

MODULE 1:

THE TRANSFORMING POWER OF RECOVERY

The cultural transformation from the *love of power* to the *power of love* is the drama of our time.

-- Anodea Judith

Introduction

The goal of this module is to explore the guiding principles of recovery, the importance of self-care, and the core values of peer support practices.

Objectives

The learning objectives for this module are for you to be able to...

- Define recovery (SAMHSA's 2012 Working Definition)
- Identify *at least* eight out of ten guiding principles of recovery
- Describe *at least* one way to integrate recovery principles into practice
- List *at least* three core values and essential skills of a peer specialist
- Identify *at least* three things you can do for self-care
- Locate resources for further study

What to complete

Your assignment is to read this workbook module and complete the self-check questions prior to coming to the training for this topic.

The questions in this workbook are for your own self-reflection. You won't need to turn the answers in, but you will get more out of the training if you take time to get in touch with your feelings and organize your thoughts about these topics so you are prepared to participate during the in-class discussions and group work.

Plan to spend about one hour to complete this full module in the workbook.

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Assignment #1: Your personal definition of recovery...

(1) To me, recovery is:

**(2) My definition of recovery is the same as it was five years ago. Yes / No.
If no, what has changed?**

**(3) I think most people define recovery in the same way as I do. Yes / No.
If no, what is different about the way you define recovery?**

Questions / Notes to bring to the training:

A Brief History of Recovery (in Mental Health)

For years, mental health professionals were taught long-term recovery for those with serious mental illness was not possible. However, a series of research studies conducted in the 70s and 80s gave evidence that recovery *is* possible and a majority of people, even those with the worst mental illnesses do recover. (Harding, 1987).

The consumer/survivor and disability rights movements worked to raise public awareness of discrimination, prejudice, and the violation of basic human rights of those labeled with mental illness through institutional violence and abuse. They sought social justice and equal freedom for all citizens.

The concept of recovery was further advanced in 2002 when U.S. President Bush commissioned a study of the mental health system. The President's New Freedom Commission gave its final report and recommendation that the goal for all mental health services is recovery.

Two good references for further self-study are the book, *Within Our Reach* by former first lady Rosalynn Carter, and *On Our Own: Patient-Controlled Alternatives to the Mental Health System* by Judi Chamberlin. These and other references cited in the reference section at the end of this module offer a rich history of recovery and the disability rights and consumer/survivor movements that have led to many advances toward mental health system transformation.

Today's 'Working' Definition of Recovery

In March of 2012, SAMHSA released a new 'working' definition of recovery from mental disorders *and substance use disorders*. The new definition was the product of a year-long effort by SAMHSA and partners in the behavioral health care community to develop a definition that captured the essential, common experiences of those recovering from mental *and substance use disorders*.

The working definition of recovery from mental disorders and substance use disorders is:

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

Prior to this, the mental health and substance use fields had separate definitions.

Recovery from substance use (addiction) conditions

In the addiction or substance use communities, recovery often refers to abstinence and long-term sobriety. This is a definition that has worked for many people to regain their lives and we honor that tradition. People in recovery from addictions also describe their experience of recovery as a process of change, which is reflected in SAMHSA's working definition.

For the purpose of this training, to avoid confusion and to bridge the differences between mental health and substance use perspectives, we will strive wherever possible to use the term recovery more broadly, that is, to focus on the whole person not just a disorder, condition, or related behaviors.

Dimensions of recovery

SAMHSA delineated four major dimensions that support a life in recovery:

- **Health:** overcoming or managing one's disorder(s) or disease(s) as well as living in a physically and emotionally healthy way;
- **Home:** a stable and safe place to live;
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community:** relationships and social networks that provide support, friendship, love, and hope.

Assignment #2: SAMHSA's definition of recovery

(1) SAMHSA's 2012 'working' definition of recovery is:

.....

.....

(2) This definition applies to what conditions?

.....

.....

Guiding principles of recovery

In addition to the working definition and dimensions, SAMHSA further identified ten guiding principles of recovery:

- ***Recovery emerges from hope:*** The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.
- ***Recovery is person-driven:*** Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) toward those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.
- ***Recovery occurs via many pathways:*** Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds, including trauma experiences, which affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence is the safest approach for those with substance use disorders. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

- **Recovery is holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.
- **Recovery is supported by peers and allies:** Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths.

While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

- **Recovery is supported through relationship and social networks:** An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, or employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

- **Recovery is culturally-based and influenced:** Culture and cultural background in all of its diverse representations— including values, traditions, and beliefs—are keys in determining a person’s journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual’s unique needs.
- **Recovery is supported by addressing trauma:** The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health conditions, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.
- **Recovery involves individual, family, and community strengths and responsibility:** Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have a responsibility to support their loved ones, especially children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.
- **Recovery is based on respect:** Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting fundamental rights and eliminating discrimination – are crucial in achieving recovery. There is a need to acknowledge that taking steps toward recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one’s self are particularly important.

Assignment #3: Putting recovery principles into practice...

(1) The principle that has been the most meaningful in my own recovery is:

.....
.....

It is meaningful because

.....
.....

(2) One principle I have successfully put into practice in my work as a peer support provider is:

.....
.....
.....

This is how I did it:

.....
.....
.....
.....

Be prepared to share your thoughts at the training.

Recovery is Value-Based

Recovery is value-based, not evidence-based [in the traditional sense]. Unlike physical characteristics such as pulse rate, blood pressure and body temperature, recovery cannot be as easily measured because it involves a person's perspectives and attitudes. -- William Anthony

A well-known recovery researcher, Dr. William Anthony, observed recovery is hard to measure because it is **value-based**. There is no “one size fits all.”

Unlike physical characteristics such as pulse rate, blood pressure and body temperature, recovery cannot be easily measured because it involves a person's perspectives and attitudes.

Above all else, it depends on believing that recovery is even possible.

Assumptions about recovery

Many years ago, while he was the Director for the Center for Psychiatric Rehabilitation, Dr. William Anthony wrote an article about recovery as a healing process that can happen naturally with an individual's own support system.

As you read the following summary of key points from that article, consider some of the ways in which peer support may contribute to a person's recovery.

Factors / Items	Reasons
Recovery can occur without professional intervention.	Professionals do not hold the key to recovery; consumers do. The task of professionals is to facilitate recovery; the task of consumers is to recover. Recovery may be facilitated by the consumer's natural support system.
A common denominator of recovery is the presence of people who believe in and stand by the person in need of recovery.	Seemingly universal in the recovery concept is the notion that critical to one's recovery is a person or persons whom one can trust to “be there” in times of need.
A recovery vision is not a function of one's theory about the causes of mental illness.	Recovery may occur whether one views the illness as biological or not. The key element is understanding there is hope for the future, rather than understanding the cause in the past.

Factors / Items	Reasons
Recovery can occur even though symptoms reoccur.	The episodic nature of severe mental illness does not prevent recovery. As one recovers, symptoms interfere with functioning less often and for briefer periods of time. More of one's life is lived symptom-free.
Recovery is a unique process.	There is no one path to recovery, nor one outcome. It is a highly personal process.
Recovery demands that a person has choices.	The notion that one has options from which to choose is often more important than the particular option one initially selects.
Recovery from the consequences of the illness is sometimes more difficult than recovering from the illness itself.	These consequences include discrimination, poverty, segregation, stigma, and iatrogenic (treatment-induced) effects of treatment.

(Anthony 2000)

Note: Recovery language has changed (and continues to evolve) since the year 2000 when Bill Anthony wrote this article. The language of recovery is strength-based and not focused exclusively on the "illness." Recovery language acknowledges the conditions associated with mental health and substance use as complex, and often rooted in trauma, abuse, poverty, and circumstances beyond an individual's control.

Assignment #4: Assumptions about recovery and peer support

- (1) **Was there ever a time when you did not believe recovery was possible?
Yes / No. If yes, did something happen that changed your mind?**

- (2) **Based on the summary of Bill Anthony's article, what are some things a peer supporter can do to facilitate someone's recovery?**

(3) **Essential Peer Support Skills**

Based on the article and your own observations, what do you consider to be the essential roles and skills of a peer supporter?

For example:

- Belief in recovery
- Listening / communication
- Role model
- Offer inspiration/motivation / encouragement

Other skills / roles:

Are there any specific skills you would like to improve?

If so, share this list on the first day of training so the facilitators can try to provide opportunities for you to practice.

Peer Support is Value-Based

The belief that recovery is possible for all who experience psychiatric, traumatic, or substance use challenges is fundamental to the practice of peer support. The likelihood of long-term recovery is increased with effective support. Peer support has been demonstrated through research and practical application to be highly effective.

In addition to the SAMHSA Working Definition and Guiding Principles of Recovery provided earlier, the following core values have been ratified by over 1000 peer supporters across the country as the core ethical guidelines for peer support practice:

1. Peer support is voluntary
2. Peer supporters are hopeful
3. Peer supporters are open-minded
4. Peer supporters are empathetic
5. Peer supporters are respectful
6. Peer supporters facilitate change
7. Peer supporters are honest and direct
8. Peer support is mutual and reciprocal
9. Peer support is equally shared power
10. Peer support is strengths-focused
11. Peer support is transparent
12. Peer support is person-driven

From these twelve core values, in 2013 the International Association of Peer Supporters, in partnership with an advisory team convened by SAMHSA, created a first edition of (U.S.) National Practice Guidelines for Peer Supporters, which can be read online:

<http://inaops.org/national-standards/>

A Global Charter for Peer Support is currently being developed through the efforts of a multi-national team, so there may be additional information in the future that reflects the global community of peer supporters.

Self-Care

Self-care includes all of the things we do for ourselves to stay well – and to keep ourselves on the road of recovery. *Self-care is an essential skill* – especially in our work as peer supporters. Why is it so important? Because we know stress has detrimental effects on both our mental and physical health. The proven effects include:

- Increased levels of cholesterol
- Production of the fat-producing hormone cortisol
- Increased susceptibility to depression and other mental health conditions
- Increased susceptibility to other illnesses including influenza, headaches, heart disease, high blood pressure, diabetes, colds and even cancer
- Increased job absenteeism
- Decreased life enjoyment and satisfaction

What are the benefits of self-care?

Conversely, we know that if one is able to both reduce stress and enjoy life, the following benefits can result:

- Resilience from mental health conditions
- Resilience from physical health conditions
- Greater success on the job
- Better interpersonal relationships
- A longer, more satisfying life

Stress management

Learning to manage stress and living an enjoyable life are two separate issues and involve varying—and often overlapping—skills. To manage stress, consider the following recommendations:

- Learn to identify when you are stressed (a daily journal in which you can record stressful times during the day can be helpful).
- Learn to identify (and if possible avoid) events, people, places or circumstances that increase your stress.
- Know that YOU CAN decide what you will be stressed about.
- Create a lifestyle that minimizes stress.

- Use creativity and/or your sense of humor to deal with stressful situations.
- Plan time for fun.
- Plan time to meditate or just relax, alone or with others, depending upon what works best for you.
- Know that you ARE WORTHY of taking the time and effort necessary to reduce and manage stress in your life.

Life enjoyment

Happiness is often thought of as a temporary mindset. It can last a few seconds, minutes, hours or days. Research has shown, however, that happiness is often fleeting. Enjoying life, however, is creating a lifestyle that maximizes happiness.

Interestingly, studies have shown that our minds work in terms of contrast. This means adversity (such as dealing with an addiction and/or mental health condition) can actually help us learn to appreciate happiness more and more often and, thus, create an enjoyable life.

External vs. internal happiness

Seminars, television shows, documentaries, lectures, CDs, books and other forms of communication have focused on creating a happier life and studies have given birth to “positive psychology.” But research has shown that despite these efforts, long-term effects are negligible. Even when people know what they have to do to create a more enjoyable lifestyle, they rarely do so.

One apparent problem is how our society generally defines happiness. For many, it is financial success, material possessions, appearance or status (academic achievements, respected occupations, etc.).

But even when these are achieved, we tend to set the bar higher and want more. Researchers have called this the “*hedonic treadmill*” where we seek more and more and are never satisfied. Interestingly, material possessions, financial success and status account for only 10 percent of our ability to be happy.

The other 90 percent relates to our values, attitudes and behaviors—things we can change.

The “*hedonic treadmill*” that accounts for 10 percent of our ability to be happy is largely “extrinsic.” That means they are “outside” of ourselves. The remaining 90 percent are “intrinsic.” That means they are “within” us. You might think of it as the difference between enjoying the aroma of a freshly mowed lawn and the drive that makes you work extra hours so you can afford to own acres of a finely trimmed lawn to impress neighbors.

Happiness brings success

New happiness theories are flipping traditional paradigms. The traditional thought that one will be happy with occupational success is incorrect. Instead, it is happiness that brings the success—not the other way around.

To create an enjoyable lifestyle, researchers have identified the following components:

- **Gratitude:** By learning to recognize the good things in life and taking time to intentionally appreciate them, we can cultivate an “attitude of gratitude” that can lead us to evaluate our values in a way that can lead to a lifestyle change.
- **Compassion:** Performing acts of kindness is an important element of an enjoyable life. We can gain pleasure from simple acts such as holding a door open for someone or just smiling at another. More intentional and planned acts can bring greater levels of happiness. These acts may include volunteering, helping someone with chores, or giving a gift (especially handcrafted gifts or meals). Acts of kindness can include animals. Most people find it difficult to be depressed when they are petting a dog furiously wagging its tail in appreciation. These acts of kindness are not only appreciated by those receiving them but as much or more by the giver. Many who perform acts of kindness report a “helper’s high” as dopamine floods our central nervous system. This high can last a few minutes or even a few days if we intentionally act to keep the memories and feelings alive.
- **Exercise:** Walking, jogging, playing sports or other activities are linked to our happiness. If one regularly plans to be active, it can become a most healthy habit. Although aerobic exercise that increases our heart rates

and causes us to breathe deeply is best, even modest exercise offers considerable benefits.

- **Mindfulness:** Taking time for ourselves to be in a quiet, comfortable environment and think a single thought can help us reduce stress and teach us that we are indeed capable of controlling our thoughts and behaviors. Unfortunately, our society values “multi-tasking,” which is often a significant contributor to stress. Reducing the number of tasks we perform and thoughts we think (i.e.: simplifying our lives by prioritizing) can help us reduce stress, focus on important tasks and live healthier, more satisfying lives.
- **Diversity:** Changing our routines, even slightly, can help us learn and take greater steps to creating a different lifestyle. It has been said: *Life begins at the end of our comfort zones*. Personal growth is fostered by trying new things, experimenting and learning how even difficult life challenges can become opportunities for change and growth.
- **Relationships:** Relationships, especially those that are healthy and supportive, can lead to new support networks and opportunities to share activities with others. One researcher studied what persons with mental health conditions preferred to do for enjoyment. He discovered that most people cared little about the activity but were more interested in having someone with whom they could share it. Studies have also shown that happy people attract other happy people. With a positive attitude, it appears you will be more successful in attracting like-minded people.
- **Humor:** With practice, and perhaps with the help of good-natured friends and family, we can find humor in even the most difficult circumstances. The neighbor who complains about where you put your trash on pickup day, the boss who constantly nitpicks your work, or that cousin who jams your e-mail account with social media requests are interactions that can be viewed with frustration or with a slight shift in perspective can all be viewed in a humorous light. Humor is a great antidote to stress. Pick up a good joke book and learn some stupid jokes to share with others. Laughter is contagious!

- **Meaning:** Meaning in our lives is vital. And meaning is subjective. One may find bird-watching a meaningless activity while others find it extremely meaningful. In our society, we value (even over-value) work. While many may say bringing home a big paycheck by selling vacuum cleaners is meaningful, others may not. Consider that couples with young children are, according to research, somewhat less happy than childless couples. Yet couples continue to have children. Why is that? It is because children bring meaning to our lives (in addition to much frustration). Researchers, unfortunately, have not thoroughly addressed this happiness component but, if they did, they would likely discover that children bring us much intrinsic happiness, which is difficult to measure.

Creating an enjoyable life

Again, knowing the benefits of happiness and an enjoyable lifestyle, what you enjoy, and planning a different lifestyle are not enough. It takes long-term action to actually create an enjoyable lifestyle. For many with an addiction or mental health history, lifestyle change is not new. That puts you in a good position to understand what it is you have to do to create an enjoyable lifestyle filled with happiness. What follows is a checklist of enjoyable activities used in a recent research project.

Assignment #5: Fun things to do

Go through the following checklist and mark the appropriate boxes. People who have completed the checklist have found it an enjoyable experience. They say it is enjoyable just to think about enjoyable activities and it can be a planning tool for self-care as you may discover you have not recently engaged in enjoyable activities you once did. The checklist may also cause you to think about what you COULD be doing to enhance your life.

Save the checklist and complete it again in a week or so. You are likely to find you have thought about it and may think of new activities to enjoy. You can also share the checklist with people you support to get a better idea of the kinds of things they enjoy and would like to do more often.

FUN THINGS TO DO CHECKLISTS

The following checklists contain things you may have enjoyed in the past, enjoy now, or hope to enjoy in the future. Please check all boxes that apply (more than one box may be checked per row/activity). There are no right or wrong answers. If there are fun activities missing, add them in the blank spaces.

(There is a blank copy in the Appendix of this module that you can copy and use.)

Out and About	I enjoy now	I have enjoyed in the past	I hope to enjoy in the future	Does not apply
Go shopping				
Go biking				
Go to a party				
Go to lunch or dinner with friends				
Go to a park				
Go on a date				
Volunteer or work				
Go to a movie, play or concert				
Explore a city or neighborhood				
Travel				
Go for a drive				
Swim				
Jog/run				
Walk outdoors				
Go camping				
Go to church				
Meet new people				
Go hunting or fishing				
Visit a museum or library				
Other				

Do During Quiet Time	I enjoy now	I have enjoyed in the past	I hope to enjoy in the future	Does not apply
Soak in a bathtub				
Listen to music				
Watch television				
Dream about the future				
Do puzzles				
Read				
Lie in the sun				
Draw or paint				
Grow plants				
Meditate				
Light candles				
Write poems/stories/letters				
Other				

Do With Family or Friends	I enjoy now	I have enjoyed in the past	I hope to enjoy in the future	Does not apply
Play board games				
Play cards				
Hang out				
Go on a picnic				
Play sports				
Other				

Do Anywhere Anytime	I enjoy now	I have enjoyed in the past	I hope to enjoy in the future	Does not apply
Repair broken things				
Exercise				
Sing				
Dress up in nice clothes				
Make crafts				
Play with pets				
Watch other people				
Play with children				
Perform an act of kindness				
Snuggle with someone				
Make someone smile				
Cook				
Collect things				
Take pictures				
Play a musical instrument				
Buy gifts for others				
Dance				
Watch animals				
Other				

Return to these checklists in a week or so and fill them out again. You are likely to find you have thought about new activities to enjoy that you can add to the list.

In your practice as a peer supporter, you can copy and share a blank copy of these checklists (found in the Appendix of this module) with the people you support to get a better idea of the kinds of things they enjoy and would like to do more often.

Self-Care Planning

Because self-care is essential, the ability to plan for self-care for ourselves and to *demonstrate good self-care planning for others is an important skill*. There are a number of peer-created programs that can help identify self-care strategies that can not only be helpful for you but can also be shared with those you support.

Many of these programs provide support and instruction for you to create a plan for self-care like the Wellness Recovery Action Plan or WRAP¹, PATHWAYS TO RECOVERY², THIS IS YOUR LIFE³, PERSONAL MEDICINE/COMMON GROUND⁴, and WHAM⁵.

Links for all of these programs are provided in the footnote section below and can also be found in the Resources section for this module.

With any of these approaches, it can be helpful to work together in a small group to brainstorm (or as you will learn in the training, heartstorm) to identify self-care tools and techniques and get new ideas to create action plans.

Having a recovery buddy to share ideas with who will hold you accountable for following your self-care plans can help too.

Note: The Wellness Recovery Action Plan (WRAP™) community has a program called WRAP PALS (Peers Advocating, Listening, and Supporting) in which two WRAP-trained individuals work together on creating and following through with their WRAPs.

You can learn more about WRAP™ PALS by visiting www.copelandcenter.com or www.mentalhealthrecovery.com.

¹ Wellness Recovery Action Plan™ WRAP™ (Copeland Center for Wellness and Recovery)

² Pathways to Recovery – Strengths Recovery Workbook – University of Kansas School of Social Welfare

³ This Is Your Life: Creating a Self-Directed Life Plan – University of Illinois at Chicago

⁴ Common Ground / Personal Medicine Toolkit – Pat Deegan Associates

⁵ Whole Health Action Management (WHAM) – SAMHSA Center for Integrated Health Solutions

For Further Study: Resilience

Resilience⁶ refers to the ability to bounce back from highly stressful or traumatic situations. Resiliency depends in many ways on the kinds of “protective” factors that one has in their life, which back to self-care strategies. For example:

- Happiness
- Satisfaction with Life
- Humor
- Supportive family and friends
- Motivation

Self-care creates the kind of protective factors that can lead to more resilience and modeling self-care can help do the same for others. A recommended TED video speaks to the nature of resilience. It is called The Power of Vulnerability: Teachings on Authenticity, Connection, and Courage by Brené Brown⁷.

http://www.ted.com/talks/brene_brown_on_vulnerability.

Sampling of articles on developing resilience

- What is resilience and why does it matter?⁸
<http://psychology.about.com/od/crisiscounseling/a/resilience.htm>
<http://psychology.about.com/od/crisiscounseling/p/resilience-2.htm>
- A resilience quiz – how resilient are you?⁹
<http://psychology.about.com/library/quiz/bl-resilience-quiz.htm>
- 10 ways to become more resilient.¹⁰
<http://psychology.about.com/od/crisiscounseling/tp/become-more-resilient.htm>
- Readers share strategies for staying emotionally resilient in the face of stress¹¹ <http://stress.about.com/u/ua/readerresponses/resilient.htm>

⁶ Bell, C. (n.d.). Risk Factors are not Predictive Factors Due to Protective Factors. Retrieved from <http://www.iom.edu/~media/Files/Activity%20Files/Global/GlobalViolencePrev/ViolenceWSPBell.pdf>

⁷ Brown, B. (2010). The Power of Vulnerability: Teachings on Authenticity, Connection, and Courage. Retrieved from http://www.ted.com/talks/brene_brown_on_vulnerability

⁸ Cherry, K. (n.d.) What is resilience and why does it matter? About.com Psychology. Retrieved from <http://psychology.about.com/od/crisiscounseling/a/resilience.htm>

⁹ Cherry, K. (n.d.) A resilience quiz – how resilient are you? About.com Psychology Retrieved from <http://psychology.about.com/library/quiz/bl-resilience-quiz.htm>

¹⁰ Cherry, K. (n.d.) 10 ways to become more resilient. About.com Psychology Retrieved from <http://psychology.about.com/library/quiz/bl-resilience-quiz.htm>

¹¹ Scott, E. (n.d.) Readers respond: Share strategies for staying emotionally resilient in the face of stress. About.com Psychology retrieved from <http://stress.about.com/u/ua/readerresponses/resilient.htm>

For Further Study: Communication Skills

Perhaps the most important skill for a peer support provider to develop is the ability to listen with sensitivity and communicate clearly. There are many skill-building programs that have designed to increase the “technical” ability to communicate clearly but there is more to good communication than techniques.

As a peer support provider, our job is to convey compassion and understanding for those who are going through what we have been through ourselves. Our ability to authentically share we’ve “been there” can make the difference in reaching someone else. A few programs that came highly recommended during the pilot stage of this course were:

- eCPR
- Non-Violent Communication | Compassionate Communication
- Alternatives to Violence Project

A brief summary of these three programs is provided for further investigation if a program sounds like it may benefit your practice of peer support or help others to increase their ability to communicate with compassion.

eCPR

Emotional CPR (eCPR) is a public health education program designed to teach people to assist others through an emotional crisis by three simple steps:

- C = Connecting,
- P = emPowering, and
- R = Revitalizing.

People who have been through the training consistently report that the skills they learned have helped them communicate better in all their relationships.

To learn more, visit the eCPR¹² home page: <http://www.emotional-cpr.org/>

¹² eCPR (2013). Emotional CPR. A program of the National Coalition for Mental Health Recovery. (NCMHR). Retrieved from <http://www.emotional-cpr.org/>

Non-Violent or Compassionate Communication (NVC)

Non-Violent Communication¹³ (NVC) also known as Compassionate Communication (CC) was developed by Marshall Rosenberg in the 1960s as a conflict resolution process based on three aspects of communication:

- Self-empathy (defined as awareness of one's own inner experience),
- Empathy (defined as listening to another with deep compassion), and
- Honest self-expression (defined as expressing oneself authentically in a way that is likely to inspire compassion in others).

NVC is based on the idea that all human beings have the capacity for compassion and only resort to violence or behavior that harms others when they don't recognize more effective strategies for meeting needs.

Habits of thinking and speaking that lead to the use of violence (psychological and physical) are learned through culture. NVC theory supposes all human behavior stems from attempts to meet universal human needs and that these needs are never in conflict. Rather, conflict arises when strategies for meeting needs clash. NVC proposes that if people can identify their needs, the needs of others and the feelings that surround these needs, harmony can be achieved

To learn more, visit the Wikipedia entry:

http://en.wikipedia.org/wiki/Nonviolent_Communication

Alternatives to Violence Project (AVP)¹⁴

The Alternatives to Violence Project (AVP) is designed to create successful personal interactions and transform violent situations. We're dedicated to teaching the same non-violent skills and techniques that were used by Mohandas Gandhi and Dr. Martin Luther King, Jr.

AVP is a nationwide and worldwide association of volunteer groups offering experiential workshops in conflict resolution, responses to violence, and personal growth. AVP is dedicated to reducing the level of violence in our society by introducing people to ways of resolving conflict that reduce their need to resort to violence as the solution.

Note: Much of the in-person training for this program is based on AVP teachings.

¹³ Wikipedia: Non-Violent Communication (NVC). Retrieved from http://en.wikipedia.org/wiki/Nonviolent_Communication

¹⁴ Alternatives to Violence Project (AVP). Retrieved from <http://www.avpusa.org/>

For Further Study: Transforming Power¹⁵

Looking to the teachings of Gandhi and Martin Luther King, Jr., in the Alternatives to Violence Project (AVP), the Recovery to Practice for peer support providers invites participants to connect with the core concept of *transforming power*, a term derived from the biblical passage, “Be ye transformed by the renewal of your mind” (Rom. 12:2).

The Recovery to Practice is not based on any religion or spiritual practice, yet it does acknowledge there is a *transforming power* that works within each of us who are in some form of recovery to transform unhealthy attitudes, behaviors, relationships, or lifestyles into ones that are more healthy, positive, productive, and supportive.

In an excerpt from an article about Transforming Power, writer John Shuford describes three levels of *transforming power*: the spiritual, the interpersonal or social, and the psychological. The following excerpts touch on aspects of *transforming power* most relevant to the practice of peer support. However, the article in its entirety is worth taking the time to read to further increase awareness of ways in which transforming power affects our lives. John Shuford writes:

Spiritual: As a spiritual phenomenon, transforming power taps into that which connects us all. We can think of an individual as being a series of concentric circles, with the core being our innate health or goodness. As we let our barriers down or remove them, we move closer to the center of our being. When we tap into that central core, we experience a self-acceptance and a sense of peace that allows us to connect with others without fear or apprehension. It is this connection that transforms us and others. We no longer feel separate or isolated and that changes our experience of ourselves and others, and thus transforms our attitude and view of the world. This change gives us a sense of hope that the future can be better than the present or the past. When this occurs, everything is different.

¹⁵ Shuford, J. (2009). AVP: An Instrument of Peace: Retrieved from: <http://www.friendsjournal.org/avp-instrument-peace>

Interpersonal/Social: Transforming power has at its core the experience of community. By creating psychological and physical safety, participants can lower their defenses and barriers. They can look into themselves honestly, and as they increase their awareness of who they really are—rather than who others need or expect them to be, or who they think others want them to be—they can more fully embrace and accept their true selves. This new self-awareness and higher self-esteem allows them to be more open to new experiences, thought patterns, and behaviors. Participants realize they are connected to each other in positive, healthy, interdependent ways, rather than negative, disconnected, and manipulative ways. They no longer feel they are alone, but feel connected to something bigger than themselves. Their experience of themselves and others is transformed.

Psychological: The experience of feeling connected is very powerful, and we all have a core psychological need to feel connected and not isolated. This connection may be to others, to a group, or to something that is bigger than ourselves. This explains the immense impact religion, gangs, and the military have on shaping behavior and attitudes, especially today when we are more and more disconnected from our neighbors and our communities. Most men and women in prison [*and diagnosed with mental health conditions*] have been abused physically, psychologically, or sexually while growing up. The impact of this abuse can be very damaging to their ability to develop connections with other people.

The transforming power of recovery, like recovery itself, is different for every person. However, there are some common bonds. The ability to feel hope, acceptance, peace, and no longer alone can help people find their own unique path to recovery.

SUMMARY CHECKLIST

After completing this workbook assignment are you able to...

- Define recovery (SAMHSA's 2012 Working Definition)?
- Identify *at least* eight out of ten guiding principles of recovery?
- Describe *at least* one way principles can be integrated into practice?
- List *at least* three core values and essential skills of a peer specialist?
- Identify *at least* three things you can do for self-care?
- Locate *at least* three resources for further study?

Based on what you've learned in this workbook assignment, what thoughts would you like to share or questions would you like to have answered at the training?

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Thank you for completing this workbook assignment! We look forward to your participation at the training!

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RESOURCES FOR FURTHER STUDY

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Self-Care Programs

- Common Ground / Personal Medicine Toolkit – Pat Deegan Associates
<https://www.patdeegan.com/commonground/other/personal-medicine-toolkit>
- Express Yourself: Assessing Self-Determination in Your Life – University of Illinois at Chicago
<http://www.psych.uic.edu/uicnrtc/sd-self-assessment.pdf>
- Pathways to Recovery – Strengths Recovery Workbook – University of Kansas School of Social Welfare <http://mentalhealth.socwel.ku.edu/projects/value/pathways/workbook.shtml>
- This Is Your Life: Creating a Self-Directed Life Plan – University of Illinois at Chicago
<http://www.psych.uic.edu/uicnrtc/sdlifeplan.pdf>
- Wellness Recovery Action Plan™ WRAP™ (Copeland Center for Wellness and Recovery)
<http://www.copelandcenter.org> | <http://www.mentalhealthrecovery.org>
- Whole Health Action Management (WHAM) – SAMHSA Center for Integrated Health Solutions
[http://www.integration.samhsa.gov/health-wellness/wham/WHAM Participant Guide.pdf](http://www.integration.samhsa.gov/health-wellness/wham/WHAM_Participant_Guide.pdf)

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APPENDIX 1-A: FUN THINGS TO DO

This is a list of things you may have enjoyed in the past, enjoy now, or hope to enjoy in the future. Please check all boxes that apply (more than one box may be checked per row/activity). There are no right or wrong answers. If there are fun activities missing, add them in the blank spaces.

Out and About	I enjoy now	I have enjoyed in the past	I hope to enjoy in the future	Does not apply
Go shopping				
Go biking				
Go to a party				
Go to lunch or dinner with friends				
Go to a park				
Go on a date				
Volunteer or work				
Go to a movie, play or concert				
Explore a city or neighborhood				
Travel				
Go for a drive				
Swim				
Jog/run				
Walk outdoors				
Go camping				
Go to church				
Meet new people				
Go hunting or fishing				
Visit a museum or library				
Other				

Do During Quiet Time	I enjoy now	I have enjoyed in the past	I hope to enjoy in the future	Does not apply
Soak in a bathtub				
Listen to music				
Watch television				
Dream about the future				
Do puzzles				
Read				
Lie in the sun				
Draw or paint				
Grow plants				
Meditate				
Light candles				
Write poems/stories/letters				
Other				

Do With Family or Friends	I enjoy now	I have enjoyed in the past	I hope to enjoy in the future	Does not apply
Play board games				
Play cards				
Hang out				
Go on a picnic				
Play sports				
Other				

Do Anywhere Anytime	I enjoy now	I have enjoyed in the past	I hope to enjoy in the future	Does not apply
Repair broken things				
Exercise				
Sing				
Dress up in nice clothes				
Make crafts				
Play with pets				
Watch other people				
Play with children				
Perform an act of kindness				
Snuggle with someone				
Make someone smile				
Cook				
Collect things				
Take pictures				
Play a musical instrument				
Buy gifts for others				
Dance				
Watch animals				
Other				