

MODULE 7:

STRENGTHENING WORKPLACE RELATIONSHIPS

You don't get harmony when everybody sings on the same note.

--Doug Floyd

Introduction

The goal of this module is to increase the inclusion of peer supporters in the workplace through good communication, teamwork, and win-win conflict resolution skills to improve workplace relationships and team performance.

Objectives

The learning objectives for this assignment are for you to be able to:

- Recall *at least* three attributes of effective teams.
- Identify *at least* three causes of conflict in the workplace.
- Describe *at least* two ways to resolve conflicts and increase teamwork that include awareness of culture and sensitivity to trauma.
- Locate *at least* three 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.

Plan about one hour to complete this section of the workbook.

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Effective teams

Assignment #1: Best and worst teams ever

Think about the absolute *worst* team you have ever been involved in (work or personal). List the top five things you disliked.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

(Some examples might be lack of trust, no clear goal, and lack of respect)

Think about the absolute *best* team you have ever been involved in (work or personal). List the top five things you liked:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

(Some examples might be people trusted each other, clear goals, and respect)

Be prepared to share this at the training.

Teamwork

As peer supporters we often work in teams that might include administrators, licensed mental health providers, community service providers, family members, and the people we support. The more we know about making teams work, the better we'll be able to work together toward recovery for all.

Tuckman's Forming – Storming – Norming – Performing model¹ of team development shows four phases as necessary and inevitable for a team to grow, to face up to challenges, to tackle problems, to find solutions, to plan work, and to deliver results.

Forming	<i>The forming</i> stage is where the team is first established. An individual's behavior is driven by a desire to be accepted by the others, and avoid controversy or conflict.
Storming	The <i>storming</i> stage is necessary to the growth of the team. Team members open up to each other and confront each other's ideas and perspectives. It can be contentious, unpleasant and even painful to members of the team who are averse to conflict. Tolerance of team members and their differences should be emphasized. Without tolerance and patience the team will fail.
Norming	The <i>norming</i> stage is where the team manages to have one goal and come to a mutual plan for accomplishing it. Some may have to give up their own ideas and agree with others in order to make the team function. In this stage, all team members take the responsibility and have the ambition to work for the success of the team's goals.
Performing	The <i>performing</i> stage is where the team functions as a unit and they get the job done smoothly and effectively without inappropriate conflict or the need for external supervision. By this time, they are motivated and knowledgeable. The team members are competent, autonomous and able to handle the decision-making process without supervision. Dissent (disagreement) is expected and allowed as long as it is channeled through means acceptable to the team.

¹ Tuckman's Stages of Group Development. Downloaded on 04/06/2012.
http://en.wikipedia.org/wiki/Tuckman's_stages_of_group_development

Assignment #2: Questions for reflection

- (1) If you consider the worst team you were involved in (previous activity), can you recall that team going through one or more of the stages? How about the best team you were ever involved in?
- (2) Could the dynamics happening at a particular stage of team development explain (partially) why you liked or disliked participating in these or any other teams that you have been involved with?
- (3) If a team is stuck in the “storming” stage, what are the options?

Be prepared to share your thoughts at the training.

Conflict in the workplace²

Conflict in the workplace is inevitable. This is often true for peer specialists mostly because the position may be new to the agency. There may be considerable fear, often unexpressed, about the role of the peer specialist. Some clinicians may even feel threatened by the perception the administration feels they are not doing their jobs well and peer specialists may replace them.

Clinicians may also be uncomfortable with persons diagnosed with psychiatric disorders now serving peers. Everyone will not agree on everything all the time. That is human nature. But how we deal with a conflict can have a profound effect on how well we perform our tasks and job satisfaction. Although the recovery model is being embraced rapidly by many organizations, clinicians may still feel threatened.

Causes of conflict

Some of the causes of workplace conflict include:

- Fear, uncertainty, doubt
- Lack of information or wrong interpretation
- Poor communication
- Misunderstanding
- Role confusion
- Boundary violation
- Dual relationships
- Different opinions, beliefs, or values

² Peer Specialist Training Manual, Third Edition by Steve Harrington. National Association of Peer Specialists (2007)

- Competition for scarce resources (money, job, time, budget, staff)
- Unmet needs
- Avoid losing face (pride)
- Stereotyping / discrimination
- Feeling like they are “walking on eggshells”
- Having to “fix” things that get messed up
- Lack of respect
- Staff fear of being replaced (losing job to someone who is lower paid)
- Staff fear their own issues with a mental health condition will be discovered

Assignment #3: Questions for reflection

As you look through the causes of conflict, choose one you have experienced at work (or while being a member of any team) that you would like practice in learning to resolve. Choose one you are willing to share at the training.

Note: If the conflict you have in mind is not listed, add it (above) so you will be able to remember and share the conflict when you come to the training.

Reactions to conflict

When confronted with a conflict situation, there are four “fear-based” reactions:

- Fight
- Flight
- Freeze
- Façade (pronounced /fah – sahd/ means fake or false front)

In this context, façade means acting one way when you’re really feeling something different.

Assignment #4: Questions for reflection

People generally “default” to one of the reactions to conflict.

- (1) What is your normal first reaction to conflict?
- (2) What is the first reaction to conflict of other members of your team?
- (3) When you think about the people you support, can you recognize their first reaction to conflict?
- (4) If a person’s first reaction to conflict is different than your own, what do you do to communicate your needs / understand others’ needs?

Conflict is a normal stage of team development

Highly effective teams are made up of people with different beliefs, opinions, and values who have developed a trusting and respectful working relationship.

When used in a positive way, these differences in values, priorities, motives, and methods offer many more options and creative ways to assist people to follow a recovery path. However, in the workplace, differences in beliefs, values, and priorities can also lead to conflict.

Conflict is normal in the development of a team – in fact, it is human nature. But how we deal with conflict can have a profound effect on how well the team is able to perform tasks and the level of job satisfaction. (Harrington 2007)

- When the source of a conflict is identified and addressed, it can lead to greater understanding and better team performance.
- When the source of conflict is ignored, it can lead to high stress, poor communication, low job satisfaction, and employee turnover.

Most teams go through a “storming” stage where they get the real issues out in the open, discussed and resolved. After the storm, the team is better equipped to work together to reach its full potential.

The point is that we don’t want our team to get “stuck” in the storming stage. Ongoing conflict is stressful for everyone.

Different understandings of recovery

Not everyone views recovery in the same way. Most providers in the traditional mental health system were trained that *full recovery is not possible*, but that a partial recovery might be gained through the right combination of treatments that increase function by reducing symptoms. Drug and alcohol counselors, on the other hand, have been trained that *recovery requires* a lifelong commitment to abstinence from substance use.

If conflict is related to a different definition or understanding of recovery, the team may need to start there, discuss the different perspectives, and work toward a common goal. Once team members understand and respect each other, they can move from “storming” to “performing.”

Task vs. relationship

In the workplace we can often find ourselves working with people who are very focused on tasks – addressing those things that are medically necessary to help someone to feel better. The tasks might involve assessment, diagnosis, prescribing medication, or finding alternative treatments.

At the same time, a peer supporter is focused on building trusting relationships through sensitive listening, talking about similar or shared experiences, and providing education and advocacy toward a person’s life and recovery goals.

Of course licensed providers **do** form relationships, and peer supporters **do** accomplish tasks. But the main focus for each role can lead to different views about what needs to be done in various circumstances. In these cases, there is a risk that the person in power (*the licensed professional and/or supervisor*) may choose a familiar (*task-oriented*) solution over a less comfortable (*relationship-focused*) solution posed by the peer supporter and person being supported.

Before responding to a given situation, it is important as a team to discuss these differences in focus – task vs. relationship – and how to reduce or eliminate the power differential when working with a non-peer co-worker to decide what’s best to resolve a conflict.

Fears and concerns

Conflict in any team or group of people happens when there is a lack of information, misinformation, or fear about the role of the peer support provider. The following article³ speaks to this issue: ***Common Practitioner Concerns and Myths about Peer Support. Part 2 of a Three-Part Series*** by Larry Davidson, and Steve Harrington

Aren’t peer staff too ‘fragile’ to handle the stress of the job?

Jobs in behavioral health are stressful for everyone, and peer staff are no different. Self-care is an important point of emphasis for all behavioral health staff, not just peer staff. It is true, however, that peer staff are asked to take on the additional burden of disclosing some of their most personal experiences and to put these experiences to good use in helping others. Managing this process is an important emphasis for supervision.

³ RTP Weekly Highlight Volume 2, Issue 10, March 18, 2011.
<http://www.dsgonline.com/rtp/WH%20202011/Weekly%20Highlight%20March%202018.pdf>

Rather than being viewed as ‘fragile,’ people who have gained mastery over their own behavioral health issues might be considered to have shown considerable persistence and resilience. Recovery is hard, taxing, and ongoing work.

Don’t peer staff relapse?

All employees, including peer staff, take time off because of illness. Many staff who are not identified as peers take time off because of behavioral health issues. The same expectations for sick time and accommodations for illness should be applied for all employees, including peer staff.

Can peer staff handle the administrative demands of the job?

While some people may not have worked for a prolonged period before joining the peer workforce—and others might have had limited educational opportunities—peer staff can be shown how to manage the administrative details of their jobs and, when needed, provided with supports to enable them to perform required tasks. Such strategies as speaking into a recorder and having one’s notes transcribed may be useful in meeting documentation requirements for people with cognitive impairments.

Won’t peer staff cause harm to clients by breaking confidentiality or by saying the ‘wrong’ things?

As with all other employees, peer staff are expected to conform to policies and regulations regarding confidentiality and Health Insurance Portability and Accountability Act laws. Training and supervision support this, and peer staff are just as responsible as any other staff for keeping personal information confidential. There is no reason to believe that this will be any more difficult for peer staff than for anyone else; nor is there any reason to believe that trained and supervised peer staff will be more likely than other staff to say the “wrong” things.

Won’t peer staff make my job harder, rather than easier?

Peer support provides an important and useful complement to existing behavioral health services. Peer staff can be especially effective in engaging people into care and acting as a bridge between consumers and other staff. Their work has been found to lessen the load carried by other

practitioners, enriching consumers' lives while allowing other staff to concentrate on their respective expertise.

Source: RTP Weekly Highlight Volume 2, Issue 10. <http://www.dsgonline.com/rtp/WH%202011/Weekly%20Highlight%20March%202018.pdf>

Assignment #5: Questions for reflection

- (1) When you think about conflict at work, what seems to be the greatest source of the conflict?
- (2) Do those at work have similar concerns to those raised in the article? Do you think there might be other concerns?
- (3) How do you handle fear, uncertainty, or doubt on the part of others?
- (4) Based on the conflict you chose to work on earlier, can you identify victim, rescuer, and perpetrator roles? If not, what do the power dynamics look like?
- (5) What would it be like to take on a different role and “walk a mile” in the other person’s shoes to try to see the conflict from the perspective of the other person?
- (6) When you think about what caused the conflict, has there ever been a time when you have done the same thing, or something similar, to someone else?

We may not have control over the things people believe or the way others treat us, **but we do have control over the way we treat others.** Everyone on the team, regardless of the task at hand, deserves to be treated with respect. Like the saying says...“walk a mile in their shoes,” and we may see things from a whole different perspective.

Consequences of conflict

While conflict can be one way to get things out in the open so hidden agendas and differences in opinion can be resolved, sometime teams ignore the issues rather than take the time and effort to resolve them. Some of the consequences of long-term (chronic) conflict include:

Bias (see also oppression) —The systematic mistreatment of the powerless by the powerful, resulting in the targeting of certain groups within society for fewer of its benefits. Includes overt and/or subtle devaluing or non-acceptance of the powerless group – and can be economic, political, social, or psychological.

Burn-out—The experience of long-term exhaustion and diminished interest—often related to long hours with little down time. Burn-out can also occur when there is a conflict between one’s values and the work one is asked to perform.

Co-optation—The act of one group absorbing or assimilating a weaker or smaller group with the intention of neutralizing a threat from the weaker group.

Discrimination—Actual positive or negative actions toward the objects of prejudice.

Internalized Stigma—The experience of having low self-esteem, self-loathing, not trusting one’s own perceptions or feelings, referring to oneself as a diagnosis, using clinical jargon to talk about others with a diagnosis, hiding one’s psychiatric history in the closet, or lying about having a condition to avoid disrespect.

Lower Job Satisfaction—The effects of long-term conflict can be reduced job satisfaction and increased employee turnover.

Mentalism —The oppression of people who have been diagnosed with a psychiatric disorder, similar to other “isms” such as racism, sexism, ageism, classism and Anti-Semitism.

Oppression—An imbalance of power – characterized by domination, subordination, and resistance, where the dominating persons or groups exercise their power by the process of restricting access to material resources and imparting in the subordinated persons or groups self-deprecating views about themselves.

Privilege—Any entitlement, sanction, power, and advantage or right granted to a group solely by birthright or through membership in a prescribed group or groups (*such as those with academic credentials*).

Power—Access to resources and decision-makers to get what you want done, the ability to influence others, the ability to define reality for yourself and potentially for others.

Prejudice—Attitudes, beliefs, and feelings toward the members of some group based solely on their membership in that group (can be positive or negative).

Stress —The effects of long-term conflict can be stress that can lead to mental and physical health consequences.

Termination —When an employee is dismissed or asked to leave, generally for a reason that is the fault of the employee.

Assignment #6: Questions for reflection

- (1) Have you ever experienced any of these consequences in the workplace? If yes, what did you do?
- (2) Have you noticed any of these consequences in the people you work with? If yes, what might it be like to “walk a mile” in their shoes?
- (3) Based on your own first reaction to conflict, what have you typically done in conflict situations?
- (4) What kind of response would you prefer when you are in conflict?
- (5) In what ways have you addressed discrimination (either against yourself or people you support)?

Confronting Discrimination

Discrimination happens. The important thing to ask yourself is what will you do about it?

In the end, we will remember not the words of our enemies,
but the silence of our friends.
— Martin Luther King Jr.

The following process offers a way to organize your thoughts, providing a step-by-step method to prepare yourself to hold a courageous conversation when you see or experience discrimination or oppression.

Courageous Conversations: Facilitating Dialog about Prejudice, Discrimination and Oppression in Recovery⁴

A Courageous Conversation

- Engages those who won't talk
- Sustains the conversation when it gets uncomfortable
- Deepens the conversation to a point where meaningful actions occur

How to Have a Courageous Conversation

Step 1: Engage in Conversation

- Be respectful of others' experiences
- Remain compassionate with others' defenses
- Speak your truth
- Monitor your own experiences and defenses

Step 2: Sustain the Conversation

- Be prepared for emotionally charged dialogues
- Sit with discomfort
- Expect and accept non-closure

Step 3: Deepen the Conversation

- Establish agreements
- Offer authentic understanding
- Allow meaningful actions to occur

Four Agreements of Courageous Conversations

- (1) Stay engaged
- (2) Speak your truth
- (3) Experience discomfort
- (4) Expect and accept non-closure

⁴ Maria Restrepo-Toro & Chacku Mathai. Courageous Conversations: Facilitating Dialog About Prejudice, Discrimination, and Oppression in Recovery. (08/21/2013). <http://www.nyaprs.org/conferences/annual-conference/documents/CourageousConversations.pdf>

Peer Staff as Disruptive Innovators⁵

By Pat Deegan

There is a tension at the heart of our work as peer staff. It is the tension between Love and Outrage.

Our love and compassion for our peers is freely given and comes from understanding and respect. Outrage occurs when we witness our peers being devalued or disrespected in mental health settings.

Because our work is at the intersection of Love and Outrage, we concern ourselves with helping peers and changing the system. The tension between Love and Outrage defines our work and sets us apart from traditional workers who do not have the lived experience of recovery.

It can be difficult to balance Love and Outrage when on the job. I believe it is wise to stay active in the disability rights movement and the consumer/survivor/ex-patient movement in order to give full voice to our outrage in ways that might not be tolerated in mental health work settings.

Creating win-win solutions

As we have explored in this section, conflict can be a source of chronic stress or it can fuel the synergy to arrive at completely new, third alternative solutions that would never have been sought otherwise.

As disruptive innovators, we need to keep the focus on creating win-win synergy. This approach takes practice, but it offers the promise of greater individual and system transformation than anyone has imagined.

The following excerpts from the work of the late Dr. Stephen Covey provide steps toward synergy and creative conflict resolution.

⁵ Peer Staff as Disruptive Innovators. (08/21/2013). <https://www.patdeegan.com/blog/posts/peer-staff-disruptive-innovators>

Creating Win-Win Third Alternatives

In the 7 Habits of Highly Effective People and The Third Alternative, Dr. Stephen R. Covey offers a three step process to achieve win-win solutions.

- (1) **Think win-win** (based on mutual benefit and cooperation)
- (2) **Seek first to understand, then to be understood** (based on respect, humility, and authenticity)
- (3) **Synergize** (based on valuing difference and searching for third alternatives)

Step 1: Win-Win

Thinking win-win is a frame of mind and heart that seeks mutual benefit and mutual respect in all interactions. It's thinking in terms of abundance and opportunity rather than scarcity and adversarial comparison. It's not thinking selfishly (win-lose) or like a martyr (lose-win). It's thinking in terms of "we" not "me."

The principles of mutual respect and mutual benefit are essential to peer support practice.

Step 2: Seek First to Understand, Then to be Understood

When we listen with the intent to understand others, rather than with the intent to reply, we begin true communication and relationship building. Opportunities to then speak openly and to be understood come much more naturally and easily. Seeking to understand takes consideration; seeking to be understood takes courage. Effectiveness lies in the balancing or blending of the two.

Deep and empathic (sensitive) listening and the courage to share inspirational, personal stories and the truth of your lived experience is a core skill of peer support providers.

Step 3: Search for “The Third Alternative”

When we’re looking for creative solutions, The Third Alternative isn’t my way, it isn’t your way—it’s our way. It’s not a compromise between your way and my way; it’s better than a compromise - better than any solutions that have been proposed. It is a product of sheer creative effort. It emerges from the openness of two or more people – their willingness to really listen, their desire to search.

Note: Working together to help peers in creative ways is a peer support specialty!

In a nutshell: Two questions for achieving synergy

- (1) Would you be willing to search for a solution that is *better than* what either one of us has proposed?
- (2) Would you agree to a simple ground rule: *No one can make his point until they have restated the other person’s point to his or her satisfaction?*

Assignment #7: Walk a mile in the other person’s shoes

It is said we should not judge another until we have walked a mile in the other person’s shoes. The following articles may give us a different perspective and greater understanding of the others who work with us.

Reciprocal Supervision: How Peer Specialists and Their Supervisors Can Work Together for Lasting Recovery by M. C. Violet Taylor. *SAMHSA Recovery to Practice Highlight*. Volume 3, Issue 13.

<http://www.dsgonline.com/rtp/wh/2012/2012.04.05/WH.2012.04.05.html>

Twelve Aspects of Staff Transformation by Mark Ragins. *SAMHSA Recovery to Practice Highlight*. Volume 2, Issue 26.

<http://www.dsgonline.com/rtp/2011.weekly/2011.07.14/WH.2011.07.14.html>

Last word

The World May One Day Be Led by Persons With Mental Illnesses⁶ by Steve Harrington, J.D., Executive Director, International Association of Peer Supporters

Two bits of information recently came to me that, taken together, caused me to formulate the following, inescapable conclusion: persons with a mental illness, particularly those with schizophrenia, are destined to lead the world.

This conclusion is well-supported by social scientists and organizational theorists. Very recently, researchers have concluded that the best leaders for organizations of all types are those who know themselves best. Experience has shown that those who know themselves well, and are comfortable with who they are, relate to others in a humane, compassionate way. That, in turn, inspires workers with loyalty and a desire to become more creative and productive. Everyone wins! Gone is the attitude that productivity is best driven by cold-hearted bean counters who monitor every move it takes to create a widget.

One business author, Robert Thomas, CEO of Accenture Performance, uses current leaders as examples. In his new book, *Crucibles of Leadership*, Thomas writes that the best way for people to know themselves, and thus become more effective leaders, is through adversity. He cites cases where deaths and illnesses forced now-effective leaders to reevaluate their lives and reprioritize their values. The result: compassionate people who lead with their hearts and workers who have never been more happy, productive, and creative. Businesses, especially the most successful in the world, know this lesson well.

So, it struck me. Where would you go to find people who have experienced adversity and grown through the experience? Psych hospitals! (Or those who have been there.)

Complementing this revelation is another. I recently heard a respected psychiatrist, sitting on a panel of his peers, go through a litany of challenges persons with schizophrenia face. The doctor painted a pretty ugly (and, fortunately, unrealistic) picture of what life is like for all persons with schizophrenia. At the end of his presentation, an audience member asked if there could be anything positive resulting from schizophrenia.

⁶ Weekly Highlight Volume 2 Issue 17. (08/21/2013) <http://www.dsgonline.com/rtp/weekly.2011.05.12/WH.2011.05.12.html>

“Oh, yes,” the doctor replied immediately. “Persons with this illness are often great problem solvers. They think ‘outside the box.’ Once you've had your sense of reality shaken, it's easier to take risks and be creative.” The doctor used Nobel laureate John Nash as an example of how schizophrenia can result in creative thinking.

I thought for a moment about my own reality challenges. Walls moved, ceilings collapsed, lines on the road shifted, and voices... oh, those voices telling me what to do! And then there was that day I had a stimulating conversation with an unseen companion on a street corner. That little incident sent me back to the hospital, where meds ended the conversation—but not its memory.

Then I remembered the words of a professor recommending me for a doctoral program in public administration.

“Steve, you just don't think like other people,” he said. “You come up with ideas and approaches that are totally unique. Your head just doesn't accept reality, and that challenges us to change our perception of reality. That's what creative problem-solving is all about. You don't just think outside the box—you don't even know there is a box!”

Here's the bottom line: Those of us who have been there know all the disadvantages of having a mental illness, especially one like schizophrenia, which can affect cognitive abilities and perceptions of reality. On the other hand, society appears on the brink of recognizing the value of serious life challenges, especially when those challenges are used to foster personal growth.

The professional must therefore work to build upon the person's strengths (such as the perspective of yours truly being a creative problem-solver) and use them as the motivating factors to enhance his/her recovery. As is illustrated above, we can look at strengths instead of just the illness.

I foresee a time when executive headhunters will prowl the hallways of our psychiatric hospitals, looking for new leaders for organizations of all types. Gone will be the days when executive job descriptions require an MBA. Instead, job descriptions will read: “Life-changing experience through adversity desired; mental illness a plus.”

Look out, world. We're taking over!

Assignment #8: From conflict to synergy

Based on what you read in this module, what steps could you take toward resolving the conflict you chose that you will share at the training?

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

Assignment #9: Culturally aware and trauma sensitive teamwork

As you consider workplace relationships, what can you do to increase cultural awareness and sensitivity to trauma among the members of your teams or workgroups?

- (1) _____
- (2) _____
- (3) _____
- (4) _____

SUMMARY CHECKLIST

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

- Recall *at least* three attributes of effective teams.
- Identify *at least* three causes of conflict in the workplace.
- Describe *at least* two ways to resolve conflicts and increase teamwork that include awareness of culture and sensitivity to trauma.
- Locate at least three resources for further study.

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

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

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RESOURCES FOR FURTHER STUDY

Articles and Books

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Videos and Webinars

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<http://www.magellanhealth.com/training>

SAMHSA Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS):

<http://samhsa.gov/brss-tacs/webinars.aspx>

SAMHSA Center for Integrated Health Care:

<http://www.integration.samhsa.gov/about-us/webinars>

SAMHSA Recovery Resource Library:

<http://store.samhsa.gov/resources/term/Recovery-Resource-Library>

Training Activities

AVP Education Committee. (2002). Alternatives to Violence Project (AVP) Basic Course Manual., (AVP) Manual for Second Level Course. , (AVP) Facilitators Training Manual with Continuing Learning Material. AVP Distribution Services, St. Paul, MN. <http://avpusa.org>

Courageous Conversations: Facilitating Dialog About Prejudice, Discrimination and Oppression in Recovery. Based on a presentation by *Maria Restrepo-Toro and Chacku Mathai*.

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