conversations felt different to them. Discuss with the group their observations of what was different and how this change is likely to affect the conversation.

Scenario 2, Take 2:

Fiona and Eleanor have just met at their peer program. Eleanor shares a story about her recent experience at work with people talking about her behind her back. She feels judged and is thinking about quitting. Fiona listens with curiosity and comments on how gossip can be hurtful.

Discussion Points:

■ By trying to "one-up" a person's story, you can make the person feel misunderstood and invalidated. This leads to disconnect, sometimes hurt feelings, and perhaps in this scenario, feeling like you are making a big deal out of nothing. Consequently, nothing is gained.

■ Jumping in with your own story can close the conversation to other issues that the other person was hoping to discuss.

■ In the story above, Eleanor may become frustrated that conversations with Fiona always end up being about Fiona.

■ The conversation could turn into a gossip session.

Group Exercise: **Communicating**

Small Group Conversations:

Work in groups of three. One person should talk about his or her weekend for about 5 minutes, one person should be the peer supporter, and one person should observe for connects and disconnects.

Discussion Questions:

1. **Was it easy or hard to have a conversation in this way?**

2. **If it was easy, why do you think so?**

3. **If it was hard, what made it difficult?**

4. **What happened to the conversation?**

5. **What does it mean to "listen through the lens of our own experience?"**

6. **Did you notice any examples of this in your conversations?**

7. **How might that get in the way of practicing peer support?**

8. **Describe how some people may have come to see themselves as "sick" or incapable?**

9. **How can peer support play a role in challenging those beliefs while at the same time respecting that they are real for people?**

10. **Why might jumping into problem solving too quickly be problematic?**

Group Exercise: **What Makes Peer Support Groups Different?**

Many peer support initiatives are funded through mental health authorities or service agencies. But, as peers, it is not our job or desire to provide treatment. Peer support can lead to strong friendships, but friendship is not the same as peer support. Friends may be able to relate in a variety of ways, but there is a casual nature to the relationship, with no particular agenda. Peer support is more focused. The following chart compares peer support with help from traditional mental health services.

Peer Support	Traditional Mental Health Services
Grounded in personal experience	Grounded in academic understanding and training
Mutual and reciprocal relationships	One-way relationships
Focus on whole life	Focus on treatment of illness
Understands people's experiences broadly	Understands people's experiences in relation to illness

Identify and discuss ways that peer support is different from other kinds of helping relationships. Consider relationships with counselors, housin g specialists, ministers, or others who are providing services to someone.

Peer Support	Other Kinds of "Helping" Relationships

Peer Support	Friendships

1. What are some ways to introduce the idea of peer support in ways that promote connections between them?

2. Not listening or finishing people's sentences are two ways of disconnecting through communication. What are some other examples?

3. What rules does the program have about personal boundaries? How and why did you come up with those rules? Consider your program mission and values. Which rules enhance and which detract from the mission? Why?

4. What formal groups does your Consumer-Operated Service offer currently? How did you decide on these? How do you know if the group is successful?

5. Write down the purpose of each of the groups currently offered. How do they fit with the values/mission of your program? Do they lead to outcomes that are congruent with the mission? Are they exclusionary to anyone?

6. How do people currently deal with conflict? What skills and resources are needed to help people deal with conflicts in a respectful and productive way? How can the program help people acquire these skills and resources?

Individual Exercise: **Telling Our Stories**

Take a few moments to write a story about your mental health experience. Use as much "illness" medical language as you can think of. Here's an example:

Example:

> I was 15 when I started to suffer with mental illness. I went to see a psychiatrist who told me that I had something called schizophrenia. For a couple of years my symptoms got really bad and people were afraid I would hurt myself or someone else, so I was hospitalized. They stabilized me on Thorazine and shock treatments; then they sent me home. I did not get really sick again for a while.

> As an adult, I started to get symptomatic again. I got pretty psychotic and once again was hospitalized. The doctor and hospital staff told me that I was really sick and that I should go on disability. I did. For a long time I was pretty sick but then they started to manage my symptoms better.

Now write down the same story using little or no illness or medical language. Here is the same recollection rewritten in this way:

Example:

> I was 15 when I started feeling really different from other people and really alone. For a couple of years, I did things in pretty extreme ways. They made sense to me based on what I was thinking and feeling, but I guess it was scary for other people who did not really understand what I was thinking and feeling. I was hospitalized. At the hospital, I lost hope and stopped seeing myself as a "regular" person with problems. The doctor put me on medication that made me feel sleepy all the time. After I left the hospital, I threw out all the medication and put my intensity into music.

> As an adult, coming out of a difficult marriage, I started to have experiences similar to the ones I had in youth. I had lots of strong feelings and felt separate from others. I was hospitalized again. Hospital staff told me that I had a major mental illness and that I should go on disability. Though I went on disability for a while, I realized that I was just going along with their beliefs about me and my future. I began thinking about how I had learned to think about myself as a sick person or as a victim. Little by little, I figured out what to do with my intense feelings. I began to feel better and I have been growing ever since.

1. How did you feel after writing the first version of your story?

2. After writing the second?

3. What kind of peer support conversation might you have with the person in the first story?w

Group Exercise: **Unpopular Rules**

Leah is the director of Cornerstone Peer Center. She is frustrated that the people who work for her spend so much time outside on personal calls. She decides to make a rule that staff can have only two 5 minute breaks a day.

    1. What might some people's reactions be to Leah's new rule?

    2. What rules do we have as a Consumer-Operated Service?

    3. How are our rules made? Who decides? What precedes the decision?

    4. Which rules work, and why? Which rules do not work, and why? What can we do about this?

Group Exercise: **Consciousness-Raising**

Sometimes when we are worried about someone, we find ourselves trying to control the situation. This can be as subtle as giving advice or as dramatic as calling someone to intervene.

Create two role plays around the following scenario. One should have Mary "taking care" of Sue, and the other should practice being mutual. This means being honest with what you are seeing, hearing, and feeling, including talking over all the options so that both of you feel okay with the solution.

Scenario

    Mary and Sue have been attending the same 12-step meeting for several years. However, Mary has not attended for a couple of weeks. They still see each other at the peer center but Sue thinks that Mary is acting "weird." She is tempted to call Mary's case manager.

    1. What might happen to the relationship if Sue calls Mary's case manager?

    2. What might be getting in the way of being mutually responsible in this example?

Individual Exercise: **Dealing with Uncomfortable Situations**

Below are two common, but often uncomfortable situations. Read the following scenarios and think about your own reactions and the life experiences behind them.

Situation 1

1. **What happens when someone comes to your program and has obviously not washed for some time? Do you find that people try to get the person to wash, complain about the smell, or avoid the person? How are your feelings about this shaped by your experience?**

2. **Can you think of a way of handling this situation consistent with the principles in the training unit you just read?**

Situation 2

1. **What happens when someone comes in smelling strongly of alcohol? Do you make up a new rule such as "No coming in under the influence of drugs or alcohol"? Do you tell them they cannot work on their recovery if they are drinking? How are your feelings and responses about this shaped by your personal experience?**

2. **Can you think of a way of handling this situation consistent with the principles in the training unit you just read?**

Suggestions for the Facilitator: Read the first situation. Allow a period of silence for people to think through their personal reactions. Then invite volunteers to share their responses. Encourage them to think about the principles discussed in this booklet and how we can deal with uncomfortable situations in ways that are congruent with our values and beliefs. Repeat with the second situation. Help participants understand how their experiences shape their response.

Situation 1

    1. What happens when someone comes to your program and has obviously not washed for some time? Do you find that people try to get the person to wash, complain about the smell, or avoid the person? How are your feelings about this shaped by your experience?

    2. Can you think of a way of handling this situation consistent with the principles in the training unit you just read?

Discussion Notes for Situation 1: Being nonjudgmental ultimately means being aware of our judgment. It is an opportunity to practice listening for the perspective of the other person with curiosity, as opposed to judgment. We may find out many things, not the least of which is what not washing means for him or her.

Situation 2

    1. What happens when someone comes in smelling strongly of alcohol? Do you make up a new rule such as "No coming in under the influence of drugs or alcohol"? Do you tell them they cannot work on their recovery if they are drinking? How are your feelings and responses about this shaped by your personal experience?

    2. Can you think of a way of handling this situation consistent with the principles in the training unit you just read?

Discussion Notes for Question 2: It may be that you do have rules around drinking or using drugs, but we need to understand more about the situation. After finding out more information, you might negotiate what will work for both of you but, most importantly, both people need to come out of the situation feeling like they both had some responsibility and some power.

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Training in Consumer-Operated Services

Module 4: Education

This module discusses education as a component of Consumer-Operated Services. The following training units are included in this module.

Discussion questions are included in the training units and group exercises are at the end of the module.

Training units in this module

Introduction to Education

Group Exercise: Is Our Consumer-Operated Service a "Learning Organization"?

Discussion Questions: Is our Consumer-Operated Service a "Learning Organization"?

Choosing and Implementing Education Options

Group Exercise: Activity Brainstorming

Group Exercise: Listening to Participants

Group Exercise: Listening to Participants—Facilitator Version

Core Topics

Training Unit: **Introduction to Education**

Education can be many things, but basically it means providing opportunities for learning. It can happen in formal structures like workshops, classes, or groups or in informal conversations. It can mean providing opportunities for members to develop new skills or to learn more about themselves and their recovery and wellness options.

It can mean helping people think about going back to school for a diploma or certificate. It can mean having information readily available about all sorts of resources within the general community. It can mean the Consumer-Operated Service having a philosophy about continually learning about what it does and how to do it better.

Education is a natural product of people getting together and sharing their experiences. One of the purposes of Consumer-Operated Services is to create and provide formal and informal educational opportunities of all kinds. In this training unit, we will look at a some key aspects of education.

Developing a "learning organization"

If education is a priority in our program, we have to build a positive attitude toward learning across the organization. Learning organization describes a way of thinking and acting which encourages learning, growth, and community-building. The organization itself is a learning body and each person is a part of the ongoing and collective development of the group.

Learning organizations actively work toward shared aims, goals, and visions. The organization collectively evaluates its successes and challenges in achieving these shared goals and visions. Everyone is involved and a commitment to the effort exists at all levels—among members, staff, administrators, and board members.

Learning means trying something new or encountering something you did not know before. Because of the element of risk and vulnerability in learning, learning requires a sense of safety among members. Many people have experiences that link learning with failure, so they are afraid of it.

Becoming a learning organization means helping one another become curious and willing to try new things and learn new skills. It means feeling confident enough to ask the questions we need to ask so that we learn what we want to know. David's Story shows the beginning efforts of one organization to get people involved and interested in learning. This is the first step to becoming a learning organization.

David's Story:
Building Interest in Learning

Promises Peer Support Center is funded to demonstrate outcomes such as recovery skills, interest and skills in employment, and community integration. When David, the new director, asked people what they wanted to learn about, they said they just wanted a better pool table, trips to the beach, and jobs.

While David was a little discouraged about the lack of interest in learning and doing new things, he realized that people only "knew what they knew."

So he asked people about what was working well in their lives and what was not working so well. Many people said that not much was working well; they were tired a lot of the time, too broke to do what they wanted, and too scared to join things in the community.

David asked if anyone knew about ways to increase energy. One member said she had tried yoga one time and thought it helped but that yoga classes cost money. Another member said that he had been able to negotiate a decrease in some of his medication with his doctor and that helped him feel more energetic.

By the end of the discussion, the group had come up with a tentative plan for finding a yoga instructor. They also came up with ideas for ways to help people figure out what new skills they needed for the kinds of jobs they were interested in, which might become learning opportunities for participants.

The following statements describe some elements of a learning organization. Consumer-Operated Services can use them to assess the program's progress in becoming a learning organization.

- All members are valued as an important part of the program.

- Everyone is encouraged to contribute to the organization's vision and to see it as linked to their own personal vision and plan.

- Values are agreed upon and inspire discussion.

- Information is available to everyone in the organization.

- Change is expected and planned for.

- The collective power of the group is valued.

- The program is committed to the struggle of moving from where they are now toward their shared vision. This drives day-to-day activities. It means having the courage to step out and take risks and to try doing things in new, different, and creative ways.

- Each member's unique set of life experiences, knowledge, values, and attitudes is both respected and challenged in an environment where everyone is willing to learn and change.

Helping or learning?

In any kind of human services program, including Consumer-Operated Services, an assumption may exist that the task is "helping" as opposed to "learning." Building a "learning organization" can be difficult if some people believe they are there to help and others believe that they are to be helped. When our focus is on helping, we spend time looking for problems to be solved rather than seeing or creating opportunities for learning.

In learning organizations, each person is recognized as having unique experiences and knowledge. When we begin to talk about what we want to do collectively, we can create things that we cannot achieve alone. Our goal becomes to create an environment where learning happens as a matter of course, but without traditional teacher/student relationships. Everyone teaches what they know and everyone learns what they want.

Lessons from the field of adult education

While some people enjoyed and were successful with formal education, others found it a negative experience and may have avoided it for many years. No matter what our experience has been, we all bring these memories, attitudes, and histories of formal learning into our adult lives.

Consumer-Operated Services can draw from the experience and wisdom of the adult education field in a number of ways, including creating learning environments and understanding styles of adult learning.

Creating learning environments

The following key principles of adult learning are important for creating environments in which adults are comfortable and willing to learn.

- **Adults do better with self-direction.** We must be free to choose what we learn according to our goals, dreams, passions, and interests.

- **Adults need respect.** We all come with knowledge, experience, and skills and need to have our values, opinions, and contributions valued and acknowledged to succeed in any learning venture.

- **Positive emotions greatly improve learning.** Feelings determine both the quality and the quantity of our learning. Learning that is stressful, painful, and dreary does not rival learning that is joyful, relaxed, and engaging.

Different styles of learning

People learn in different ways. Education professionals refer to these as learning styles. This term refers to the ways we take in and process information as well as the senses (seeing, hearing, touching, or doing) that most effectively help us understand and remember it.

Some of us need to hear information only once, others need to see it or write it down, and still others prefer a hands-on approach and learn best by doing. No single way is better than another. However, when we receive information delivered in our preferred learning style, we are more likely to learn it quickly and to remember it.

Being aware that people learn differently helps us create learning opportunities that meet the needs of different kinds of learning styles. For example, there is little point in giving in-depth written instructions on how to use a copy machine to someone who has difficulty reading. That person might learn better by having it explained, by being shown, or by actually doing it. He or she may learn best by a combination of all three approaches.

Training Unit: **Choosing and Implementing Education Options**

Understanding how the Consumer-Operated Service can focus on learning collectively is a first step. But what next? How do you integrate learning into all aspects of the program? Obviously, the place to start is with the members. Generally people participate in things that are important or interesting to them.

But just asking people what they want may not be enough. Remember, people can only answer based on their past experience, and some people may have been told over and over what was good for them.

It can help to first explore some broad categories of learning such as self-help and recovery, vocational activities, personal interests, or hobbies. Other sources of ideas can come from other Consumer-Operated Services and resources in your area. Libraries are full of "savvy guides" to all sorts of tasks and life skills. All these sources can help people recognize the wide range of possibilities.

What to choose?

There are as many educational topics to choose from as there are interests in the group. Some Consumer-Operated Services have offered classes such as those below. View this as only a place to start thinking and talking about what will work for your program.

- Recovery and Wellness Programs
- Building Healthy Relationships
- Food and Mood
- Yoga and Meditation
- Finding Your Voice
- Finding the Information You Need
- Making Informed Choices
- Women's Issues

- Changing Habitual Responses
- Living in Your Body
- Men's Issues
- Making Life Changes
- Dealing with Conflict
- Positive Parenting
- Cooking for One or Two
- Being a Good Tenant and Neighbor
- Basic Home Repair
- Making Money Stretch
- Public Speaking
- Getting What You Want
- Understanding Our Rights
- Spiritual Exploration
- Artistic Expressions
- Writing for Life
- Knitting and Needlework
- Being with a Friend in Distress
- Personal Safety in the Community
- Smoking Cessation
- Creating an Advance Directive
- Understanding the Internet

Making education groups successful

Before adding a new group or class, make sure that sufficient interest exists. Consider establishing a process by which anyone proposing a group or class finds others who are interested and willing to attend it. Other approaches include distributing interest inventories to find out what people are really interested in learning about or using a suggestion box to invite ideas.

Before formally introducing any new group or class, try to find out informally or formally how many people are interested and what time would be best to schedule it. This increases the likelihood that it will be well attended.

Consumer-Operated Services sometimes find it useful to bring in outside trainers with expertise in a particular area or speakers such as state or national consumer leaders. However, such special events can be hit-or-miss. Below are some suggestions for making these events successful for everyone.

■ Before bringing in an outside trainer or speaker, be sure that the topic is something that the membership really is interested in and not just something staff thinks would benefit them.

■ Find ways to promote the event so that it reflects needs that participants have expressed. It can help to create a name for the event that fits with participants' interests or stimulates curiosity.

■ Ask for promotional material well before the event. It should include information about the topic and the trainer's experience or credentials. Ideally it will also include information that explains why the membership would want to attend this event and what they can expect to gain from it.

■ Promote the event throughout the week before the training. Make announcements during meetings and groups, post flyers, and ask people as they walk out the door, "Will we see you at the training on Thursday?"

To get the largest attendance and help people get the most out of the training, consider the following tips.

■ Schedule the training at a time when people are usually available.

■ Avoid scheduling at times when many people are coming in and out. This helps minimize distractions.

■ Find ways to make people want to come to the training. Offering food such as coffee and donuts or lunch can promote attendance.

■ Encourage people to stay to the end by offering a certificate of completion or closing with a special and fun activity.

Training Unit: **Core Topics**

Although topics for educational activities should be determined by group interests, certain topics are so important to Consumer-Operated Services that they are reflected in the Consumer-Operated Service fidelity assessment tool, known as the FACIT (Fidelity Assessment Common Ingredients Tool). The FACIT is discussed indepth in Evaluating Consumer-Operated Services in this KIT.

Among the core topics are recovery and wellness, employment, and mental health planning and policymaking. Each is discussed below.

Personal growth: Recovery and wellness

The core mission of many Consumer-Operated Services is to help participants achieve wellness and work toward recovery. However, many approaches for doing this are possible and even different definitions for "wellness" and "recovery" exist.

A number of structured education programs, or curricula, for teaching wellness and recovery are available. Among them are the following.

- Building Recovery and Individual Dreams and Goals through Education and Support (BRIDGES);

- Personal Assistance in Community Existence (PACE);

- Wellness Recovery Action Plan (WRAP);

- The Power of Procovery in Healing Mental Illness: Just Start Anywhere (PROCOVERY);

- Pathways to Recovery: A Strengths Recovery Self-Help Workbook; and

- Illness Management and Recovery (another SAMHSA-funded KIT).

Information about these curricula is readily available. See Resources in The Evidence in this KIT or find them on the Internet, using these titles as key search words.

These materials vary in the ways or degree that consumers were involved in creating them. They also differ in their conceptualization of "mental illness;" some are more medically oriented and others more holistically oriented. Because of these philosophical differences, their tone and the methods they suggest are quite different.

Please do not limit yourself to these curricula. Other educational materials on mental health recovery are available and new ones are being developed. Many other topics, such as physical health, anger management, and dealing with trauma are also linked to recovery and might meet your group's interests.

Some training curricula have special training for facilitators. This is often called a train-the-trainer program; it enables someone from your program to learn how to lead a particular training on an ongoing basis. You may want to locate train-the-trainer programs for a curriculum that appeals to your program members and support training to help people in your program learn how to teach it to others.

Employment skills

For many members, employment is a desired outcome of education. Although mental health systems are doing more to encourage work, unemployment among people with psychiatric disabilities remains high. Unemployment levels may be attributable to many factors. One is the opinion that work is too stressful for people with serious mental health problems, an attitude that persists even today among many mental health providers.

Monique's Story: Modeling a Positive Approach to Work

Sunrise Peer Support Center had what they thought was a great "prevocational" program. They offered skills training in a variety of topics and had a good relationship with several local community colleges.

While a few people used these resources, Monique, the director, heard the same old complaints from members about how badly they needed or wanted to work, but just could not make it happen.

Monique began to wonder how Sunrise could be a stronger support in this process. When she checked into it, she realized that the Center was not modeling what it was teaching!

Even though she had told many members they had strong qualifications for a variety of positions, she had never asked any of them to help with administrative projects, brought them into planning meetings with the board, or even held them accountable on projects she set up.

Monique also reviewed the classes Sunrise offered and identified ways people who completed the classes could take on part-time work that paid.

Setting an example

A Consumer-Operated Service should think foremost about how it conducts its own operations and ask whether it sets an example for participants. Many programs encourage people to go back to school, find work, or consider what they want to do, but how does the organization itself provide opportunities for all members to learn about work?

The program must model an approach to work that encourages people to try new things and offers the supports people need to learn in their own ways, but still have the same expectations for quality and performance shared by other organizations.

Discussion Questions

- What type of mentoring program does your organization have for bringing new people along? How does the director mentor people for leadership positions, including the directorship?

- Does the paid staff run all the activities while members are expected to do the cleaning? How can this be changed?

- How does the organization hold people accountable for the quality of their work?

- When a job opening occurs, how are people notified? How does the staff encourage program participants to apply?

- What opportunities do people attending the groups and classes have to practice or teach their new skills?

- How does your organization encourage people to try new activities?

Employment resources

People who participate in Consumer-Operated Services may have a variety of options for job training or work skill development through state or local organizations. For example, many mental health systems offer employment assistance, such as Supported Employment (SE), the subject of another of SAMHSA's Evidence-Based Practices KITs. Other resources may be available through agencies such as Vocational Rehabilitation or programs such as Welfare-to-Work.

Employment assistance may also be available through the network of One-Stop Career Centers funded by the U.S. Department of Labor. These centers offer job fairs, the use of computers, help with resumes, access to clothing for interviews, bus tokens, child care vouchers, and other supports needed for interviews and starting work. They also help access supportive services for people who need more intensive help to return to work.

The One-Stop Career Centers offer links to adult education, GED classes, and training for specific jobs. To find information about One-Stop Career Centers in your area, try the following:

- Call your state's Department of Education and Labor;

- Call the U.S. Department of Labor hotline at (877) US-2JOBS; or

- Visit http://www.servicelocator.org.

Supporting employment

While many kinds of employment assistance may be available to members, Consumer-Operated Services have a unique opportunity to provide the peer support that might be necessary to help someone choose, get, and keep a job.

In addition to creating an organizational culture that supports learning new skills and trying new things, Consumer-Operated Services can offer specific support to help people start thinking about work, developing the skills they need to pursue employment, and successfully return to work or find a more satisfying job.

Benefits counseling

For many members, a fear of losing benefits is a strong deterrent to returning to work. Many, even most, members of Consumer-Operated Services receive income assistance through programs such as Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Medicare, Medicaid, Temporary Assistance to Needy Families (TANF), subsidized housing, Food Stamps, or U.S. Department of Veterans Affairs (VA) benefits.

These services do not allow for a comfortable lifestyle, but they do provide a very basic "safety net" that helps people keep a place to live, food on the table, and doctor and pharmacy bills paid. Many people want more out of life but, at the same time, are afraid to lose the safety net. Unfortunately, this view is often reinforced by peers as we talk among ourselves.

This fear of losing the safety net is often unfounded. Most public benefits are now linked to various forms of "work incentives" which might include continued eligibility while working for a certain period of time, quick reinstatement of benefits if work efforts fail, and substitution of other benefits. For example, people may be able to go to work, keep medical insurance, continue in subsidized housing at the same rent for 12 months, have child care expenses subsidized, get money at tax time through the Earned Income Tax Credit (EITC), and have original benefits reinstated if they lose a job.

Part of educating people about employment is helping them to understand the impact of working on their benefits and to make informed decisions about employment. Staff members or participants who have transitioned off of benefits and are willing to share their personal experiences are a powerful resource.

The Social Security Administration (SSA) has cooperative agreements with state agencies and private nonprofits to provide benefits counseling on SSI, Social Security, and other benefits under the Work Incentives Planning and Assistance (WIPA) program. A trained benefits counselor can conduct a training event for your program. To find a WIPA provider, contact your Social Security office or visit: http://www.socialsecurity.gov/work/ServiceProviders/WIPADirectory.html.

Supporting the job search

People who are interested in returning to work can turn for help to resources such As Supported Employment programs from local mental health agencies, employment counseling and support providers approved by the Social Security Administration, and mainstream workforce development services provided by One-Stop Career Centers.

However, many people have been away from the workplace for a very long time and need emotional support during the sometimes long and difficult process of seeking and starting a job. To meet this need, some Consumer-Operated Services have "job clubs," in which people who are looking for work or for a better job discuss their experiences, give one another ideas, and keep one another motivated. People can set goals such as the number of job applications they intend to fill out, and then discuss their progress toward their goals with the group or a peer.

Another approach to "job clubs" is for members who work, those seeking work, and those who are thinking about work to meet. The members who are working become mentors and supporters for those who are getting started. Typically these job clubs meet at times most convenient to those who are employed, often in the evening.

Another approach is for peers to accompany one another to new places such as a One-Stop Career Center.

Soft skills

Employers sometimes use the term soft skills to describe traits, habits, and attitudes that are necessary to succeed in the workplace, but are not linked to any one job or group of jobs. For example, promptness, ability to get along with co-workers, ability to accept feedback, and taking responsibility are all considered soft skills.

Mainstream employment services may teach soft skills in a general way, but peers can offer personal insight and practical tips for common concerns such as what it is like to work when experiencing psychiatric difficulties, stressful situations we may encounter at work, and ways to deal with those situations.

Discussion Questions

- What does your program do to counter some of the negative messages we have received about stress and work?

- How does your program help members learn about the range of employment resources that may be available to them?

- What connections do you set up and keep with people who are starting work?

- How does a Consumer-Operated Service help people learn and practice soft skills important for successful employment?

Mental health planning and policymaking

Education in Consumer-Operated Services is not only about the members learning. Programs also have the potential to educate traditional mental health services and the general community.

Over the years, consumer participation on boards and committees has become more common on the local and state levels. A 1986 federal law required each state to set up a Mental Health Planning and Advisory Council that included consumers and family members. These councils have helped promote participation of peers at all levels of the system.

But participation does not always equal meaningful participation. There is plenty of room for improvement in both the number of opportunities for our input and the extent to which our perspectives are incorporated into planning and policy decisionmaking.

Opportunities for training

Consumer-Operated Services provide an ideal environment in which we can learn and practice skills that will make us more effective participants on boards and committees. Orientation is not always provided for new board or committee members. Even when it is available, there is no substitute for learning important tips from other peers who have served in these roles.

For example, people serving on boards and committees often have to learn new terminology and understand the laws and policies around which the mental health system is structured. A staff person or member who has experience with these issues can mentor emerging leaders who are just learning the ropes. They may support people informally or provide basic leadership training to a group. They may take a new board or committee member "under their wing" and be available to informally answer questions, prepare for the meeting, or debrief after the meeting.

Members who are on boards or committees can bring peers to meetings that are open to the public, thus increasing the consumer presence. As people become familiar with how the board or committee operates, they may express their interest in joining as members.

Consumer-Operated Services can also help people develop skills they might need, such as public speaking, or encourage people to improve their literacy skills through programs available in the community.

Some of the topics that could be covered in a basic leadership training for board and committee members include the following:

- Running official meetings, including knowing parliamentary procedure, a set of rules designed to make meetings flow smoothly;

- Asking for explanations of the jargon, buzz words, and acronyms used in meetings;

- Figuring out what the unspoken, unofficial rules of the group really are;

- Practicing explaining your ideas to your peers to build self-confidence in speaking in public;

- Doing your homework: using the Internet and the library to gather articles, policy papers, newspaper stories, and other materials that can back up your ideas and beliefs; and

- Using the elements of your personal story in a strategic way to illustrate a specific point on the agenda.

Discussion Questions

- What kinds of mental health planning or policy boards or committees are members attending currently? How many people are involved? In what capacity: Member? guest? observer?

- What kind of support, training, or mentoring is available to encourage members to get involved?

Group Exercise: Is Our Consumer-Operated Service a "Learning Organization?"

Fill out the following questionnaire. Then as a group discuss the statements and the questions on the next page.

Check one answer for each statement.	Strongly disagree	Disagree	Agree	Strongly agree	Do not know; uncertain
This program gives plenty of opportunities to move toward each member's personal dreams, plans, and goals.	❏	❏	❏	❏	❏
It is safe for people to say what they really think around here.	❏	❏	❏	❏	❏
Peers can be involved in the program in a variety of ways.	❏	❏	❏	❏	❏
People in this program are excited to try new things.	❏	❏	❏	❏	❏
Workers are honest with members, even about tough stuff.	❏	❏	❏	❏	❏
Each member (paid or unpaid) feels that he or she is doing something that matters—personally and in the wider community.	❏	❏	❏	❏	❏
Teams and groups are pulled together from all levels of the organization to solve problems or create something new.	❏	❏	❏	❏	❏
Relevant information is shared with all people within the organization.	❏	❏	❏	❏	❏
When there is a success, everyone shares the credit.	❏	❏	❏	❏	❏
The program makes it possible to learn something new every day.	❏	❏	❏	❏	❏
When a new task must be accomplished, there are enough members (paid or unpaid) to create a team to see it through.	❏	❏	❏	❏	❏
The organization's vision and plans include working with the wider community.	❏	❏	❏	❏	❏
Peers describe themselves in regular roles such as a neighbor, friend, tenant, worker, parent, student, artist, caretaker, and so forth.	❏	❏	❏	❏	❏
Members are encouraged to envision a life beyond the program.	❏	❏	❏	❏	❏

Discussion Questions:

1. **Is our Consumer-Operated Service a "Learning Organization?"**

2. **What do the results of this questionnaire tell us about what is working well in the organization? (The more "agrees" and "strongly agrees" you have, the stronger you are likely to be as a learning organization.)**

3. **What are our areas of strength? What are our weaker spots?**

4. **What would we like the results to be? What would help us move closer to what we want?**

5. **Create positive statements that "build a bridge" between what is now and where the organization wants to be in the future. The statement should say very clearly what you want to become a reality. For example: "Lightning Peer Center provides an environment where people are comfortable sharing their differences, such as their sexuality, religion, or fears."**

Part 1. Small Group Discussion

In groups of three, pick a broad, general topic, such as business, art, or health. Identify a notetaker. Then have each person in the group identify within the broad topic area at least one specific topic in which he or she either had experience or has an interest.

The idea is that one person's answer might spark an idea for another person. For example, working with the general area of "art," Meg says she does watercolor paintings in her journal but does not show them to anyone. This sparks Juan to remember that he took a painting class once and really enjoyed it. Group members agree it would be interesting to explore this further.

Together, make a list of all the different ideas people bring up for possible learning activities.

Part 2. Whole Group Discussion

Come back together as one group. Each group of three shares some of the skills and interests they found and some of their ideas for possible activities.

Discussion Questions

1. **What skills and resources do people within our program have?**

2. **What opportunities can we create to enable program members to share these resources with people? With groups? With the program as a whole? Within the wider community?**

3. **What might people want to share? What do we need to keep it going? What do we need that we do not have?**

Identifying skills, knowledge, and interests among members is an important first step. But, as an organization, we need to develop an environment that supports learning and helps it to flourish.

Consider the earlier point that many Consumer-Operated Services have focused on helping rather than learning. How can you break through this and build enthusiasm for learning?

Scenario

The Southport Peer Support Group finally got some money to create a Consumer-Operated Service. They printed brochures, received referrals from various agencies, and hired a few part-time staff. When people started to come to the program and ask what it was for, they were told it was a place where people could get peer support for their mental health problems. Interested people were then given a calendar with a variety of nonmental health activities and asked what they might like to attend. Interestingly, very few people chose to attend the groups and classes. Instead they were constantly asking the paid staff to help them with various problems.

1. Why do you think people might not have attended the groups and classes?

2. How is your program explained to new members?

3. What might you do right from the first greeting to build more enthusiasm for the activities you offer?

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1. Why do you think people might not have attended the groups and classes?

2. How is your program explained to new members?

3. What might you do right from the first greeting to build more enthusiasm for the activities you offer?

One of the things to remember is that many people associate groups with hospitals or mental health centers where they may have been forced into attending. If your groups have similar names as those in other services, people may not want to attend. Or, if they do, they may fall into old "patient" type roles. Instead, you might want to consider offering "classes" instead of "groups," and choose topics that are of immediate interest to members. Make sure members are facilitating classes or at least sharing the facilitation.

EVIDENCE-BASED PRACTICES

KIT

Knowledge Informing Transformation

Training in Consumer-Operated Services

Module 5: Leadership

Leadership in Consumer-Operated Services is construed differently than it is in many traditional organizations. In Consumer-Operated Services, leadership and leadership development is infused into the fabric of the program, rather than concentrated in a single person or small group.

Discussion questions are included in each training unit and exercises are at the end of the module.

Training units in this module

Defining Leadership

Group Exercise: Cliques

Group Exercise: Direction Setting

Individual Exercise: Supporting Leadership

Qualities of Effective Leaders

Individual Exercise: Leadership Qualities

Responsibilities and Functions of Leaders

Group Exercise: Prioritizing Tasks

Group Exercise: Giving Guidance

Group Discussion: Blame and Appreciation

Group Exercise: Effective Supervision

Training Unit: **Defining Leadership**

Most of us assume that a leader is the person with the power, the person in charge, the person responsible for making things happen, for making decisions and fixing problems when they arise. However, people in power do not always practice effective leadership skills. Leadership can be framed as both a "who" (person or people) and a "what" (qualities and skills).

Who comes to mind when thinking of leaders in Consumer-Operated Services? Is it someone you consider to be the person in charge? Or is it the person with the loudest voice or the greatest influence? What is it that leads you to believe that the person is "leading?"

Many different kinds of leaders exist, and different situations call for different kinds of leadership. For example, emergencies need a person who will take charge and make decisions quickly. Conflicts may be best handled by a person who will listen to many views. When building a program, the best leader may be one who inspires with a vision, listens, and gets others involved.

Are leaders born? Can people learn to be leaders? Some people seem to be natural leaders and easily draw people to them. The rest of us, however, learn to be leaders.

What is leadership in a Consumer-Operated Service?

Leadership skills are diverse and often situation-specific. Generally they center around three basic components that help projects, groups, and organizations build a strong foundation and, at the same time, support its growth and development. Each of the following three leadership components will be discussed in this training unit:

- Thinking about the "big picture;"
- Direction-setting; and
- Culture-setting.

Thinking about the big picture

Thinking about the big picture means seeing the relationship between things and thinking beyond the current situation to envision other ways things might be done. This skill helps us move from what is to what can be. Big-picture thinkers seek out innovations and new information and apply it to their organization in its current state. They focus on the program, members, and the environment, while simultaneously thinking about the multiple relationships with funders, partners, allies, and the general community.

One of the big pictures of Consumer-Operated Services is helping people move past insular roles within the mental health system and toward personal growth and recovery through relationships within the program and connection with the general community.

Eleanor's Story: Connecting with the Community

Eleanor, director of Cornerstone Peer Support, was aware that many participants had gotten quite comfortable spending their days just hanging out at the Center. While she knew that this was a first step for many, she also knew from personal experience how easy it was to get stuck there.

Eleanor began to challenge staff about their expectations for members. She asked them to give her examples of the Center success.

Most of the examples offered were about helping one another through hard times. Through focused discussions, the staff began to realize that their attitudes and beliefs about people being fragile and continually needing "care" contributed to people staying stuck.

Eleanor called a meeting with all staff and members, and together they talked about what was keeping them from moving on. They strategized sharing responsibility, taking risks, and challenging one another to step out and try new things.

Many interrelated elements create this big picture of Consumer-Operated Services. Part of thinking about the big picture means understanding how changes in one element may affect all the other elements. Eleanor's Story is an example of a leader who understood that it was important to change one element of the program so that other parts can move closer to the vision of the program.

Direction setting

Leadership also involves setting the direction of the program. This is like a ship captain deciding whether the ship will be heading north, south, east, west or somewhere in between. An organization's mission statement is a basic statement of the direction of the program. Typically it provides basic information on organizational purpose, goals, and directions.

Many mission statements are unclear or confusing; it is hard to know what they mean. If people do not know what the mission statement means, it is difficult for the organization to fulfill it. Below is an example of a common mission statement.

The mission of Big Creek Collaborative is to provide a safe and empowering environment that supports people in their recovery and wellness.

This mission statement sounds good, but what does it really mean? What guidance does it provide to the leadership, staff, or members? What does it tell outsiders about the purpose or vision of the Big Creek Collaborative? Leaders must have and communicate a clear picture of the following:

- Participants' needs;

- What the program wants to do;

- Where the program wants to grow;

- How the program wants to fit in with the larger community; and

- What kind of impact the program wants to make.

It is critical for leaders to engage in a participatory process that involves members in building the program's particular vision, its foundation principles and values, and its relationships with other organizations in the community.

Alan's Story:
Connecting with Other Participants

Alan was very excited about recently available funding for a new peer program. He and many others had been working for a long time to establish a Consumer-Operated Service. When it came time to write the grant application, Alan jumped in and wrote a purpose statement with clear goals and objectives.

Unfortunately, he did not consult his peers and they were infuriated. They got together, went to the funders, and said they no longer wanted to work with Alan on this project.

While leaders might have great ideas, others must know about them, contribute to them, support them, and challenge them. This participatory process helps create and define the community of a Consumer-Operated Service. Creating a vision together generates more ideas, more possibilities, and ultimately, more commitment.

Having a vision is only the first part of setting a direction. The second part is keeping the vision alive. How do we keep ourselves true to our vision, principles, and values once they have been developed? Here are some examples peer programs have found helpful.

■ Have written copies of their core beliefs readily available and visible. For example, post them in strategic places throughout the organization and restate them in every newsletter and other documents.

■ Set aside part of meeting times to regularly reflect on how the program activities align with its vision, principles, and values. This kind of reflection is also important when planning, problem solving, or talking with others in co-supervision.

■ Some organizations schedule a regular (quarterly, biannual, or annual) reflection and planning session to focus on where the program has come from and where members want it to go. Many creative ways exist to do this, such as discussing the issues at a regular meetings or scheduling an intensive retreat with an external facilitator to help keep the discussion on track.

However it is done, the key to keeping a vision alive is to view the values, principles, and mission as a living document. Regularly return to it, reflect on it, revise it, and ensure that it infuses all aspects of the organization.

Joe's Story:
Modeling Transparent Communication

Joe has recently been hired as executive director of the As You Like It Center. Very quickly, he notices that people seem to "yes" him to death, while complaining and talking negatively behind his back.

Instead of getting angry and defensive, Joe sits down with people and asks them how they know when the program is going really well. He asks about things each person is doing that contribute to those qualities. Little by little, he encourages people to acknowledge others when they have noticed an effort being made.

Culture-setting

If the Consumer-Operated Service has been around for a while, it has an established organizational culture. In this context, culture means the feel, the set of beliefs and expectations, and patterns of relating that have become the norm in the program. It forms the basis for the way things are done in the organization. Often people are not able to fully articulate what it is, but it weaves through everything. To understand this, think about how different organizations or agencies you have used or visited each have a different feel or way of being. For example, some feel warm and welcoming and others harsh or regulated.

The organizational culture of a Consumer-Operated Service might be characterized by a feeling that everyone is valued and important, or an undercurrent of mistrust, backbiting, and gossip may exist. Changing the culture from a negative destructive pattern to something more participatory takes clarity, patience, and time.

Creating an organizational culture with honest, direct, respectful communication starts by understanding what this truly means and then modeling it. It also means bringing others' input into decisions and directions and using the input to build on the mission of the organization.

As a leader, it is important to be transparent and not have hidden agendas, as well as to behave in a way that sets the tone for others—for example, by being honest and respectful in all communication with others. Transparency helps people know what is going on in the program and helps create a sense of trust which supports people feeling safe enough to speak up.

Here are examples of some of the things a leader can do to build a culture of trust, inclusion, and collaboration within a Consumer-Operated Service:

- Be big enough to know when to let go of authority.

- Support risk-taking with people who are just learning the ropes. Create an expectation that people are able to try and fail. Build a sense of accomplishment when they try and succeed.

- Help connect participants with leadership opportunities outside the program.

- Promote conversations that explore how actions reflect values and ways to put values into action.

Who are the leaders in Consumer-Operated Services?

Consumer-Operated Services have many different kinds of leaders. Recognizing their roles and circles of influence will help us draw on their leadership effectively. This training unit talks about the "who" of leadership. The following training units will discuss the "what" of leadership—the qualities and skills of effective leaders.

Leadership implies power. People who practice quality leadership have several important traits in common. Without these traits, leaders simply become people who use and sometimes misuse their power.

Designated leaders

Designated leaders are the most obvious kind of leader. They are employed in positions with job descriptions that specify or describe their roles. These might include the program director, managers, and other staff positions.

Designated leaders are often the people who ultimately hold responsibility for the organization. They can be hired and fired and should consistently be held accountable to their job descriptions and to the mission and members of the organization.

Board of directors

The board of directors holds the legal responsibility for the organization and can help make sure the organization stays true to its mission and vision.

The executive director reports to the board of directors, which has the power to hire and fire the executive director. Board members should supervise and support the director in building broad sustainable leadership in the organization. However, it is critical that board members do not become micromanagers. It is the director's job, not the board's, to run the day-to-day operations of the organization, including personnel and program issues.

Informal leaders

Informal leaders emerge in virtually every group of people. They are people who may have skills in specific areas, strong personalities, passion for certain issues, an ability to influence or convince others, and confidence in their perspective.

Informal leaders often have a kind of power or charisma that draws people to them. It is common for others to turn to these people for help, advice, or support.

It can be a very positive thing if the person understands effective leadership skills and can bring out the potential in others. Creating opportunities for everyone to learn, develop, and practice leadership skills will increase the number and quality of informal leaders.

It can be very negative if informal leaders use their power of persuasion to create a "posse" (clique). This split in an organization can divide the membership and create all sorts of uncomfortable and even destructive power dynamics within the program. When severe, such splits can threaten or even destroy the stability and success of a program.

Member leaders

When leadership skills are being taught and mentored, more people emerge as leaders, and the program will benefit from a diversity of leadership styles. One way to help people learn leadership skills is to encourage and support people who take on leadership roles for a specific event or project. Perhaps someone wants to organize a wellness class or a program on advocacy.

Project leadership is a great way for people to test and develop their abilities in a focused or time-limited way.

Supporting leadership

Many people have been in follower roles for a long time. The process of taking on leadership positions may feel awkward, and even scary. Some leaders may take on controlling leadership styles because that is what they have experienced in their lives.

Revisiting the mission of the organization regularly can help the designated leader create forums where it is safe for people to talk openly and honestly. Reflecting on the program climate and activities in light of its mission is one way of asking others to assess what is going on, to say if they are dissatisfied, and to discuss how they would like to help get things back on track.

Training Unit: **Qualities of Effective Leaders**

The qualities of effective leaders are basically the same as the qualities that Consumer-Operated Services encourage in program members. They include self reflection, personal responsibility, integrity, and bringing out the best in others.

Self-reflection

Self-reflection means stepping back from the present moment and taking a long view of the situation. It's like hitting the "pause" button to stop the action for a moment.

What would an outsider see? Is your perspective just one among many ways to look at the situation? What can be learned from others' perspectives? What is your role here? What is needed and how can you make sure the need is addressed?

Self-reflection also involves considering how you came to your perspective—why do you see things the way you do? It can often be useful to check in with someone you trust to get another view of the situation and your role in it. The most important parts of self-reflection are being honest with yourself and being willing to consider other ways of seeing or doing things.

Practicing self-reflection helps us step back from our own perspective and consider new ways of seeing. This allows us to choose what we can do, rather than simply react from a narrow way of seeing. It also helps us take responsibility for our choices, our actions, and our feelings.

Personal responsibility

In Sally's Story, Sally was able to see where her ideas about leadership came from. She realized that her style was ineffective in this organization. She took responsibility for making changes in her attitude and approach and, at the same time, made it safe for others to explore their ideas about leadership.

Sally's Story:
Leading in a New Environment

Sally worked for several years as a department store manager. She was successful in moving "up the ladder" by following the rules, coming in early and leaving late, and agreeing with the boss even when she felt differently. She recently became the director of On the Road Center. She is shocked to find that participants are always challenging the rules and blatantly telling her when they think she has done something wrong. She sees the organization as chaotic, with "too many cooks."

Several months into the job, Sally begins to talk with other peer center directors about the situation. She comes to understand that Consumer-Operated Services have a very different purpose than the department store and that she has not fully understood the mission of the program.

Sally calls a meeting and talks to the group about her past work experience. She tells the group that her idea about being a successful leader come from how things were done at a department store. She asks the members to help define what good leadership would look like in this organization.

Taking personal responsibility for our actions is sometimes challenging. Many of us are embarrassed when we "get it wrong." We are uncomfortable when our decisions negatively affect others. At the same time, taking personal responsibility for our actions and decisions is a key element of successful leadership.

Both new and experienced leaders can learn and refine leadership skills on the job by being willing to step out of old roles and try new approaches. Making mistakes is an important aspect of learning to be a leader. Everyone makes mistakes or gets it wrong sometimes; it is natural and to be expected. Accepting mistakes with grace helps others see that risktaking is acceptable and that getting it wrong is not necessarily a bad thing.

An organization's culture is influenced by how the leader responds to mistakes or getting it wrong. For example, leaders set a tone for the organization when they model self-reflection, accepting responsibility, and when the situation requires it, sincerely apologizing for their actions.

Peter's Story: Leading When Things Do Not Work

Peter is the team leader on a project dedicated to teaching police about peer support and mental health issues. He has organized several people to present with him. They are all very excited about their contributions, although no one but Peter has any experience with training.

When they arrive, the rest of the group is silent when it comes to their part; Peter feels stranded. Instead of just getting through it, he announces to the police force, "I don't know what is wrong with them; they were ready to do this before we came."

When they return to the peer program, the others are angry with Peter for humiliating them in front of the police. By that time, Peter has had some time to think, so instead of getting defensive, he takes responsibility for his action. He says that he acted out of his own fear and that it was wrong and hurtful. He apologizes and asks what they could all do differently next time.

Integrity

Sometimes being honest with others is hard, especially when trying to build on people's strengths and capacities. When we offer any kind of feedback that is not 100 percent positive, some of us are afraid that people might take offense, get mad at us, or even leave the program. At the same time, we often let people know through our actions or nonverbal communication that something they did or said did not please us.

Saying one thing and communicating another is dishonest and confusing to others. Such mixed messages can make people wonder which is your true perspective. Without honest information, people tend to fill in the blanks or guess what is on your mind. Sometimes the information they make up is more negative and hurtful than the truth.

In the absence of respectful honesty, people lose trust in one other. Without honesty and trust, no leader can be effective. Honesty means saying what others might consider unpopular or even wrong.

For example, imagine that as a leader you held several meetings with the membership to make a decision about something. The group reached consensus and came to a conclusion that differs from yours. As the leader, you know that the group's decision will cause serious problems with your funder and maybe even result in losing funding. If you decide to go against the group, it is best to proactively acknowledge people's frustration and anger and then share what has prompted your decision.

Give members an opportunity to voice their feelings and do not get defensive. Remember that others often see things from their own interests and needs. As a leader you have to take a wider view, including factors like the reputation of the program, funding requirements, laws, and local policy.

The above example also illustrates the importance of being upfront about all the information needed to make good decisions. If the group's choice might result in losing funding, the leader should share this risk with the group during discussions.

Bringing out the best in others

A good leader brings out the best in everyone. It is easier to appreciate what others offer when we look for the strengths and gifts that each person brings and then find ways to incorporate them into the program. Some people are vocal and out front; others prefer working behind the scenes. Some like to do a lot; others prefer more focused contributions. The bottom line is that members can contribute to the organization in their own way.

When people feel respected and feel that they have something valuable to contribute, they also feel a sense of ownership and connectedness with the organization. They can then help bring out these qualities in one another.

Simply asking people to share their strengths and interests is not enough. Many of us have focused on our problems and deficits for so long that we are unfamiliar with what we do well. Some of us do not believe we do much of anything well! Encourage and support each person's contribution. When needed, help people communicate their ideas or learn how to say things in ways that others can hear.

Believing in people's abilities to create and develop aspects of the program shows that you believe in them and value their contributions. Most of us are more likely to follow through on ideas that interest us and for which we feel both responsible and valued.

Balance

One of the most overlooked qualities in leaders is their ability to balance several priorities at the same time. This can include paying attention to the details and challenges of building a program, taking care of ourselves, giving and receiving from others. Finding the right balance is important for your own health and well being, as well as for the long-term success of the program.

Too often, leaders of Consumer-Operated Services feel personally responsible for all aspects of the program. They do not effectively share responsibility or help members learn to take on important management tasks. Such leaders can lose their balance and burn out. The program is left with an ineffective leader or even no leader at all. As members have not had responsibility for program operations, few people pick up the reins. The program is at risk.

Although a leader may be capable of doing many things, it is important to make sure that leadership skills are integrated into the fabric of the organization. Avoid communicating, "I'm the only one who is capable of doing this" or "You are burning me out."

Building a Consumer-Operated Service can be time-consuming and absorbing, so identify the activities that are regenerative for you. And take time to do them! This means taking into account all aspects of your life and making decisions that are healthy for you, which is exactly what we are trying to teach others to do.

Another aspect is balancing between being directive—providing ideas and support—and being directed—getting ideas and support from others. Such mutuality may be harder to practice when you are in a leadership role because you have a position of power and it may not be easy to have an equal give-and-take with other program members. However, talking about the power differences makes them transparent. Then it is up to you to ask for the support and advice you need instead of trying to go it alone.

Many leaders find it useful to establish peer support relationships with leaders from other Consumer-Operated Services. This minimizes power imbalances and provides a peer who understands the unique values and strains of directing a Consumer-Operated Service.

Training Unit: **Responsibilities and Functions of Leaders**

The core responsibilities and functions of leaders in Consumer-Operated Services are basically the same as those of leaders in other kinds of organizations or businesses. These include management, sustainability and growth, and supervision. However, the unique combination of simultaneously running a business and building a community requires special considerations for how leaders of Consumer-Operated Services fulfill these responsibilities.

Program Management

The tasks of both leadership and program management are wide and varied. Building Consumer-Operated Services in this KIT provides an indepth look at many of these tasks.

A leader is responsible for getting many things done, making sure the program is accountable to its members and, at the same time, fulfills its agreements with funders or other oversight organizations. While many core management responsibilities often fall on the shoulders of just one person, this person can actively involve others to share the responsibility. This training unit will address the core management skills: delegation, time management, and communication.

Delegation

Delegation means assigning specific tasks and responsibilities to others, making sure they have the resources to do the task, supporting them in the process, and expecting the task will be done.

Leaders of Consumer-Operated Services can use delegation as a way to help people get involved and learn how to do new things. In fact, we have to share the responsibility for getting things done. Not delegating or sharing responsibility for management tasks can give the message that the leader is the only one who knows how to do anything. This is a sure path to problems over time and the total opposite of the values of Consumer-Operated Services.

Even if you can do a task easily, ask others to take it on—and then be available if needed to help them complete it successfully. Yes, sometimes it takes longer to support and teach others than to do it yourself. But this investment is not about you; it is about growing the capabilities of people and a culture of shared ownership and participation within the program.

When delegating tasks, consider what skills are required to complete them. Also consider the skills and interests of members. Who could do the task? Who could do the task with support? Who would be interested in learning how to do the task? To ensure that the task is completed, delegate it to people who have the required skills already, or be willing to spend time to teach the skills and to support people to learn and do them.

When delegating a task, be very clear about what is expected and when it is due. After delegating the task, check in with the person to make sure he or she has what is needed to do it. It can be helpful to ask the person what he or she understands the task to be and his or her assumptions about it. Susan's Story illustrates how different understandings about expectations can result in conflict and frustration.

Susan's Story: Communicating Expectations

Susan is the director of Another Way Recovery Center. She is holding a staff meeting to talk about the fact that several people have not shown up for work lately and have not let anyone know. She starts by acknowledging that she has been a little frustrated but that she wants to understand what has been going on.

Mary, one of the people who has not been showing up, says that she cannot predict when her illness might flair up and she assumes that, because this is a Consumer-Operated Service, people would understand.

Susan acknowledges that, if this is Mary's understanding, it is no wonder she has not shown up regularly. Susan goes on to say that she will try to make the job expectations clearer and suggests that Mary at least call in if she cannot make it to work.

Another way to make expectations clear is to put them in writing and then discuss them with those working on the task. Sometimes you may think you are delegating one task, but others think they are expected to do something different.

When it is critical that a task be done within a particular time frame, it is important to make sure that the people taking the lead on it actually have the skills to meet this expectation. Good examples of deadline-sensitive tasks might be writing a funding proposal, organizing for a visiting speaker, creating a report for a meeting, and so forth.

Create opportunities for those who are still developing skills by having them team with others who have the skills or by delegating to them tasks that do not have a specific deadline.

Be aware that sometimes people appear to have all the skills necessary to do a certain task but, after delegation, it becomes clear that they are capable of only some aspects of the task but not others. It is important to create an environment where members and staff feel comfortable talking about what they are good at and where they lack knowledge or skills.

Many people may have had large gaps in their working and school lives and have not had the chance to develop skills or workplace habits that others take for granted. Others may find that medication side effects or their mental health problems make some aspects of work difficult. Common examples are time management, fine motor skills, following instructions, reading and writing skills, or staying focused.

Some people have a hard time asking for help after agreeing to take on a project. Consequently they run into trouble, do not finish on time, or delegate work to someone else without letting the leader know.

Solutions to these challenges require both practicality and creativity, as well as a non-judgmental attitude and belief in the person. Many things can be done to help members build needed skills and knowledge. (See Education in this booklet for ideas.)

Sometimes people have knowledge and skills but need support or accommodations to complete a task successfully. Examples of support and accommodations include breaking down instructions to easily understood steps, providing pictorial or recorded instructions, or offering a mentor to provide shoulder-to-shoulder support or even to complete parts of the task.

Followup and follow-through are two critical aspects of delegating. It is important to check in with people about their progress on assigned tasks and to address problems as they arise. Just delegating a responsibility to someone does not guarantee that it will get done.

At the same time, try to strike a balance between checking in and trusting that the person is capable and competent to meet the expectation. The bottom line: avoid micromanaging, but keep an open door for questions and guidance. This practice also fits with the value of mutual responsibility.

Time management

When many things must be done and time is limited, it can help to prioritize tasks and time. This means deciding what it is critical to get done soon and what tasks can be held off for later. What are the really important "have to dos" and what are less important "would like to dos"?

One model for organizing time is Steven Covey's Time Management Matrix (Covey, 1989), which is a simple chart to organize tasks by what is urgent (do soon) and what is not urgent (can be done later). It also asks you to think about which tasks are important and which are less important. An example is below.

Prioritizing Tasks

	Urgent	Not urgent
Important	1.	2.
Not important	3.	4.

After organizing your "do list" into the various boxes, complete the tasks in order of the numbers. Tasks in Box 1 should be done first, those in Box 2 second, and so on.

In Consumer-Operated Services, situations arise that are both urgent and important. An example could be a funding contract that must be completed by the end of the day. Others are urgent but not important such as fixing the jammed photocopier when you are the only one who knows how to fix it.

Situations that are not urgent and not important can distract us from doing important tasks. Frequently checking email is an example of a common distractor. Figuring out how to work with what is important but not urgent keeps us working more proactively and can help us get away from constantly feeling behind.

Some of us are challenged by actually getting started on important tasks because they can seem overwhelming. One way to deal with this feeling is to break down what must be done into small steps and set deadlines for each step. Talking over the list and the deadlines with another person can help us keep accountable to our own responsibilities.

Another useful tool is to keep an up-to-date calendar with all appointments and deadlines. This is a good place to record things we say we will do and other reminder notes. A small paper calendar or a diary are easy to get and use. Excellent computer-based scheduling and project management software is also available. Some people are very skilled at using calendars in their telephones or hand-held electronic assistants (like Palm Pilots or Blackberries) to track their obligations.

Be aware of your personal strengths and the things that bog you down. If you tend to put off the harder tasks, plan to do them first. If you have trouble getting started, sometimes it works better to start with something simple.

Remember, you do not have to do everything yourself. The best leaders are good delegators. They bring out the best in people, finding out what people are good at and interested in and then encouraging them to build on those abilities.

Remember, too, that you do not need to be perfect. Making mistakes is part of learning—and leading. Effective leaders know and acknowledge their limitations. If you are too much of a perfectionist, you risk not only not getting the job done, but also damaging your relationships with others.

Communication

The three most important elements of managing a Consumer-Operated Service are Communication. Communication. Communication.

The success of everything you do hinges on your communication skills. Below are a few tips for communicating clearly in any situation.

- Pay attention to the listener, whether an individual or a group. What do you see that makes you think they are paying attention, or not? Are they nodding their heads? Are they falling asleep? If no one is paying attention, you are not communicating.

- Adapt your style of talking to the situation and to the listener. You may want to be quiet and informal in peer support meetings but very organized and structured when making formal presentations to community groups.

- Remember adult learning styles. Some people learn by listening; others learn better by seeing or doing. Try to have visual or interactive ways to communicate your points, as well as talking about them.

- Be organized. If you are facilitating a meeting or group, have an agenda, or a list of topics to be discussed. When making formal presentations, let people know what you are going to talk about.

- Say what you have to say. Stick to the point. It is fine to be flexible to respond to listener or audience needs, but going off on too many tangents confuses everyone.

- Be sure that the listeners understand what you said. In formal presentations, summarize what you hope the audience heard. In informal conversations, ask the other person what he or she understood you to say. If necessary, try different ways to help get your point across. But do not assume that if the listeners understand your point they agree with it.

- Ask for questions and provide clarifications. In informal meetings, build in time for questions and discussion.

- Above all else, good communicators are also great listeners.

Discussion Questions

- What tasks do you currently delegate or share with others? What other tasks could be shared or delegated?

- What are some things that distract you from getting important things done? How could you better manage these distractions?

- What are some ways you can respectfully make sure that others are clear about what is needed or expected? How do you know when expectations are understood?

- What kinds of supports and accommodations might be useful to help people meet expectations?

Sustainability and growth

Formal Consumer-Operated Services are relatively new in the mental health system. For Consumer-Operated Services to grow and become stronger, they must first create a track record of success and sustain it. Creating and sustaining successful organizations are different activities and sometimes require different skills. For example, leaders who are great at growing or developing programs sometimes have a very difficult time letting go of them or mentoring new leaders to take over.

This training unit discusses some ways leaders can address long-term sustainability of their programs.

Appreciative Inquiry

Appreciative Inquiry is an organizational development process that formally and fully involves the people who use the service or system in the process of renewal, change, and growth. It is increasingly accepted as a useful approach for evaluating and growing all kinds of organizations. It is fully congruent with Consumer-Operated Service values and principles and a useful tool for leaders to help program members look at both quality improvement and future planning.

Instead of focusing on problems and then looking for solutions to them, Appreciative Inquiry focuses on what is going right and builds on that. It involves taking people's stories and ideas about the best of "what is" and building a collective energy around "what could be." The box below presents the basic questions of Appreciative Inquiry.

Appreciative Inquiry: Key Questions

Discover: What is going well?

Dream: What would work well in the future?

Design: What would it take to get there?

Deliver: How are we going to do it?

Adapted from Theodore Kinni, "The Art of Appreciative Inquiry." *The Harvard Business School Working Knowledge for Business Leaders Newsletter*, September 22, 2003.

Mentoring and leadership succession

Many Consumer-Operated Services have been started by a strong visionary or charismatic leader. These leaders have been exceedingly successful in building a program, fighting to keep it alive, and making sure that it is accepted and viable as a service. But many visionary leaders have a weak spot: not replacing themselves or planning for leadership succession.

Many organizations with strong leaders have what is known in the literature as Founder's Syndrome. The organization evolved around the energy and leadership of that one person and the organization may largely reflect the personality and values of this leader. When such a strong leader leaves, the organization often goes through serious upheaval and struggle for survival. Founder's Syndrome is common in all kinds of small businesses.

Strong leaders who sincerely desire the organization to survive must plan for their departure. Who can take over? Who has the knowledge and skills to help the organization make a smooth transition?

Mentoring new leaders is tremendously important to the functional sustainability of Consumer-Operated Services, and it reflects our philosophy and values of empowerment, reciprocity, and peer support.

Below are some ideas to help leaders of organizations think about and plan for leadership succession. One measure of an effective leader is to create an organization that will survive and thrive long past his or her leadership.

- Get outside supervision from other people who do not have a stake in the organization. Have them help you see how you are leading and think about your feelings about letting others take over.

- Ask members about their impressions of the organization and what they think could make it better.

- Work with the board to develop a strategic plan for the future based on the organization's mission and vision.

- Make sure that staff and members understand all aspects of the organization.

- Over time, teach others how to do all the tasks you perform. Actively mentor staff and members in the tasks you undertake.

- Work with all stakeholders (such as members, funders, partner organizations) to try new things and take risks. Weigh the results in relation to the values and mission.

- Help the board start thinking about how the organization will run if you are not there.

- Establish a detailed file of everything a stranger would need to know to run the organization if you were suddenly unable to continue.

Discussion Questions

- What would happen if the director of this program were suddenly gone tomorrow?

- What is it like to follow in the footsteps of a successful or charismatic leader? What challenges must a new leader face?

- What is the organization doing now to ensure its sustainability in the future?

Practicing and teaching conflict resolution skills

The single most important thing leaders can do in their programs is to "hold" the conflict, creating a safe space for people to work through it. Without such a structure, conflict may turn into clique-building, gossip or, at its worst, people leaving or trying to undermine the program.

What does it mean to "hold" conflict? First of all, as a leader, you have to learn to tolerate uncomfortable situations. Do not react to or try to fix everything. But let people know that you see the conflict and will make room for everyone to share their points of view.

Some leaders are natural problem-solvers and want to jump to an immediate solution. This approach does little to develop others' abilities to deal with conflict, nor does it remove the leader from the problem. Other leaders simply tell the conflicting parties to go work it out. Sometimes this helps, but often people go to their corners and rally their allies, thus continuing the conflict.

Leaders model a commitment to positive conflict resolution through the following actions:

- Acknowledge and celebrate the successes;

- Learn from the times when things do not go well;

- Avoid getting defensive, but deeply listen for the stated and unstated needs of the others;

- Ask questions that clarify needs of all involved;

- Make sure others feel heard and validated;

- Offer their own feelings and perspective about the situation; and

- Make their needs known and request concrete actions.

Lana's and Fred's Story: Two Sides of the Coin

Lana and Fred approach Lucy, the director of the program, about a conflict they have been having. Lana says that Fred is incredibly bossy with people. Fred says Lana does entirely too much for the members.

Both of them want Lucy to reprimand the other. Instead of reprimands, Lucy could do the following:

- Remind them that their perceptions are accurate and true for them.

- Allow them to share their perspectives without interruption or attack.

- Ask each to repeat what they heard from the other, and then share their own perspective.

- If no resolution is attained, Lucy could ask what they would be able to live with.

Supervision

In any organization, supervision is a useful way to promote learning and skill building, help ensure that services are provided in ways that fit the mission and values of the program, and create opportunities for constructive feedback and accountability.

In Consumer-Operated Services, supervision can offer a nonjudgmental opportunity to observe the thoughts and feelings that underpin our interactions with one another, reflect on how they fit with the values of peer support, and consider how to practice the choices we make within peer support relationships. From this perspective, supervision is relevant to all peer supporters, whether paid staff or not.

Supervision can occur in a group or one-to-one meetings. Peers can also offer one another regular peer-supervision or co-supervision where they take turns talking and then giving and receiving feedback. For leaders, quality supervision from outside the program can be useful and help them ensure meaningful supervision within the program.

Supervision must focus on the practice, not the people themselves. Ask, for example, "Where do you think the disconnect happened, and what do you think contributed to it?" rather than, "You are just not making an effort here."

A good place to start the conversation is, "What worked?" or "Describe to me times when you felt you really connected."

Only after you have both reflected on the successes, ask "What didn't go so well?" or "Describe some times when you felt disconnected."

Move on together to what might have been done differently or worked better. Many supervisors find it useful to prioritize one or two things to try differently and plan to discuss these during the next supervision meeting.

Supervision is not about giving a lot of advice. It is about providing an environment where people can both learn and grow. Good supervision is not exercising power over staff or giving out orders. It is guiding people through their own decisionmaking processes to come to their own conclusions.

It is not about always having the answers. It is about supporting people to learn through their experience and to try out more effective ways of doing things.

Good supervision is difficult and requires supervisors to be willing to learn particular communication and relationship skills. Some of these skills include the ability to do the following:

- Be introspective and self-examining. This is especially important when a supervisee express concerns about how supervision was handled.

- Step away from giving advice. The less directive the supervisor is, the more opportunity others have to reflect on and take responsibility for their practice.

- Provide feedback and support in a motivational and empowering way, rather than in a critical, threatening, and disempowering way.

- Receive feedback with grace and confidence.

- Distinguish supervision from counseling. Peer support can stir up powerful personal feelings. A supervisor should address these issues only as they relate to the work.

- Make referrals when people need more personal help. When personal issues need more attention, the supervisor can suggest peer support or other services such as an employee assistance program (EAP) if available.

Good leadership is as much a journey as it is a destination. It is a constant cycle of learning, practicing, and reflecting. It requires the courage to take risks and the humility to acknowledge or admit our strengths and weaknesses.

"Good leaders are made, not born," so be gentle with yourself. Remember to acknowledge others and help them be leaders, too.

Discussion Questions

- Think about your experiences with "good" supervision. What was good about it? How did it help you learn?

- What do you want or need from supervision to help you do your job better?

Group Exercise: **Cliques**

Sophie, a member of Paths to Recovery, is convinced that the executive director, Laura, is using her power to keep certain people out of paid positions. Sophie has built quite a group of members who go to the board to complain behind Laura's back. Although the board defers back to Laura, Laura is angry that people do not talk to her directly.

1. How might Laura think about Sophie's perspective?

2. What might Laura do to bring everyone into a dialogue?

Group Exercise: **Direction Setting**

Part 1. Individual Reflection

Write your thoughts on each of the questions below without sharing them with others.

1. What do you think are participants' most important needs?

2. What are the kinds of activities that we most want to do?

3. What do we want to move toward in the future?

4. How would you like to see our role in the larger community?

5. What kind of impact do we want to make?

Part 2. Sharing Our Perceptions

After everyone is finished writing, read your responses aloud and compare them. Discuss what you hear, looking for patterns.

1. What is the overlap?

2. Where were there major differences?

3. How will you move more toward a shared vision?

Individual Exercise: Supporting Leadership

1. **What type of leadership opportunities do you have in your program? Who do you see as the strongest leaders? Why?**

2. **How are the designated leaders assessed by program participants? Do people feel safe giving critiques?**

3. **Looking at your board of directors, how would you describe their understanding of the mission of the program? What do they see as their role in the program? Are they accessible to program participants?**

4. **Who would you identify as the informal leaders in your program? What are their leadership qualities? What are their uses and abuses of power?**

5. **What projects or tasks do you have in your program where program participants do the leading? How are these roles supported?**

6. **What is the process for building leadership among program participants?**

Individual Exercise: **Leadership Qualities**

Think about a situation in which you really wanted to react one way but took the time to step back and look at why you wanted to react that way. What did you learn about yourself? How did that affect what you chose to do?

1. **Now think of a situation where you did something you wish you had not and felt some guilt about your action. What did you do about it? How are you feeling about it now?**

Think of a time when it was hard for you to communicate something honestly in your program.

2. **What happened for you when you did not come forward to talk about things openly and honestly? What happened for others? (For example, resentment is a common result in these situations.)**

3. **How often do you find yourself thinking about what is wrong with others (for example, their faults, irritating qualities, etc.)? How does this thinking affect how you communicate with them (for example, trying to get them to change)?**

4. **What forums do you have in place where you can provide feedback to each other in relation to the values and mission of your program?**

Group Exercise: **Prioritizing Tasks**

List below all the things that you need to do in the next few days, weeks, or months. You could also write this list for everything that the organization must get done.

Decide which of these tasks are urgent and must be done soon, and which are not urgent and could be put off a bit. Put a "U" next to all the urgent tasks that must be done right away.

Decide which of these tasks are important "have-to-do" tasks, and which are less important "would-like-to-do" tasks. Put an "I" by all the most important tasks.

Organize the list into the chart below. Put tasks that are both urgent and important in Box 1, Tasks which are important, but not urgent in Box 2, and so forth.

	Urgent	**Not urgent**
Important	1.	2.
Not important	3.	4.

This is Martha's first paid position at Clear View Peer Center. She does not want to do anything wrong so when Harold, the director, asks her if she can make a brochure, she says no problem. Unfortunately, Martha does not know how to type, so she puts it off. One day Harold is getting ready to give a presentation on the Center and needs the brochures. He is very upset to learn they have not even been started.

1. How could Harold possibly have prevented this situation?

2. What should he do now?

Points to Remember:

It is hard to ask for help. If leaders openly ask for assistance, it can give others permission to do the same. When a task is not completed on time, ask the person responsible for the task how it could be managed better next time. Acknowledge your confidence that the person can do the task, even if support or accommodations are required to complete it successfully.

Group Discussion: **Blame and Appreciation**

Oakridge Peer Support Center has had some turmoil lately. People are blaming each other for the constant conflict.

A leader with a problem-solving approach might say to the group," What caused this conflict?" A leader with an appreciative inquiry approach would ask each individual, "What things make a positive difference in the quality of this community? What contribution are you making that you are especially proud of?"

1, How do these two kinds of questions change the conversation?

2. What kinds of reactions or results do you think each line of questioning will create?

Group Exercise: **Effective Supervision**

Role play effective supervision in the following scenarios:

1. **Last week you heard Joe say to one of the people he was working with, "You really should take your medication or you'll end up in the hospital."**

2. **During your co-supervision meeting, Paula asks for some help on a problem she has had in her work. Although you do not work with Paula directly, you were in a similar situation yourself last week and have some pretty strong feelings about it.**

3. **During your group supervision meeting, you hear others talking about their "difficult people."**

4. **Last week at work, you heard two of your peer colleagues talking about someone who attended the local community mental health center. You gathered that they both had known this person before and that neither one liked him.**

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Training in Consumer-Operated Services

Module 6: Advocacy

This module discusses advocacy as a core and common ingredient of Consumer-Operated Services.

Discussion questions are included in each training unit. At the end of the module is a multipart group exercise and discussion of George's Story that illustrate a process and a set of tools for self and peer advocacy.

Training units in this module

Defining Advocacy

Self-Advocacy

Group Exercise: George's Story—Analyzing the Problem

Group Exercise: George's Story—Action Planning

Group Exercise: George's Story—Presenting Your Case

Group Exercise: George's Story—Following Up

Peer Advocacy

Group Exercise: George's Story—Peer Advocacy

Systems Advocacy

Group Exercise: Systems Advocacy

Training Unit: **Defining Advocacy**

What is *advocacy*? According to the dictionary, "to advocate" can mean several things:

- Give voice to;

- Speak on behalf of another; and

- Defend or support a cause.

All of these meanings of advocacy can be explored through Consumer-Operated Services.

Because they are comfortable, welcoming places that promote growth and well-being through peer support, Consumer-Operated Services can provide a pressure-free environment in which to learn about and practice advocacy. We can support one another in learning how to find our voices, solve our problems, and get what we want.

Many of us have had experiences in the mental health system where we have not felt listened to, where our wishes have been ignored, or where we have had things done to us, rather than with us. Learning effective advocacy can help us get our needs met as we define them, channel our frustrations and energy into changing things for the better, and learn new skills in many areas of our lives.

Types of advocacy

Two types of advocacy exist:

- **Individual advocacy** is about the processes needed to communicate about and address the needs, wants, and issues of one person.

- **Systems advocacy** deals with changing practices, policies, systems, or laws that affect whole groups of people.

Individual advocacy can be done by the person, or it can be done by (or with) someone else— including a peer, a friend or family member, a social worker, or a lawyer.

In this training unit, we will focus on two kinds of individual advocacy: self-advocacy and peer advocacy.

Self-advocacy

At its most basic, self-advocacy is simply speaking up for yourself to ensure that you get what you want when you encounter a situation that does not meet your needs or expectations.

While this may sound simple, many of us have had past experiences with the mental health system that leave us hesitant to say what has been on our minds, ask for what we want, or call attention to our problems, especially if we feel strongly and worry that we might lose our cool when we try to explain our concerns. Learning a few basic self-advocacy skills can help boost your confidence and (often) get you the outcomes you want.

Remember, self-advocacy doesn't mean that you have to totally "go it alone." Often, Consumer-Operated Services and experienced peers can provide guidance and support that assist people to more effectively make their own case and stand up for their rights.

Peer advocacy

Peer advocacy is done by one peer on behalf of (or with) another peer. The peer advocate's role is to work with people to ensure that their wishes are expressed effectively, and that their needs are negotiated to get a satisfactory result.

These advocates, who may be paid staff or volunteers, should be trained in advocacy skills. They should also have become familiar with the rules, policies, and issues of the systems that many people encounter, such as the mental health system, social services, Social Security, and housing providers.

Increasing numbers of training programs help participants develop advocacy skills and knowledge about issues specific to their state or area. These are very useful and can help peers successfully advocate for themselves or with or for others.

Sometimes, people who have not been through a training program may identify themselves as peer advocates, but this is not an ideal situation. Because they have often been affected by these systems themselves, peer advocates understand the personal and organizational barriers that can arise in ways that others may not.

Understanding our rights

People who have spent time in the mental health system may be unaware of all of their rights, which include fundamental civil and human rights. When we understand our rights, we can use the advocacy tools in this booklet to help protect them.

Civil rights

Many basic rights associated with citizenship are spelled out in our nation's Constitution and its laws. These rights apply to every citizen of the United States, no matter their race, gender, religion, sexual orientation, disability status, or any other characteristic.

Civil rights include things such as freedom of expression, due process, equal protection under the law, and freedom from discrimination. On a practical level, that means that people with mental health diagnoses, like everyone else, can do the following:

- Vote;
- Marry (in most states this right applies only to heterosexuals);
- Enter into contracts;
- Own property;
- Manage their own affairs;
- Hold a driver's license or a professional or vocational license;
- File a lawsuit; or
- Make a will.

It is against the law to discriminate against people with psychiatric histories in housing, employment, or education. If you feel that you are being discriminated against in any of these areas, or are being denied other rights all citizens are entitled to, you can use the advocacy processes described in this booklet to get your rights recognized.

Human rights

The concept of human rights goes beyond the idea of civil rights. The Universal Declaration of Human Rights, adopted by the United Nations General Assembly in 1948, is built on the idea that every person has an inherent dignity and undeniable set of human rights that derive from it.

Since the end of World War II, the concept of human rights has gained almost universal acceptance, although many countries do not protect those rights well. In addition to political freedom and equality, human rights include issues of social and economic justice.

In December 2006, the United Nations General Assembly passed the International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities. This treaty was prepared with the active involvement of a coalition of more than 70 disability rights groups from around the world, including people with psychiatric disabilities.

The goal of the treaty is to:

> ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

Individual nations are in the process of signing on to this agreement, which represents an important victory for the disability rights community.

> Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, medical care, and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Everyone ... has the right to social security ... [and] the economic, social and cultural rights indispensable for his dignity and the free development of his personality. For many people, though, human rights remain an ideal to strive toward, rather than a current reality.
>
> *United Nations Universal Declaration of Human Rights*, adopted by the United Nations General Assembly, 1948

Training Unit: **Self-Advocacy**

Self-advocacy is about deciding what we want and what needs to change, and then communicating effectively to make this happen.

Preparing your case

One of the keys to successful advocacy is preparation. You are less likely to feel intimidated if you are clear in your understanding of what must change and what you want instead. Some of the steps involved in getting ready to advocate for yourself include the following.

Identify the issue

Clearly state the issue or need from your own perspective, but be aware of other perspectives. If the issue seems too complex to explain simply, try to break it down into smaller chunks so that you understand and can talk about each aspect.

Often, the process of breaking it down can help you see who or what is responsible and what the range of possible outcomes or solutions might be.

To analyze the problem, ask yourself questions such as the following:

- What do I want to change?

- How does this issue or situation affect me? How does it affect others?

- What outcomes or solutions would satisfy me? What am I willing to negotiate a compromise about or concede? What am I not willing to negotiate a compromise about or concede?

Research the issues

Research can help you answer important questions, clarify the issue, or provide information to strengthen your case. Some of the questions you may want to research are the following:

- Is there a written statement of your rights as a program participant? Did you get a booklet explaining what the program provides and how to file a grievance? Is a rule, policy, or law being violated?

- What information or resources might you need or find helpful? How can you access these?

- Who has the power to change the situation or fix the problem? If you are unsure who is ultimately in charge, how can you find out?

- What are some possible obstacles to reaching a satisfactory outcome? Think about how you might find a solution to each barrier you identify.

Sharpen your thinking

Be able to explain your view of the problem and your desired solution briefly—in about five sentences or no more than one written page.

Focus on facts, not feelings. While you may feel justifiably anxious or angry about the problem, presenting the information in a matter-of-fact way will make a stronger impression on the decisionmaker.

Make an action plan

Once you have analyzed the problem and its parts and are clear in your own mind about what solutions you would be satisfied with, it is time to make an action plan. Some of the steps involved in creating a plan include the following:

- Decide whether this is one issue or a number of separate issues. If a number of separate issues exist, prioritize them, choose those to tackle first, and decide whether any are not worth dealing with right now.

- Decide whom to approach first. The person most immediately involved is usually the best place to start. If that person does not provide a solution, you can bring your concerns to someone with more authority.

- What is the best way to present the issue and your desired outcome? Your choice of approach—in person, by telephone, or in writing—may be determined partly by how you are most comfortable expressing yourself. Some people feel most confident expressing themselves verbally, while others may feel they communicate more effectively in writing. And in certain situations, or with certain people, one mode of communication may be more effective than another.

- If you plan to present your case verbally, it is still helpful to write out the points you want to make so you can refer to them during the discussion. If a conversation does not bring about results, you can always follow up with a letter.

- What steps will you take if the first person you approach does not provide a solution? If the person is a staff member, who is the supervisor? Does the program have a grievance process or an ombudsman and, if so, how do you get access to these services? Can you appeal to an outside organization if you cannot get a resolution in-house?

- Think about what the other side has to gain by agreeing to resolve your problem and how to express that to them in a positive way.

- Make a written plan and keep a written log of every action you take. A written record of all communication and agreements helps in case a dispute arises or you want to refer to the process or outcomes later. Even if your first approach is by telephone or in person, you should note the date of the conversation and briefly summarize what was said. If you have to take your problem to a higher level, your log will show that you made an effort to solve the problem at the most immediate level.

Presenting your case

Once you have analyzed problems and created an action plan, you are ready to advocate for yourself. Whether you decide to raise your problem verbally or in writing, keep the following points in mind:

- How you express your problem and your desired solution can have a big impact on the outcome. If you seem timid or unsure, the person you approach may put you off or offer only vague assurances to look into the problem. On the other hand, if you are aggressive or insulting, there's a risk of an angry exchange, your credibility could be damaged, and you are less likely to get your desired outcome. The person may not only decline to fix the problem, they may create further problems for you.

- Whether in person or in writing, be polite, state the facts directly and unemotionally, and be clear about what you want to happen.

- In conversation, restate the other person's position to make sure that you both understand the same thing. If you do not understand acronyms or jargon, ask the person to explain.

- Be persistent and calm but assertive. If the first person you approach says that it is not his or her job to fix the problem, ask who is authorized to do so. If that person says that he or she is unable to help, ask who is.

- If you have documents that show what you are entitled to or what promises have been made in the past about solving the problem, bring copies with you or include them with your letter.

Following up

Even if you do not achieve your desired outcome immediately, it is a good idea to follow up with the people you contact. If someone gives you a verbal statement about what action he or she agrees to, write a thank you letter and restate your understanding of the outcome agreed to and how soon the problem will be resolved. If you have not seen results by the promised date, contact the person and ask why.

If the person could not assist for some reason, you should still thank him or her for taking the time, and state what next steps you plan to take and whom you will be contacting to resolve your concerns. Remember to keep copies of all letters you send and to make notes in your log about telephone calls or in-person conversations.

Training Unit: **Peer Advocacy**

As discussed earlier, peer advocates are people who advocate with or on behalf of their peers, either as paid staff or as volunteers. It is important that these advocates have completed a training program that covers topics such as negotiation and advocacy skills, the rights that are guaranteed in the state's mental health system, and other systems that affect many peers, and some of the issues, policies, and procedures within those organizations.

Training

The more information that the peer advocate has access to about the many different systems that people confront, the more likely it is that they will know where to turn to resolve problems. In New York, for example, peer advocates must receive training on the following topics before offering their services:

- Mental health law;

- Ethics and confidentiality;

- Negotiation skills;

- Self-help and peer support;

- Systems advocacy;

- Federal protection and advocacy programs;

- Patients' rights;

- How the public mental health system works;

- Benefits and entitlements;

- Mental health and human services in the community;

- Cultural competency;

- Sexual harassment and discrimination prevention; and

- Restraint and seclusion.

Consumer-Operated Services should know who offers these trainings, and when and where they are available. Programs should encourage their members to participate.

The role of the peer advocate

A peer advocate does the following:

- Listens carefully to the issues and concerns of people needing help;

- Explains the possible courses of action and their consequences;

- Works with people to draw up an action plan, including who will take responsibility for which tasks at different stages;

- Ensures that people have the resources and assistance required to express their preferences;

- Ensures that people's preferences are heard;

- Negotiates on peers' behalf, rather than mediating between the peer and staff;

- Understands the disempowering effects of patienthood and works to ensure that people have the resources, skills, and confidence to speak up for themselves;

- Is sensitive and responsive to the impact of race, gender, sexual orientation, physical disability, cultural background, and other differences on the experience of patienthood;

- Vigorously pursues people's preferences within the scope of the law; and

- Knows the limits of his or her role and when to seek legal or other assistance.

Some of the tasks a peer advocate may be asked to take on include the following:

- Informing people about their rights;

- Accompanying and supporting people at service planning meetings;

- Negotiating with or on behalf of a peer with providers, administrators, staff, landlords, and other parties to achieve a desired outcome;

- Helping people file grievances or complaints and supporting and representing them throughout the process; and

- Helping peers get access to and review their psychiatric records.

One of the key ideas behind peer advocacy is that the advocate represents the other person's expressed wishes, even if he or she disagrees with them. As peers, we know the importance of making our own decisions and having our own voices heard. Many of us have had things done to us "for our own good" or have been told that decisions affecting us were made in our "best interest," even when we didn't agree.

The peer advocate cannot substitute his or her own judgment about what is best for the person seeking help. The peer advocate should participate in meetings about someone only when that person is present. An exception would be made only in an emergency, such as if someone had been put into restraints and the advocate was arguing for immediate release.

Creating advocacy resource files

A Consumer-Operated Service can help promote self-advocacy and peer advocacy by compiling a file of resources available locally. Consider gathering information about the following types of organizations to start a list of resources:

- State, county, and local mental health departments;

- State, county, and local health and social services departments;

- Medicaid, Medicare, and Food Stamps;

- Public housing agencies, residential programs, housing assistance programs such as Section 8, religious and charitable organizations that provide housing, Traveler's Aid, shelters, and domestic violence programs;

- Employment resources, such as Federal or State Department of Labor offices, vocational rehabilitation services, and nonprofit employment and training programs;

- Legal services, such as Protection & Advocacy, legal aid, free legal clinics at law schools, and public interest law firms; and

- Town and county officials, state legislators, and U.S. Senators and Representatives.

Discussion Questions

- What peer advocacy training programs are available in our state or region? How can we find out more information about them?

- What are some of our experiences with providing or receiving peer advocacy? What was most helpful?

- What other organizations, people, hotline or warmline numbers, or other resources might be important to include in a resource directory for our community?

Training Unit: **Systems Advocacy**

When a group of people identify a problem that is built into the structure of a system and affects large numbers of people, they can come together and organize an effort to change practices, policies, and laws. That is systems advocacy—defending or supporting a cause.

Earlier, we met George and discussed the situations he is facing. Would systems advocacy help him? Read the *George's Story* and consider how to analyze this problem. How can we do the following:

- Break it down into chunks?

- Find out who (or what) is the cause of the problem?

- Devise solutions that work for the people involved?

George's Story: Could Systems Advocacy Help?

In the county where George lives, many housing providers funded by the local mental health authority site their programs in areas are not accessible by public transportation. This might affect hundreds of people and, working individually, it would be hard for self-advocates and peer advocates to find each person an affordable living alternative.

But if many people who lived in these programs came together to solve this problem, they could use much the same process we learned about in the training units on self-advocacy and peer advocacy to put together an action plan to address this issue.

Picking the right targets

In George's situation, it is pointless to advocate with each of the housing providers if the real issue is a local ordinance or a state law, or if the problem lies in the lack of oversight by the local mental health authority.

In George's community, it is not immediately clear what is behind the problem. Could it just be a coincidence that most of the housing programs are in rural areas, away from bus lines? Is the housing cheaper in those neighborhoods? Do local zoning laws limit where multiple-unit buildings are permitted? Do the mental health authority's contracts with housing providers require them to put their dwellings within a certain distance of public transportation? If so, does the county do inspections to make sure the providers comply?

In George's community, some members of the advocacy group believe that a major part of the problem is that too many large transitional residences and group homes exist and not enough scattered-site apartments, housing subsidies, and vouchers are available so people can chose their own place to live.

To get to the bottom of this issue, the group will have to find out who decides how local housing funds are distributed. Is it the director of the local mental health authority? Local governments? The state legislature? The local mental health services agencies? The state mental health agency?

When the group finds the answers to these and other questions that arise, it will be able to figure out who or what is responsible for each chunk of the problem, and it will become more clear which organization is the most logical target for advocacy.

Tools for systems advocacy

Many approaches exist for successful systems advocacy. Usually, it is best to start with the most simple, straightforward approach, such as meeting with management or the government officials who have oversight of the issue. You can move on to approaches that are more public and bring more pressure if the first steps are ineffective.

Your choice of approach will also depend on the nature of the problem and your desired solution, as well as the target of the advocacy and what approach might be most effective with them.

Always start by asserting the lowest-pressure approach and apply only as much as is necessary to succeed.

The list below is arranged in order of increasing pressure:

- Meet with management or policymakers;

- Meet with responsible government officials;

- Conduct letter writing, fax, phone, and email campaigns;

- Develop and distribute position papers and fact sheets;

- Participate on relevant committees and task forces;

- Testify at public hearings;

- Undertake media campaigns;

- Organize rallies and demonstrations and, finally; and

- Take on the issue through lawsuits.

Group Exercise: George's Story—Analyzing the Problem

George was discharged 2 months ago from the state psychiatric hospital. He is on a lot of medication and he feels exhausted, sedated, and unable to function. The psychiatrist at the outpatient clinic said he was "stabilized" and refused to adjust George's dosage or the type of drugs he takes. George was sent to live in a transitional residence that is not near a bus line and is 20 miles from his home town. He was not given a choice about where he would live. The discharge planner told him this was the only open "slot," and that he would be put on a waiting list for a group home. He had asked to go to a Supported Housing apartment.

George shares a bathroom with seven other men. The bathroom is in bad shape: it is not kept clean, and pipes are leaky and mold is on the shower stalls. Parts of the floor are rotting where tiles are missing. The air conditioner in his room is broken and it is stifling hot. He told a staff person about it 3 weeks ago. She said she would put it on the repair list, but it has not been done. On top of this, George is lonely and upset about being so far from his family and friends. He is frustrated and unhappy with his living situation but is not sure where to start to change things.

1. What sticks out to you in this story? What is the first thing you react to?

2. George's situation is complex. If he broke the problem down into "chunks," what might they be?

For each part of George's story, brainstorm some ideas about:

3. What is the source of the problem?

4. How does each piece of the problem affect George?

5. Who might be in a position to fix the problems?

6. What barriers might get in the way? How could each barrier be overcome?

7. How would you explain George's problems in a way that would be clear and unemotional?

8. What solutions might George want to ask for?

Group Exercise: **George's Story: Action Planning**

George has analyzed the problems described in the first example by breaking them down into smaller chunks. He realizes that several problems must to be addressed by different people. The larger problem is that he wants to live in his own apartment near his friends and family. His more immediate problems include being overmedicated, not having air conditioning in his room, and having to use a dirty and possibly unsafe bathroom.

George decides to tackle the problem of being overmedicated first. He will not have the energy to work on the other issues until he gets help with this. George begins designing his action plan by brainstorming all available options. He reasons that his choices are to lower his medications on his own, convince his psychiatrist to lower his medication, or change psychiatrists.

Lowering his medications on his own has led to bad outcomes in the past and could be dangerous, so George decides not to take that option. Finding another psychiatrist is nearly impossible because George lives in a rural area with few other psychiatrists, none of whom accept Medicaid. George decides that his best chance is to convince his psychiatrist that he needs a reduction in medication.

George must decide how to effectively present his goal to the psychiatrist. Remember, the psychiatrist has already said that he would not change George's medication. George decides to prepare for his next medication consultation by keeping an observation log that will serve as proof that he is overmedicated and has trouble functioning. He buys a small notebook and asks a trusted staff person at the house to make a daily note of how he appears in the morning and in the afternoon for 2 weeks. George also makes a note of how he is feeling every morning and every afternoon. At the end of the 2 weeks, George reviews the log. The log shows that in both the morning and the afternoon, he appears tired, sedated, and sedentary. This is the information that he needs to advocate for himself effectively.

The next day, George has an appointment with his psychiatrist. In addition to bringing his "proof," he has also written down what he wants to say. He writes:

> The drugs are making me too sleepy and sedated. Medication is supposed to support my recovery, not disable me. I need to walk for 30 minutes every day to be well and I cannot walk if I am too sedated.

> Here is a log that shows that every day for the past 2 weeks the staff person at my residence noticed that I seemed sedated in the morning and the afternoon. I cannot work on my recovery when I am this tired. I want to work with you to lower my dosages or change medications so that I am not so sedated and can walk every day.

George read this statement to his psychiatrist. He also gave the psychiatrist the observation log to review. The doctor was impressed with the care and thought that George had put into his self-advocacy, and he and George agreed on a dose reduction schedule. His self-advocacy had worked!

Now that George has taken his first big step in self-advocacy, he is ready to tackle the next challenge. Remember that he is living with a filthy bathroom and his air conditioner is not working. George thinks that Susan, the residence day shift supervisor, is the person most likely to be able to address his concerns. A notice posted in the dining hall states that residents have a right to a clean, comfortable, safe place to live, but there is no information about a grievance process.

With your group, discuss what George's next steps in self-advocacy might be.

1. What steps might go into George's action plan?

2. Brainstorm ideas and come up with brief written plan, including:

■ An outline of the points that George will raise with Susan to explain the problems;

■ What outcomes he wants and how that will benefit him, Susan, and the program; and

■ What steps he would be prepared to take if Susan cannot or won't fix the problem.

George drew up an action plan that includes talking to Susan, the day shift supervisor, about his broken air conditioner and the unsanitary state of the bathroom on his wing. He goes to her office with a copy of the residents' statement of rights, a list of problems he's found with the bathroom and the dates on which these problems were seen, and a log showing that he asked the staff on three different occasions about fixing his air conditioner. He also learned that Susan's supervisor is Mr. Ortega, the program director of the agency that runs the residence, whose office is in another building, and that Mr. Ortega's supervisor is Ms. Maybe, the executive director of the agency.

Role play the meeting between George and Susan.

George presents his case. Susan tells him that she will put in a requisition for a new air conditioner, but that it will take a month to arrive. She says that, while the bathroom may be in poor condition, the problems are not really a health hazard, and that it is up to the residents to keep their own bathroom clean.

After the role play, discuss:

1. **What was easy for you in the role play? What was difficult? How did you feel?**

2. **Did George present the facts in a straightforward, non-emotional way? Did he clearly say what he wanted to happen? Did he use any written documentation?**

3. **Was Susan's response acceptable to George, in whole or in part? If not, what are the next steps he might want to take?**

While George did not get his problems resolved at his first meeting with Susan, he thanked her for her time. He told her he planned to contact her supervisor, Mr. Ortega, about getting a new air conditioner and repairs to the bathroom. Susan suggested that he use her phone to call Mr. Ortega. After George went through his description of the problems and asked for a new air conditioner, Mr. Ortega agreed to put in an emergency request for one, which was installed the next afternoon. He also said he would "look into" the problems with the bathroom.

George was relieved to finally have air conditioning in his room. He wrote a letter to Mr. Ortega:

June 13, 2008

Mr. Luis Ortega
Program Director
Mental Health Federation
5515 Main St.
New Amsterdam, NY

Dear Mr. Ortega:

Thank you for taking the time to talk to me today about problems at the Mocha Manor residence. I appreciate that you have agreed to replace my broken air conditioner with a new one which will be installed within 2 days.

You also agreed to send a maintenance worker to look at the bathroom on the 4th floor men's wing and make a list of needed repairs before the end of the month. All of us on the floor would like to have the bathroom cleaned and fixed up.

I want to thank you again for your help with the air conditioner. I also look forward to the bathroom being fixed.

Sincerely,

George Judson

Discuss

    1. Is the tone proper?

    2. What specific tactics has George used?

George was relieved to finally have air conditioning in his room. Remember that he wrote a letter to Mr. Ortega thanking him for fixing the problem and asking when he could expect the bathroom to be fixed. After 2 weeks with no response, he called Mr. Ortega again. Mr. Ortega told George that the matter was not resolved yet. George asked when he would receive an answer, and Mr. Ortega replied that he could not authorize major repairs and would have to bring the matter to the agency's director, who was on vacation for a month.

A few days later, George visited the Peer Center, where he met with Gail, a trained peer advocate who volunteered there 2 afternoons a week. He told Gail about how he used self-advocacy to get his doctor to lower his medication and to get a new air conditioner.

He asked if she could help him figure out how to get the program to make the needed repairs to the bathroom. He also told Gail how unhappy he was living in the transitional residence, and that he wanted to get on a list for a Supported Housing apartment in his home town, but didn't know how to do that. Gail wondered if George was really ready to live on his own, but she understood that it is her job to help George get what he wants, not what she might think is best for him.

Brainstorm a list of questions that Gail might ask George to help him formulate an action plan for getting the bathroom repaired. Consider the following:

- Has he taken photographs of the condition of the bathroom?

- In the absence of the program director, who is authorized to make repairs?

- Are there possible health violations, or violations of the regulations governing residential programs? Who might know that information?

From the conversation, Gail realizes George is lonely and unhappy at the residential program and wants to live in his own place near his friends and family.

Role play a conversation between George and Gail, in which she talks to him about what kind of housing he would prefer, tells him about the housing possibilities in the county, and helps him decide how he would like to proceed. Consider the following:

- Might George be eligible for public housing or housing subsidies?

- Are there waiting lists for these programs, and how does one get on them?

- Does the Peer Center have a list of all housing providers in the county?

- What are other possible housing options for George?

Group Exercise: **Systems Advocacy**

George, Gail, and several other people at the Peer Center who are interested in working on housing issues have learned the following pieces of information:

- Access to public transportation is not something that is addressed in the local mental health authority contracts with housing providers, nor is it in the residents' bill of rights posted in each housing program.

- Decisions about how much money is made available for housing for mental health clients are made by the state legislature. Mr. Davis, who chairs the Finance Committee, and Ms. Washington, who heads the Mental Health Committee, have the most influence in setting the housing budget.

- Dr. Weiss, the director of the local mental health authority, makes the final decisions about how the housing money is allocated among different types of housing. Her deputy, Ms. Brown, oversees the housing contracts and advises Dr. Weiss about housing policy. An appointed Mental Health Services Advisory Committee also advises Dr. Weiss about policy and budget decisions. By state law, that committee is supposed to have at least two consumer members, but currently, it has none.

Using this information, have the group draw up an action plan that includes:

1. Which agencies, organizations, and people will be targeted for advocacy?

2. What solution or solutions does the group want?

3. What steps will they take to resolve the issues?

4. What approaches will they use at each stage of the process?

5. How will they know when they have succeeded?

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