

# MODULE 8:

## SUPPORTIVE RECOVERY RELATIONSHIPS

*The art of creating, developing, maintaining, and  
repairing supportive relationships*

### ***Introduction***

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*A friend is someone who knows the song in your heart  
and can sing it back to you when you have forgotten the words.*  
— Bernard Meltzer

The goal of this module is to identify skills that can be practiced and shared with people you support that can help them to find, develop, and maintain (or repair) supportive relationships.

### **Objectives**

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

- Describe why healthy relationships are important to recovery.
- Identify *at least* three attributes of relationships that support recovery.
- Recognize *at least* three ways to help people find, develop, and maintain (or repair) relationships that support recovery.
- Locate *at least* three resources for further study.

### **What to complete**

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Your assignment is to read this workbook module and complete the assignments prior to coming to the training for this topic.

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

# Contents

<b>Introduction .....</b>	<b>1</b>
Objectives.....	1
What to complete.....	1
<b>Relationships that support recovery .....</b>	<b>3</b>
Assignment #1: Attributes of relationships .....	3
Supportive relationships.....	4
Assignment #2: Benefits of supportive relationships.....	5
Meeting new people.....	6
Assignment #3: Meeting new people.....	6
Moving beyond comfort zones.....	7
Assignment #4: Moving beyond comfort zones .....	8
Self-disclosure.....	8
Assignment #5: Self-disclosure .....	11
Repairing relationships .....	12
Assignment #6: Repairing relationships .....	13
Sexual health.....	13
Assignment #7: Questions for reflection (no writing required) .....	15
Measuring recovery relationships .....	16
Assignment #9: Self-assessment of recovery relationships .....	17
Our recovery relationship with ourselves.....	18
<b>Conclusion .....</b>	<b>20</b>
<b>Summary Checklist.....</b>	<b>21</b>
<b>Selected References.....</b>	<b>22</b>
<b>Resources For Further Study .....</b>	<b>23</b>

## ***Relationships that support recovery***

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### **Assignment #1: Attributes of relationships**

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Some relationships support recovery and some relationships do not. In your own life (work or personal), think about the relationships that have helped and those that have hindered your recovery journey.

#### ***Attributes of relationships that hinder recovery***

Think about a relationship (work or personal) that made your recovery journey more difficult. List five things about the relationship that made it so challenging.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

*(Some examples might be lack of respect, lack of trust, power struggles...)*

#### ***Attributes of relationships that support recovery***

Think about a relationship (work or personal) that makes your recovery journey easier. List five things about the relationship that made it supportive.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

*(Some examples might be respect, trust, and reciprocal sharing...)*

***Be prepared to share this at the training.***

## **Supportive relationships**

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Like recovery, every relationship is unique to the people in the relationship. There is no “right way” to have supportive relationships. There are “many ways.” As peer supporters we know, perhaps intuitively, that relationships are vital to virtually everyone. Indeed, we can be best described as “social creatures.” Why is this so? What benefits come from relationships? What problems can arise?

We know that healthy, supportive relationships are especially important for persons in recovery from mental health, trauma, or substance use conditions. Studies have shown relationships are an important part of almost everyone’s recovery.

The importance and role of supportive relationships is directly expressed in one of SAMHSA’s Guiding Principles of Recovery:

***Recovery is supported through relationships 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.*

The purpose of this module is to explore the benefits and dynamics of relationships not only in our own lives, but in the lives of those we support. The intent is for you to gain more skills to share with the peers you support so that they, in turn, can develop (or restore) more, better, healthier relationships in their own lives.

## Benefits of supportive relationships

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Just as we recognize the benefits of healthy relationships for our own lives, these benefits are important for everyone. It is unfortunate that some in our society believe people with mental health conditions cannot feel love as others do or value relationships “appropriately.”

Can you think of anyone in society who might still hold that belief?

Studies have shown that positive, healthy relationships increase positive chemicals in the brain that help us build trust and fight depression and obesity. The same appears to be true for people who observe closeness between people and observe touch and acts of kindness. The positive chemical (oxytocin) produced by the body through touch associated with positive relationships helps reduce stress and may result in health benefits such as resilience to common colds, diabetes, and even cancer.

There are many dimensions to relationships - each with risks, challenges and rewards. But the rewards of healthy, supportive relationships far outweigh the difficulties.

## Assignment #2: Benefits of supportive relationships

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When you think about the positive relationships that support your recovery, what are the benefits (things you gain) of being in those relationships? (Identify the top three)

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

## Challenges in relationships

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As you might know from personal experience, people with mental health and similar conditions face many challenges in relationships. Some of those challenges are more difficult than people without mental health conditions face. Many of these challenges relate to symptoms, isolation, and stigma (both internal and external).

But as a result of the recovery journey, people with these conditions have learned much about themselves. This self-awareness can be a valuable asset when it comes to creating and building healthy, supportive relationships.

One role of the peer supporter is to recognize a peer's strengths and encourage the peer to build upon those strengths to stretch their comfort zones and take the risks necessary to bring social relationships into their lives.

## **Meeting new people**

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Where people go to try to meet others is a personal decision. That decision, of course, should be made by the individual, not other people. Many times, places where people share a common interest (such as recreation) are good places to meet people. Starting a conversation is easier when there is a common interest. It is a starting place to learn more about other people and for them to learn more about about you.

As peer supporters, we can offer ideas and strategies about where and how to meet new people. At the same time, the process (discussion) is person-centered and belongs to the peer. It is not our role to tell peers what their interests are or predict what their challenges will be, even when those challenges are obvious to us. Instead, if we ask questions and allow peers to answer them thoughtfully, it can help peers learn to identify interests, preferences, and barriers on their own.

It is useful and appropriate, if they get stuck, to offer ideas and options. It may even be appropriate to ask peers to role play (rehearse) what to say and how to say it to gain a sense of comfort. Role plays can boost confidence and encourage peers to stretch their comfort zones.

### **Assignment #3: Meeting new people**

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What are some places in your community where you can go to meet new people who share your interests? (Identify the top three)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

What questions would you ask a peer to find out what interests the peer might share with others in the community? (Identify the top three)

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Based on your experience, what skills can you help peers to practice that can help them to meet new people and start new relationships? (Identify the top three)

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

When you meet a new person for the first time (including peers you support), what are some of your opening lines – the first things you say to someone? (Identify the top three)

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

**Be prepared to share at the training.**

### **Moving beyond comfort zones**

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It is not uncommon for people (not just those with a mental health condition) to resist reaching out beyond comfort zones to meet new people. Overcoming the fear of rejection, however, can yield great benefits as it is one of the first steps in forming meaningful relationships. Each person must identify and deal with what is holding them back; a peer supporter cannot (and should not) “make” a person. But a peer supporter can be there to help peers explore the benefits of healthy, supportive relationships as well as the “mistakes along the way” and lessons learned from those mistakes.

Telling your recovery story can be inspiring. And finding others who are living successfully with a mental health condition, that peers can relate to, who can talk about the healthy, supportive relationships in their lives can further inspire peers to move beyond their comfort zone.

While it can be helpful to suggest strategies, point out strengths, and offer encouragement along the way, remember, when stretching and moving beyond comfort zones, it is each peer's experience to gain and learn from; not the peer supporter's.

#### **Assignment #4: Moving beyond comfort zones**

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Based on your experience, what can help the people you support to move beyond their comfort zones? (Identify the top three)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

#### **Self-disclosure**

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Given the extent and severity of stigma, the decision to “come out” about a mental health, trauma, or substance use condition is often not an easy one.

As a peer supporter, it is likely that you regularly disclose aspects of your recovery journey as a way to inspire hope and build a trusting relationship with a peer. But what about the peers themselves who just want to get out and meet people and start new relationships? When is it appropriate for them to talk to others about being in recovery?

Let's look at self-disclosure from two different angles: the peer support provider and the person who is receiving support.

#### **Telling Your Recovery Story**

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As a peer supporter, you will often be called upon to share your experiences in recovery. Telling your recovery story is a valuable skill and with practice it can become a natural part of your interactions with others.

One caution about telling your story: self-disclosure needs to have a purpose. In general, the focus is on how a part of your recovery story can offer hope or

motivation for a peer to move forward in their recovery. Unless you keep that in mind, it is easy to become inappropriate in your self-disclosure.

What is inappropriate? The biggest mistake is focusing on oneself. Yes, you will be sharing your recovery story, but it is vital to remember the contact with a peer is about them—not you.

One effective way to avoid this is to allow the peer to drive the conversation about your experiences. Here is an example of a real conversation:

“Hi. My name is Steve. I am a peer supporter here and I am happy to meet you.”

“A what? What is a peer supporter?”

“It is a person with a mental health experience who helps others with such challenges.”

“You mean you have a mental illness?”

“I have a diagnosis. Yes.”

“What illness?”

“Actually, I have two diagnoses; one wasn’t good enough for me so I went back for seconds. I have been diagnosed with major depression and schizophrenia.”

“And now you work here?”

“Yes.”

“What do you do?”

“I meet with people, sometimes individually and sometimes in groups. I help people find their own coping strategies, build on strengths and make plans for the future.”

“Do you like it?”

“I love it. I get to meet many nice people who are struggling with the same problems I’ve had to deal with.”

“Do you think I could become a peer supporter, too?”

“Absolutely. There are many peer supporters at this agency. There’s no reason you couldn’t become a peer supporter. Perhaps you would like to make that a goal. Let me get an idea of where you’ve been and where you want to go and I can help you create a plan.”

Notice it was the peer (person receiving support) who drove the conversation. The peer supporter did not try to act as an expert and he let the topic of his own mental health experience arise naturally. Some peer supporters “jump the gun” and are eager to tell their stories right away, and in great detail. But giving just enough information for the peer to ask questions is an effective way to keep the conversation focused on the peer. Very rarely will a peer bypass the opportunity to learn about your role as a peer supporter.

### When should peers (those you support) disclose their story<sup>1</sup>?

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As a peer supporter, sharing your recovery journey has probably become second nature. But what happens when a peer (someone you support) is out in the community and building a new relationship (or maybe a not-so-new relationship) and struggling with the decision to talk about his or her condition? When is it appropriate for a peer to talk to others about being in recovery?

It is good to start with a few questions:

- Why should a person disclose that he or she has a mental health condition?
- What are the advantages and risks (pros and cons) of disclosure?
- What factors might help or hinder disclosure?
- Is there a safe way to disclose?
- What impact does self-disclosure have personally and systemically?

Here are some considerations:

- Initially, it is a good idea to tell someone you trust who is understanding.
- Timing has to be right, and only you can determine when to self-disclose.
- It is helpful to educate yourself about your diagnosis and the various perceptions people have about it. That way you can be better prepared for questions and concerns from those you tell.

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<sup>1</sup> SAMHSA: Self-disclosure and its Impact on Individuals Who Receive Mental Health Services (08/21/13).  
<http://store.samhsa.gov/shin/content/SMA08-4337/SMA08-4337.pdf>

- You may want to practice by role-playing what you will say, before you actually have the conversation, and practice a few different ways to refute any negative responses.
- If you are disclosing to your employer, it may be best to wait until you feel comfortable in the workplace or until a reasonable accommodation becomes necessary.
- It is important to remember that you are in control of how much you disclose; don't let anyone manipulate you into sharing more than you feel comfortable sharing.

As a peer supporter, you can describe for the peer how telling your recovery story is especially rewarding and liberating and explain how it can promote confidence and a deeper discovery of yourself while acting as living testimony against stigma and discrimination.

You can also explain how sharing your own experiences with recovery may offer someone else hope that they too can recover. Peer supporters are not the only ones who can give others hope.

There will always be the “lump-in-the-throat” experience when it comes to disclosing to someone (or many people) about mental health issues, but knowing that others have done so, in a myriad of circumstances, and learning from other peers’ experiences, can be enormously helpful and make it so much easier for those who are about to tell a relative, neighbor, friend, colleague, or employer.

As a peer supporter, you can be that trusted person who listens and helps someone to practice what to say, how to say it, and how to respond to different potential reactions.

### **Assignment #5: Self-disclosure**

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Based on what you just read, and your own experience, what are the most important considerations about when and how to disclose? (Identify the top three)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

## Repairing relationships

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The topic of repairing relationships is NOT about fixing blame. Instead, it is about moving forward. For many people, past behaviors have damaged relationships with friends and family in ways that may not be easy—or even possible—to repair. This is not the case for every person in every relationship. Factors such as stigma, culture, trauma, birth order, and relationship dynamics may have caused relationship difficulties that are no fault of the peer's. For example, the diagnosis alone (and associated fear) may cause distance or alienate others.

### Forgiveness

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Friends and family are often in a very good position to offer support but disrupted relationships can make that difficult or impossible. Repairing these relationships offers the opportunity for peers to find a type of support that is both much-needed and cannot be offered by anyone else.

Forgiveness is an important component in any attempt to repair relationships. If those involved are not willing to “let go” when they believe they have been wronged, negative feelings of anger and frustration can be all-consuming. Such a situation is not helpful for anyone.

### Repair Shop

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Some of the other “tools in the shop” for repairing relationships include:

- Gratitude—recognizing and appreciating another person
- Compassion—empathic understanding and concern for the other person
- Giving—offering acts of kindness to the other person
- Exercise—doing physical activity with the other person
- Mindfulness—quiet time to be fully present with the other person
- Diversity—trying something new with the other person
- Humor—laughter is contagious – share humor with the other person
- Meaning—share something that is meaningful with the other person

*(For more ideas, see the Self-care section of module 1.)*

For more extensive repairs (needing outside expertise) you might consider:

- Mediation – with a skilled mediator
- Therapy – with a competent family or marriage therapist

- Family education / family support groups, such as those offered by NAMI – for family members who are willing to become more knowledgeable about the diagnosed condition

For the “do-it-yourself” repairs (needing some inside expertise)

- Self-Reflection<sup>2</sup> and healing – sometimes, despite our best efforts we cannot repair a relationship with another person but we can always forgive and do the work to heal ourselves.

*Healing requires far more of us than just the participation of our intellectual and even our emotional resources. And it certainly demands that we do more than look backwards at the dead-end archives of our past. Healing is, by definition, taking a process of disintegration of life and transforming it into a process of return to life.*

— Caroline Myss

### Assignment #6: Repairing relationships

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Based on your own experience, what strategies have you used, or seen others use, that have been effective in repairing relationships? (Identify the top three)

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

### Sexual health

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In listening sessions across the U.S. for this project, sexual health was recognized as an important issue but participants expressed a lack of comfort and knowledge about how best to discuss sexual health issues or where to go for resources that could be helpful.

Strong feelings exist about this issue. During the listening sessions, one person asserted that people with mental health conditions should not be allowed to have sex or marry. “They will have children and they can’t feel love like other people and don’t understand the consequences of having children.”

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<sup>2</sup> Healing Broken Relationships (08/21/13)

<http://daily.goodcleanlove.com/making-love-sustainable/2011/12/16/healing-broken-relationships/>

What is your reaction to this statement?

While that reaction was extreme, it is something to bear in mind as we explore this topic. The majority of those at the listening sessions believed the ability to talk about sexual issues was a vital role for mental health workers and that peer supporters were uniquely suited for that role.

### Sexual health discussions and the peer support role

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Researchers have discovered that sexual dysfunction is a leading reason why people stop taking certain medications. Sex is part of “being human” and that part does not disappear when one is diagnosed with a mental health condition.

It is only natural that people receiving peer support services would talk to a peer supporter because the peer supporter becomes someone they trust.

Because of this, it is important for peer supporters to gain comfort and skill in discussing sexual health. It is equally important for supervisors and co-workers to understand the importance and agree that discussions about sexual health are a part of the peer supporter role, and to support the peer supporter if unexpected issues come up related to this action.

This increased understanding and commitment to support the peer supporter can be gained through discussions and exercises with co-workers (including role plays) and consultations with supervisors.

### Eliminating barriers

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People with mental health conditions are no different than others when it comes to a need and desire for sexual health. Sexual health involves more than simply having sex. It includes pleasures we all seek, can affect relationships and can bring inherent risks such as unintentional pregnancies and STD.

Despite the importance of this topic, resistance and/or opposition to discussing sexual health can come from co-workers, supervisors and even community members. Overcoming these barriers to serving peers in this way may require advocacy based on information and testimony. Another barrier may be the peer support provider’s own discomfort with discussing sexual health issues.

Knowledge, practice and a willingness to take chances in order to serve peers can break down this barrier.

Peer supporters can be effective advocates for peers regarding sexual health issues and may find themselves supporting peers when they wish to address such matters with other mental health professionals, friends and family.

A publication, *My Sexual Health Matters*<sup>3</sup>, is available online (search for “My Sexual Health” and “Australia”) and can be especially useful as an information resource that can be shared with others.

### **Assignment #7: Questions for reflection (no writing required)**

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- (1) In your current position, is it appropriate for you to discuss sexual health issues with those you support? *Why or why not?*
- (2) What types of sexual health issues could be a barrier in a peer’s recovery? *Some could include lack of sexual function/enjoyment affecting intimate relationships, sexually transmitted diseases (STDs), sexual preference/orientation.*
- (3) Could low self-esteem play a role in one’s sexual health? *If so, how?*
- (4) What are barriers to discussing sexual health issues from the peer’s perspective? *These might include culture (including religion), personal and family values, possibility of ridicule and general discomfort. Past trauma, especially among women, can be an especially difficult barrier and a peer’s unwillingness to discuss sexual health issues must be respected. Unfortunately, many women experience sexually related trauma but be aware it is not exclusively a female domain.*
- (5) What are some potential barriers to discussing sexual health issues with peers from the peer specialist perspective? *These could include resistance or prohibition by agency policy or supervisors, lack of knowledge about sexual health issues, lack of information resources for peer specialists to give to peers, lack of knowledge regarding strategies for such discussions.*
- (6) What are some possible consequences of NOT addressing sexual health issues with peers? *These might include unintentional pregnancy, stopping medication, contracting and spreading STD.*
- (7) Whose decision is it for a peer to engage in sexual activity?
- (8) Why might someone (supervisor, co-worker, community member) oppose a discussion of sexual health issues with people with a mental health condition? *One fear may be that, if performed inappropriately, such a*

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<sup>3</sup> My Sexual Health Matters. Shine SA and the Mental Health Coalition of SA. [www.shinesa.org.au](http://www.shinesa.org.au) (08/21/13)  
[http://www.mifa.org.au/sites/www.mifa.org.au/files/documents/My\\_sexual\\_health\\_matters.pdf](http://www.mifa.org.au/sites/www.mifa.org.au/files/documents/My_sexual_health_matters.pdf)

*discussion could be interpreted by a peer as the peer supporter “hitting on me.” How could one help avoid such a misinterpretation?*

(9) *My Sexual Health Matters*<sup>4</sup> is a publication that is free and available online (search for “My Sexual Health” and “Australia”) that can be shared with the people you support and others who are uncomfortable talking about sexual health issues.

***Download this publication and consider ways in which it might be helpful as a starting point for talking with supervisors, co-workers, or the people you support about sexual health issues.***

**Source:**

[http://www.mifa.org.au/sites/www.mifa.org.au/files/documents/My\\_sexual\\_health\\_matters.pdf](http://www.mifa.org.au/sites/www.mifa.org.au/files/documents/My_sexual_health_matters.pdf)

## **Measuring recovery relationships**

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Recovery relationships are about more than a peer’s relationships with those outside the mental health system. All mental health professionals have an obligation to respect those they serve and consider them as true partners in services received.

The “Recovery Promoting Relationships Scale,” developed at the Boston University Center for Psychiatric Rehabilitation can be used to facilitate honest discussions about recovery partnerships by giving a person who is receiving services a tool to judge the effectiveness of the provider’s recovery-oriented performance (including peer providers) and identify critical areas for improvement. The RPRS survey was created through extensive interviews with peers who expressed their relationship expectations with a variety of mental health professionals.

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<sup>4</sup> My Sexual Health Matters. Shine SA and the Mental Health Coalition of SA. [www.shinesa.org.au](http://www.shinesa.org.au) (08/21/13)  
[http://www.mifa.org.au/sites/www.mifa.org.au/files/documents/My\\_sexual\\_health\\_matters.pdf](http://www.mifa.org.au/sites/www.mifa.org.au/files/documents/My_sexual_health_matters.pdf)

## **Assignment #9: Self-assessment of recovery relationships (optional)**

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The RPRS survey is offered (*with permission*) in this course as a resource for learning about recovery relationships and as a tool for self-assessment of one's performance in providing recovery-oriented peer support.

**Step 1:** Download the manual and complete the 3 page RPRS survey at the end (pages 21-23 only).

**Source:** [http://www.nasmhpd.org/docs/publications/docs/2009/HospitalCEOToolkit/1\\_3.pdf](http://www.nasmhpd.org/docs/publications/docs/2009/HospitalCEOToolkit/1_3.pdf)

**Step 2:** Identify a mental health provider that you currently see or have seen in the past, and answer the questions in the survey from the perspective of your relationship with that provider.

**Step 3:** Identify a person (peer) you support, through peer support services or other methods of offering recovery support. Answer the questions in the survey a second time from the perspective of that person (to the best of your ability) or ask that person to actually complete the survey about you.

**(Optional) to learn more about the RPRS survey:**

<http://cpr.bu.edu/wp-content/uploads/downloads/2011/11/Recovery-Promoting-Relationships-Scale.pdf>

**Be prepared to share what you learn from this survey about recovery relationships when you come to the training.**

## **Our recovery relationship with ourselves**

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Say Goodbye to a Ham and Cheese Life! By Steve Harrington

*Who among us is fully satisfied with their lives? Don't we all, some place in our hearts and minds, long for something better? Don't we all want something different—big or small—in our lives?*

*It seems part of the human experience to want change, always. It could be more money, better relationships, freedom from pain, acceptance, more comfortable surroundings or opportunities for personal growth. Even the most hopeless would welcome hope. Even the most lost among us would embrace direction.*

*But the reality is that if nothing changes, everything stays the same. Without change, life satisfaction remains an elusive shadow that follows us but cannot catch.*

*What would make your life more meaningful? Enjoyable? Satisfying? You probably already know. And you may also know how to obtain it. The hard part is acting on your plan to make changes to improve your life. Consider this story:*

*Three construction workers building a skyscraper were sitting next to each other on a high beam hundreds of feet above the ground. The worker in the middle opens his lunch box and pulls out a ham and cheese sandwich.*

*"Ham and cheese! I've had ham and cheese sandwiches every day for the last year! If I get another ham and cheese sandwich, I don't know what I'll do!"*

*The three workers eat their lunches and the next day, they again find themselves high above the ground sitting on a steel beam eating their lunches. Again, the worker in the middle pulls out a ham and cheese sandwich.*

*"Ham and cheese! I can't take it anymore!"*

*With that, he jumps off the beam and falls to his death hundreds of feet below.*

*One worker turns to the other worker still on the beam and says, "Gee, I've never seen anyone so upset about a ham and cheese sandwich."*

*The other worker turns to him and says, "Yeah. What's really odd is that he makes his own lunch!"*

## DISCUSSION:

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*Is your life a ham and cheese sandwich? Is it the same every day? Instead of roast beef, are you settling for ham and cheese because fear of change compels you to pack the same lunch every day?*

*The ability to change our lives is within us. But it requires courage to risk stepping out of our routines. It takes willingness to challenge our fears and risk unpleasantness or failure. But we can do it in small steps at first until we gain the confidence risk takers know so well.*

*Instead of plain ham and cheese, add a little mayonnaise one day, then mustard, toast the bread, and, soon, you'll be ready for that roast beef.*

*If nothing changes, everything stays the same.*

*Always remember: If nothing changes, everything stays the same. Remind yourself of how more satisfying, enjoyable and meaningful life could be.*

*Once you stop packing ham and cheese sandwiches for lunch, you may discover a world filled with egg salad, tuna, turkey, chicken and peanut butter. You may discover a world of immense diversity and rich with opportunity.*

*You may look back and scold yourself for living a life filled with ham and cheese sandwiches. But you will look forward to each lunch hour to opening your mouth wide to embrace new tastes.*

*If your life is one ham and cheese sandwich after another and frustration is compelling you to consider a leap off that steel beam, heed my words. Muster the courage to take a risk. Gather your dreams, hopes and desire for a better life and change your diet!*

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*Steve Harrington lived on a steady diet of ham and cheese sandwiches for five years after he was diagnosed with a mental health condition. He now enjoys a great variety of food!*

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## ***Conclusion***

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We started this training workbook with an exploration of the principles of recovery and self-care and conclude with the topic of relationships because supportive relationships are vital to recovery and the fundamental reason that peer support is effective in helping others; the very reason it exists!

As peer supporters, it is not our job to “be” the family or replace friends. But for those who have lost important relationships because of a mental health, trauma, or substance use condition peer supporters can be the first glimmer of hope that supportive relationships exist, and can be found, nurtured, and grown outside of the mental health system.

Our job is simply to plant the seeds of hope and watch them grow!

# SUMMARY CHECKLIST

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

- Describe why healthy relationships are important to recovery?
- Identify *at least* three attributes of relationships that support recovery?
- Recognize *at least* three ways to help people find, develop, and maintain (or repair) relationships that support recovery?
- 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?

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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

## Articles and Books

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## Websites

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Good Clean Love Daily (Love is an action verb): <http://daily.goodcleanlove.com/our-mission>

Kansas State University - Healthy Relationships:  
[www.k-state.edu/counseling/topics/relationships/relatn.html](http://www.k-state.edu/counseling/topics/relationships/relatn.html)

Random Acts of Kindness Foundation: [www.randomactsofkindness.org](http://www.randomactsofkindness.org)

SAMHSA's What a Difference a Friend Makes Website: <http://www.whatadifference.samhsa.gov>

Tiny Buddha – Simple wisdom for complex lives: <http://tinybuddha.com>

University of Texas - Building a Healthy Relationship:  
<http://cmhc.utexas.edu/healthyrelationships.html>

University of Washington – Healthy vs. Unhealthy Relationships:  
<http://depts.washington.edu/hhpccweb/content/health-articles/all-undergraduates/healthy-vs-unhealthy-relationships>

WRAP and Recovery Resources (Support and WRAP for Loneliness):  
<http://www.mentalhealthrecovery.org>

## Videos and Webinars

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Creating Intentional Peer Supports <http://meeting.networkofcare.org/psn>.

Inviting the Day (The short story of one peer supporter):  
<http://www.keystonehumanservices.org/mental-health-services/inviting-the-day.php>

This Emotional Life: <http://www.pbs.org/thisemotionallife>.

Partnerships in Recovery (18 min. video)  
[http://www.esi-bethesda.com/ADSmediafiles/\\_video/06-0327PartnersInRecovery.wmv](http://www.esi-bethesda.com/ADSmediafiles/_video/06-0327PartnersInRecovery.wmv)

Magellan Resiliency and Recovery E-Learning Center: <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

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- AVP Education Committee USA / International (2013). Alternatives to Violence Project (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*. <http://www.nyaprs.org/conferences/annual-conference/documents/CourageousConversations.pdf>
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