

Supervision of Peer Workforce Project

Emotional Health Association & Los Angeles County Dept. of Mental Health

Funded by the Office of Statewide Health Planning and Development (OSHDP)

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Recovery International Directory

ACA Directory

Overview: Supervision of Peer Workforce Project

The Supervision of Peer Workforce Project is a collaboration between Los Angeles Department of Mental Health and Emotional Health Association to train peers (that is parents, family members, consumers and caregivers) working in the Public Mental Health System and their supervisors in in state-of-the-art supervision techniques to improve outcomes for the people we serve. The Project is funded by the Office of Statewide Health Planning and Development or OSHPD.

The project consists of trainings teaching evidence-based best practices that have been shown to improve the integration of peer workers into the mental health system. We have nationally recognized leaders with decades of experience presenting these trainings.

The trainings are:

1. **Strategies for an Effective Peer Workforce**
2. **Cultural Competency: Becoming an Ally**, February 25, 26, 27 or 28, 2019
3. **Trauma-informed Peer Supervision**, March 26, 27 or 28, 2019
4. **Stigma... in Our Work and in Our Lives**, April 2019

Continuing Education Credits available. Please make sure you give us your license number when registering.

Other opportunities:

Create an Implementation Team at your agency

Become a mentor—or get mentored

Present at a Peer Workforce Conference in 2020

Questions? Anne Wurts anne@shareselfhelp.org or 310-846-5270

Strategies for an Effective Peer Workforce Training

Learning Objectives

1. Describe five best practices of peer support
2. Demonstrate knowledge and ability to use evidence-based practices to refer people to self-help support groups.
3. Describe at least three differences in responsibilities between peer workers and clinical staff
4. Demonstrate cultural competence in applying peer practices and services
5. Orient people to participating in Recovery International and use the four point example with cognitive-behavioral “spots” to alleviate stress, anxiety and depression.
6. Describe eight strategies to reduce stress and improve life satisfaction.
7. Create a plan to improve self-care.

The Value of Recovery Supports for People with Mental Health Conditions

Evidence-based Peer Services

There are five evidence-based Peer Services included in this training. There are many more, but these five can form the basis of effective Peer Services:

1. The Helper Therapy Principle
2. Peer Listening and Disclosing
3. Recovery Planning
4. Self-Help Support Groups
5. Peer Bridging

Each peer intervention description includes:

Definition

Key Components

Evidence Base—scientific findings which demonstrate the effectiveness of the intervention.

Key Question—Peers and their supervisors can ask the Key Question to make sure they are delivering the intervention effectively

What success looks like—Examples, based on potential outcomes, which show the impact of the intervention in people's lives

Implementing the peer service successfully—a chart demonstrates how to implement the intervention with the highest recovery orientation. The charts can be used in the supervision process to develop mastery of the intervention.

The Helper Therapy Principle

Definition: The Helper Therapy Principle states that helping others has positive health and mental health benefits—and heals the helper more than the person being helped.

Key Components: When people help others, or even *perceive* they are helping others, they feel good about themselves in ways that improve their mental health, health and functioning. Whether by sharing in a self-help group, volunteering or contributing to an agency's projects, acts of service in themselves are healing.

Evidence Base: The Helper Therapy Principle was first described by Frank Riessman in 1965. Riessman defined the principle on the basis of his observations of various self-help support groups, in which helping others is deemed absolutely essential to helping oneself.



Scientists have found that helping others is beneficial in a variety of contexts, including among teens doing tutoring for younger children. The younger children's grades improved with tutoring, but the teen tutors' grades improved even more (Rogeness & Badner, 1973). The helpers got more out of the tutoring than the people they tutored!

The members of self-help support groups are replacing negative emotional states with the positive state called "the helper's high," a pleasurable feeling of energy and warmth. The "helper's high" was first carefully described by Allen Luks (1988). Luks, in a survey of thousands of volunteers across the United States, found that people who helped other people consistently reported better health than others in their age group, and many stated that this health improvement began when they started to volunteer. Helpers report a distinct physical sensation associated with helping; about half report that they experienced a "high" feeling, 43 percent felt stronger and more energetic, 28 percent felt warm, 22 percent felt calmer and less depressed, 21 percent experienced greater feelings of self-worth, and 13 percent experienced fewer aches and pains. Getting people to help others is a great way to improve their health and wellbeing.

Peer workers use the Helper Therapy Principle to improve the health of those they serve by giving them meaningful roles that help others. Letting a consumer teach someone else how to use a computer or make dinner improves the lives of both people. Encouraging people to attend structured self-help support groups without a facilitator does this as well.

Key Question: Are you letting the person help you, or encouraging them to help others?

Helper Therapy Principle: what success looks like

They asked me to edit the newsletter

“When I first came to the center, I was homeless and hadn’t had a bath or combed my hair in months. I told them that I had been a middle school teacher and they asked me to be the editor of the newsletter the very next day. It totally changed my view of myself and of my life. I finally knew there was hope.”

Volunteering gave me work skills

“I had been applying and getting jobs but being laid off after only a few weeks. I volunteered at the center because I wanted to work. They put me in charge of getting the meeting rooms in order with the help of two court-ordered community service volunteers. I was shocked when I told one of them to do something and they did something completely different. One of them even yelled at me, telling me why I was wrong about how to do something. I realized that was why, I kept getting laid off—I didn’t do things the way my supervisor asked me to and often told them off. I got hired at a new job two and a half years ago and have held the same job since then.”

My daughter’s drawing mattered

“My daughter loves to draw. She gave a picture to my Parent Partner. When I visited the Parent Partner, I saw my daughter’s picture on the wall and I shed a tear. Seeing my reaction, my Parent Partner said, “That picture means a great deal to me. It helps me remember how important my job is.” I felt so good about that.”

We celebrated Diwali

“I come from India where Diwali is a huge holiday, as big as Christmas is here. When I told my Peer Specialist that I hadn’t celebrated Diwali in ten years, he suggested that we organize a Diwali celebration at the center. I was in charge of the committee to put it on. Diwali is a festival of lights, so we got everyone to make decorative candles. We filled jars with layers of rice that we colored with food coloring, just like we did in Kerala where I come from. I made my mother’s favorite curry. Other people made curries too. We also had the traditional dried fruit and nuts. We lit all the candles and had a feast. People learned about my culture and they really enjoyed Diwali and want to celebrate again next year.”

We help with everything

“At the shelter, people who stay there, like me, are not allowed to do anything. They have volunteers who come in to help feed us and clean the place up, but if you are staying there, you are not allowed to help in any way. I cannot even go into the kitchen for a drink of water without a volunteer or staff person going with me. My Wellness Center is completely different: we are allowed to help with everything. I get treated like a human being, not some animal. They trust me with supplies and let me organize groups and activities. I even helped them figure out the percentage increase in people housed and employed at the Wellness Center for their annual report, as I am really good at math. “

Effective Implementation of the Helper Therapy Principle

“Recovery 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.” –SAMHSA

Critical ingredient of the Helper Therapy Principle	Examples of high-recovery Helper Therapy Principle services	Examples of low-recovery Helper Therapy Principle services
Creating leadership opportunities	Peer worker is adept at creating opportunities for people to be the person helping. For example, finding a skill that someone has and having them teach that skill to others; teaching the person to use Word today and having them train someone else in Word tomorrow; volunteering in the community; going to self-help support groups.	Peer worker lacks structure and approach to create leadership opportunities. Peer worker does projects and accomplishes things themselves, rather than giving others the satisfaction of being leaders and making a difference.
Empowering others	Peer worker listens for and implements participants’ suggestions such as having a Kwanzaa celebration, writing their legislative representative about something they want changed, starting their own business, putting on a program, inviting people to a recovery panel, etc. The Peer worker lets the person help them.	The only opportunities to help are those created by staff and/or directed by staff. The Peer worker sees their role as helping the person and rarely lets the person help them.
Enhancing meaningful roles	Peer worker discovers people’s strengths, skills and goals and creates projects where they can maximize their sense of meaning and purpose. People are supported in going back to school and getting their dream jobs.	Peer worker frequently asks the participant to help without connecting with the person’s interests and goals. Peer worker assigns menial tasks. There is little or no support for competitive employment.
Noticing Contributions	Peer worker consistently notices and acknowledges participants for their contributions, big or small, such as input, actions, acts of kindness, volunteering, achieving recovery milestones, being part of the community, and being who they are.	Peer worker has difficulty seeing and acknowledging contributions that the people they serve are making or trivializes them.

Acknowledging Contributions	Peer worker creates or supports informal and formal acknowledgement systems, such as congratulating people, thank-you boards, thank-you notes, milestone celebrations, etc. Participants perceive that they are making meaningful contributions.	There is no formal system of thanking people, or the peer worker seldom uses it. Participants seldom feel valued for their efforts or contributions.
Status differential	The Peer worker recognizes that the person they are working with has strengths, gifts, knowledge and skills that are superior to those of the Peer worker.	The Peer worker sees themselves as better than the person they are serving.

Peer Listening and Disclosing



Definition: Peer listening and disclosing is using active-listening techniques and sharing one's own lived experience of the situation a person is going through. Peers do not give suggestions or advice unless specifically asked for it.

Key Components: Peers help others with similar challenges by understanding and sharing their own experience. This builds hope and shows that recovery is possible. A trusting peer relationship encourages hope and self-determination. Peer workers create a safe environment. They help guide individuals in setting personal goals, identifying barriers, developing problem-solving strategies, and pursuing a path of recovery.

Peer listening and disclosing is different from and complementary to clinical expertise because it represents a relationship of equals in which each is benefiting from the relationship with the other.

Evidence Base: Research suggests that mutuality, listening, and sharing experience contribute to modeling recovery (Davidson, Bellamy, Guy & Miller, 2012). Emerging research shows that peer support is effective for supporting recovery from behavioral health conditions. Benefits may include: a) increased self-esteem and confidence, b) feeling of control and ability to make life changes, c) sense of hope and inspiration; d) empathy and acceptance, e) engagement in self-care and wellness, f) social support and social functioning; g) raised empowerment scores; h) increased sense that treatment is responsive and inclusive of needs. (See SAMHSA presentation on Value of Peers Infographics https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf)

Shery Mead, the founder of Intentional Peer Support, suggests someone in emotional distress “look for people who will listen deeply, ask the hard questions, and be honest about what works for them and what doesn’t.” (Shery Mead on Intentional Peer Support, On the Future of Mental Health, Eric R. Maisel, Ph.D., Psychology Today, posted August 17, 2016 <https://www.psychologytoday.com/us/blog/rethinking-mental-health/201604/shery-mead-intentional-peer-support>)

Key Question: Is your listening free from judgement or suggestion? Are you regularly sharing your own similar experiences in such a way that the person you are supporting feels connection and hope and is empowered to experience growth and change?

Peer Listening and Disclosing: What success looks like

I was not alone

"I was so ashamed that my son had to be hospitalized. I knew I wasn't a perfect mother, but I felt the world was judging me. When my Parent Partner told me her son was hospitalized when he was seven years old, and that he was now doing well in middle school, it was as if a huge weight had been lifted off my shoulders. I was not alone."

Coping with my dad's death

"I had been depressed since my dad died in 2015. I loved him but he also beat my mom and me when he got drunk. When my Peer worker told me that he had mixed feelings when his dad died; that he had to deal with both the grief and the anger, it gave me a way to process what had happened without being the ungrateful kid or the one who never speaks ill of the dead."

My Peer worker advocated for me

"I have a real problem swallowing pills. Some days I can take them, but others I just gag and can't get them down. My Psychiatrist and Case Manager thought that I was just resisting taking meds, but I am OK with meds. I just can't always swallow pills. My Peer worker was the only one who listened to me and believed me. She was able to get my psychiatrist to give me shots instead. Other people can't handle shots, but I would rather have a shot than take a pill any day."

My fears had less power over me

"I had hardly left my apartment since turning 63. The field capable services people visited me to take care of my mental health needs. They always encouraged me to try to take a few steps out of the apartment at a time. I was so fearful and had panic attacks just thinking about going outside. I dreaded their visits. When my Peer worker came to visit the first time, she just sat and listened to me. She didn't encourage me to go outside or even talk about it. I eventually told her that I was at Ralphs when a robbery took place and a security guard got shot. This had happened like two years before I stopped leaving my apartment. She told me about how scared she got after the shootings in Las Vegas, as she had been in Las Vegas just a few weeks before they happened. As I talked about my fears, the power they had over me went away. Within a month my Peer worker and I were taking walks in my neighborhood."

Effective Implementation of Listening and Disclosing

“Recovery 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.” –SAMHSA

Critical Ingredient of Listening and Disclosing	Examples of high-recovery Listening and Disclosing	Examples of low-recovery Listening and Disclosing
Disclosing for the Person	Peer worker discloses their own experience with similar issues, including how they felt, what they thought at the time and what worked and did not work, without being asked. They use “I” statements in disclosing.	Peer worker discloses only when asked and does not include their feelings or thoughts at the time. They express their experience in the form of advice or say things such as “You should do what I did.”
Disclosing reality	The Peer worker discloses both their successes and challenges, including current challenges that they are encountering in their recovery that relate to what the person is going thru.	The Peer worker only discloses their successes and appears to be perfectly recovered without any problems. They hide their own setbacks from the people they are serving.
Peer to Peer	Peer worker is open about their lived experience, treats the person being served as an equal and uses peer boundaries. The Peer worker concentrates on connecting the person to non-paid social supports in the community.	Peer worker provides support using a clinical approach and/or clinical boundaries. The person’s social network is limited to professional relationships and other people at the clinic.
Targeted Disclosing	Peer worker targets their disclosure to the issues that the person they are working with is facing.	The Peer worker discloses in order to serve their own needs rather than considering the needs of the person they are serving.
Non-judgmental Listening	Peer worker listens to the person and validates the person’s feelings even when what is being said seems off topic or unrealistic. Can listen and behave without imposing own values and assumptions on others—rather is curious to find out more about the other person.	Peer worker listens to the person without validating their feelings, or the person’s reality. Peer worker imposes their values or assumptions on others.
Shared outcomes	Peer worker can communicate without being argumentative and competitive. Can reach shared outcomes and solutions.	Has difficulty understanding that there are multiple perspectives. Insists on being right.
Listen fully	Peer worker gives the person their whole attention and take time when the person stops talking to formulate a response to what they heard.	While the person is speaking, they think about how to respond to them rather than listening fully.

Recovery Planning

Definition: Recovery Planning is a way for a person to take charge of and control their recovery process by developing a written plan to help in their recovery.



Key Components: A written plan that addresses recovery needs and/or pathways to achieve recovery goals. The planning process uses backwards design which starts where you want to be and work backwards to get to where you are today. Commitments are then made to achieve each step on the path to the goal.

Peer workers help people develop their plans, by sharing their own plan, being with them as the plan is developed and encouraging them to make a commitment of one thing to do each week to accomplish their goals. Peer workers help people develop their plans, by being with them as the plan is developed and encouraging them to make a commitment of one thing to do each week to accomplish their goals. Peer workers praise for the progress and reframe attempts that did not succeed as needed learning and not failures.

Evidence Base: Perhaps the best known Recovery Planning tool is the Wellness Recovery Action Plan or WRAP. WRAP has been linked to significant improvements in self-reported symptoms, recovery, hopefulness, self-advocacy and physical health (Cook et al, 2009; Copeland et al, 2012). By planning for crisis or reduced functioning when we are well, we are more likely to maintain wellness and put supports in place during times of lower functioning.

Goal-setting using backwards design is a well-known best practice in education and business, and it works in recovery as well. Backwards design has been shown to be very effective in making it possible for people to achieve their goals more quickly (Wiggins & McTighe, 1998). In backwards design, you start where you want to be and work backwards to get to where you are today. Where would you be in five years if you are successful in your life? Once this is written down, the peer worker helps the person build a road map going backwards: where they need to be in 4 years, 3 years, 2 years, 1 year, 9 months, 6 months, 3 months, 1 month, 2 weeks, 1 week, tomorrow, today in order to achieve their vision of success.

When people set their own goals, they are more likely to achieve them, as they take responsibility and ownership. This leads to empowerment and makes people proactive in taking the next steps to reaching their overarching goals (Elliot & Fryer, 2008). Setting one's own goals increases motivation and performance (Horn & Murphy, 1985). Just having a commitment, increases the prospect of achieving a goal (Cialdini 2009), and people are more likely to seek help and feedback when they have committed to a goal (Locke & Latham 1990). When people accomplish the steps to their goals, their mental health also improves (Kreibig, Gendolla & Scherer 2010). Having the process or the "how" to achieve a goal greatly increases the probability of success (Zimmerman & Kitsantas, 1999; Ferguson & Sheldon, 2010). The more specific the goals are, the more likely they will be attained (Schunk, 1990). Having the person identify blockers or ways that the person sabotages or gets off track, and developing plans to avoid these blockers increases the likelihood of following through to reach the goals (Van Edwards, 2017).

Key Question: Are you using future thinking as the starting point for setting goals and listening to commitments to move people forward in recovery?

Recovery Planning: What success looks like

I got a job and moved out of the Board and Care

“My mother, older brother and I fled Iran after my father was arrested. We never heard from my father again. I had been living in a Board and Care and was really hopeless. I spent my days lying on my bed staring up at the ceiling drinking booze. I rarely bathed, shaved or even combed my hair. One day a nice woman came to visit me, and told me she was a Peer worker and had bipolar too. She invited me to a Plan for Success workshop. I decided to go to the workshop as I knew she would be there. I closed my eyes and thought about what success would be like for me. I knew my mother and brother would stop nagging me, if I had a job at a Seven-Eleven and was supporting myself. I wrote down that goal. Together with the group we did this backwards thing where we went backwards instead of forward to the goal. When we got to what I had to do tomorrow, I realized that the goal was not unreasonable at all. I stood up and beat my chest, and said “Today, I need to stop drinking!” Within six weeks, I had a job at a Seven-Eleven and had moved out of the Board and Care. My mother is really proud of me now.”

I’m becoming an LCSW

“I got hooked on diet pills in my teens. I was the chubby Latina and wanted to change it. Soon I was arrested for selling pills and was in and out of jail for like 15 years. I never finished high school. I started volunteering at a Wellness Center and did a Plan for Success. I wanted to work in the mental health field to help others, but who would hire an ex-drug dealing addict, right? I was supposed to write down my dream so I wrote to become a Licensed Clinical Social Worker. Fantasy, right? Well, I’m here to tell you my plan worked. I got my GED, went to community college and transferred to Cal State Dominguez Hills. I am doing my hours now for my license. I never would have believed that one piece of paper would make such a difference in my life.”

I started my own business

“My meds don’t work for me all the time. I can be fine for a few months or a few years and then I’m back in the hospital. It’s so unpredictable. I want to work, but I know that when I crash, my job is gone. I love to cook and developed a recipe for these really delicious healthy cookies. When I did my Plan for Success, I wrote my goal as having my own business selling my cookies. I did the backwards design thing and found I had to find a manufacturer and buyers. I worked on my project and now sell 10,000 cookies a month to vendors at Farmers’ markets all over Los Angeles. I was recently hospitalized again, but the business was able to run itself for the two weeks I was away, because I had a WRAP plan in place for both the hospitalization and the business.”

Since my breakdown, I'm helping others

"I was a successful real estate agent before the housing crisis hit. I went into a deep depression and attempted suicide when I lost my livelihood, my house and my family. I volunteered at a Wellness Center where they gave me the Plan for Success. I didn't want to be a real estate agent again as I couldn't handle the stress of possibly losing everything again, but thought that perhaps I could work at a non-profit that used my real estate talents. Back before the internet, we had to use map books to find addresses, so moving from where I wanted to go, back to where I am, was not a hard concept to get. Within two years of making my Plan for Success, I had a job as the Executive Director at an agency finding group homes for developmentally disabled adults. The promise of the Plan for Success was exactly what I got."

I'm becoming a graphic designer

"The thing I like about the Plan for Success is that it doesn't look at the wreckage of my life now as the starting point. I mean, it was clear that I had to get off of crack before I could do anything with my life. But just that thought was too much for me to do without a real reward at the end of it. The five-year goal gave me that real reward and made it possible for me to succeed in treatment this time. I have three years, two months, and five days clean and sober now. That would never have happened if I didn't see the path to becoming a graphic designer. I had always been good at art, but until I made the path from being a graphic designer back to being a homeless, crack head, I never thought I could do it. I make commitments each week toward my goal and share them in my self-help meetings and my sponsor. I developed a portfolio and am working at an agency while I continue on my degree."

Effective Implementation of Recovery Planning

“Recovery 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.” –SAMHSA

Critical Ingredient of Recovery Planning	Examples of high-recovery Recovery Planning	Examples of low-recovery Recovery Planning
Modeling success	Peer worker shows their own WRAP or Plan for Success, with their goals and commitments and talks about how it has helped them. They also talk about things that did not work out as planned and how they coped.	Peer worker gives someone the forms to use in recovery planning. Peer does not disclose their own recovery planning process or difficulties they had to overcome or are still working to overcome.
Goal Planning	Peer worker discovers the person’s long-term goals and uses backwards design to develop a roadmap to get there.	Peer worker discovers the person’s goals but does not use backward design to develop a roadmap to get there. Focuses only on short-term goals.
Support	The Peer worker encourages the person to be ambitious and accepts the goals that the person wants to work on, even if they appear to be unrealistic.	The Peer worker tries to make sure that the person’s goals are easily achievable and realistic to where they are now.
Goal Implementation	Peer worker encourages the person to make a commitment of one thing to do this week toward their long-term goals and never is disappointed when they don’t achieve it. They support the participant in identifying how their social network can help them achieve their goals.	Peer worker encourages the person to take steps to reach their goals, and expresses disappointment when the person does not take steps toward their goals.
Autonomy	Peer worker supports the person in starting anywhere to reach their goals.	Peer worker suggests what the next step toward the person’s goals should be.
Fostering Independence	Peer worker supports the person in deciding who will be part of their WRAP and who won’t be. The Peer worker empowers the person to take charge of their life.	Peer worker expects person to include them in their WRAP or pressures them to include friends and family the person does not want to include. Peer worker views the person as not able to make good decisions or to take care of themselves.

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Plan for Success



Exhale fully. Close your eyes. Inhale. Take five more deep breaths.

Imagine five years from now when you are successful.

What are you doing?

What makes you feel proud?

What is worth celebrating?

What makes you feel good?

What makes you feel accomplished?

Dreaming, what would satisfy you in terms of being successful?

In 5 years I will be _____

4 Years _____

3 Years _____

2 Years _____

1 Year _____

6 months _____

3 month _____

1 month _____

2 weeks _____

1 week _____

Tomorrow _____

Today _____

As I dream, I acknowledge that for every problem, there is an infinite number of solutions. My Plan includes time spent learning about how to achieve my goals and developing the skills to achieve them. What do I need to accomplish my goals? How might I learn more about how to get there? Who might be able to support this goal, and how can I meet such people?

Now that I have the plan, I can commit to doing something each week to further my goals—each small step a cause for celebration. I am 80% more likely to achieve my weekly commitment if I write it down and tell at least one other person. I share my commitment with my self-help group, a friend, a peer worker, a case manager, a family member or whoever I choose.

The more people I know, the more likely I am to achieve my goals. Most people achieve their Five-year Goals within two years.

I am worth it!

I deserve to have my dreams come true.

Self-Help Support Groups

Definition: The American Psychological Association defines a self-help support group as: “A voluntary, self-determining, and non-profit gathering of people who share a condition or status; members share mutual support and experiential knowledge to improve persons’ experiences of the common situation.”



Key Components: Everyone in the group is equal. No one has more authority or power than any other member of the group. There is sharing and/or interaction between the members. Decisions about the group are made by the group members, not by a leader or clinic management. Leadership is shared or rotated and every member of the group could become a leader with minimal training. Groups often use a written document called a format to explain the rules of the meeting at each session. Attending self-help support groups gives peer workers support for their jobs, teaches resiliency, listening and non-judgmental skills essential for providing peer services. Peer workers encourage the people they serve to attend self-help groups by disclosing their own experience of recovery in them.

Self-help support groups use the Helper Therapy Principle. Self-help support groups, where people are deeply engaged in helping one another, and are motivated by the pursuit of their own personal growth and change, are most effective. Research shows that in self-help support groups, people who have experienced a problem help each other in ways that professionals cannot, that is with greater empathy, self-disclosure and practical knowledge.

Self-Help Support Groups evidence base:

1. Cut the re-hospitalization of mental health consumers by 50 percent (4) (7) (10) (12) (16) (19)
2. Reduce the number of days spent in the hospital by one third (4) (10) (19)
3. Reduce significantly the amount of medication needed to treat mental illness (4) (6) (19)
4. Move large numbers of people out of the system into productive lives (4) (19)
5. Participants are more likely to collaborate with clinical staff regarding taking medications (12) (16)
6. Effects are realized in weeks and sustained for years (4) (6) (16) (19) (22)
7. Reduce drug and alcohol abuse (9) (11) (14) (18) (23)
8. Reduce demands on clinicians’ time (8) (16)
9. Increase empowerment (4) (6) (16) (19) (20)
10. Provide community support—the suspected reason that people in developing countries recover from schizophrenia at nearly twice the rate that they do in developed countries (16) (24)
11. Provide mentoring opportunities that improve the outcomes of both the mentor and the person being mentored (5) (17) (21).
12. Reduce criminal behavior (14) (23)
13. Increase family resources and reduce family stress (3)
14. Increase consumer satisfaction (8) (16)
15. Are underutilized by clinicians because of incorrect preconceived ideas about self-help and the lack of professional training on self-help (16) (22).

The major mental health groups are Recovery International, Emotions Anonymous, Project Return, Depression and Bipolar Support Alliance and Adult Children of Alcoholics and Dysfunctional Families. Other groups address money management, public speaking, healthy eating and more than 700 other concerns in Los Angeles. All the groups are either donation only or charge a minimum fee, with consideration for those with limited incomes.

Key question: Are you attending self-help support groups and using your lived experience with them to encourage others to attend?

Self-Help Support Groups: What success looks like

The first place I ever belonged

“I was an unwanted child with three older siblings. I was neglected, and sexually, physically and emotionally abused. I changed schools eight times before 12th grade. I never belonged anywhere. When I walked into my first incest survivors support group, I couldn’t stop crying. It was the first place I ever belonged. Everyone knew exactly what my life had been like, because they had been there too. It totally changed my life. It was the beginning of my recovery.”

I had to take action

“My career as a mental health consumer started when I was 23. I visited my doctors regularly and tried to do as they recommended. It wasn’t until I had attended some self-help support groups that I realized that if I was going to get better, that I had to take action. Recovery is a Do-It-Yourself job. My doctors could help, but I had to make take the action to make changes and figure out how to get better. In the self-help group there is no one who supposedly knows better. They don’t give advice. People just share about what they are doing and learning. At first I resisted because it was always easier to have someone else take the responsibility of making the hard decisions in my life. Once I realized I had to do it, it became really empowering and I got better every week. I got my first job a year ago and my support group is still there every week for me to deal with whatever challenges I face.”

Recovery International changed my life

“At age 28, I was diagnosed with schizophrenia and committed to Camarillo State Hospital. This followed several hospitalizations, each after a suicide attempt. While in the state hospital, I was introduced to Recovery International, a self-help support group. At last, I had found a program to help me while I had symptoms. I gradually changed my beliefs, from “There is no hope for me” to “Who knows? I could be among those who get well.” I took steps forward and backward, but after leaving the hospital, I never returned. Strong symptoms of despair and gloomy thoughts still arose frequently, but Recovery International taught me to recognize them. They usually reflected my feelings of inadequacy. As years have passed, these symptoms have diminished, partly because I no longer fear them. Recovery International has given me my life and it has given me a philosophy to help me cope with everyday living. I retired recently from my job as the Vice President of Mortgage Banking for a commercial real estate company where I handled billions of dollars of real estate. Not too bad for a schizophrenic lady. Today I continue to attend Recovery International meetings because it’s good insurance for my mental health.”

At Alateen, the other kids understand

“My mom and dad separated three years ago when my dad started using meth again. My mom refused to let me see him even when he was clean and sober again. Then my mom had a breakdown and started using drugs again. DCFS removed me from my mom and I now live with my dad. The Parent Partner suggested that I go to Ala-teen as I just turned 15. It has been really helpful. The kids there are really nice and I can share stuff with them that I can’t share with my friends at school without freaking them out.”

Refuge for an Asian-American alcoholic

“I knew I was an alcoholic and had tried Alcoholics Anonymous and different treatment programs to stop drinking. I am a Buddhist and the 12-Steps of AA did not sit well with me, as they seemed to me like an attempt to get me to become a Christian. I didn’t like holding hands and praying so publically at the end of the meetings. In Japan, no one prays or meditates in public, no matter which religion they are, as it’s like they are showing off. I was always the only Asian in the meetings, too. The Peer worker told me about all the alternatives to AA that no one in treatment had ever even mentioned. I found out about Refuge Recovery which is a self-help group for Buddhists to stop addictions, and also SOS or Secular Organizations for Sobriety that doesn’t have a spiritual component to it at all. He also told me it about SMART Recovery where no one shares their business at all, but that uses a cognitive-behavioral method to stop addiction. I went to all of them with my friend, Haru. He liked SMART Recovery best, as he is *Issei* or first-generation Japanese and doesn’t like to tell anyone his business. I preferred Refuge Recovery as I am *Sansei* or third-generation Japanese and I don’t get shy about sharing what is happening with me and I like to hear everyone else’s stories.”

Effective Implementation of Self-Help Support Groups

“Recovery 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.” –SAMHSA

Critical Ingredient of Self-Help Support Groups	Examples of high-recovery Self-Help Support Groups	Examples of low-recovery Self-Help Support Groups
Equal Relationships	Peers with the same level of power—none of whom are paid—attend a support group addressing a common concern. Leadership and decision-making are provided by the members.	Paid peer specialist leads the support group and discussions, addresses disruptive behavior and makes decisions for the group.
Rotating Leadership	The support group leadership rotates, and positions could be held by anyone in the group with minimal training.	One person leads the group. The group doesn’t happen unless that person is there.
Community-based	Referrals and information about community-based self-help support groups are available to all participants.	The groups are held only at a mental health facility and/or are canceled when the room is needed for other uses.
Structure	The group uses a written format for explaining the rules and the agenda of the self-help support group that various members read at the beginning of the meeting and as each activity changes.	There is a single leader who verbally explains the rules, determines who can speak, and what is appropriate in the group.
Shared Norms	The written format includes a statement about why the group is meeting and what their goals are regarding the issues they share.	The group does not have specific written recovery goals that are shared in each group meeting. The peer worker provides a topic or activity at each meeting without connection to the group goals.
Non-judgmental	People share their own experience using “I” statements. They do not give unsolicited advice or judge what other group members have shared.	Shares often include “you” statements. People give advice and problem solve without checking whether the person who shared wants advice or just wants to be heard.
Safety	Crosstalk, where others interrupt or comment on someone’s sharing, is not allowed and is enforced by any member of the group with gentle reminders. Anonymity is expected and protected.	The leader has the right to ask anyone to leave without hearing their side of the issue or giving them opportunities to improve. People who are not peer members of the group enter the group without the group’s permission. Staff create clinical notes about what happens in the group identifying individuals. Members sign in.

Due process	Each person has a right to due process in the group and is given opportunities to change disruptive behavior before takes action to exclude the member. If someone is asked to leave, it is for only one or two meetings, not forever.	Disruptive people are banned from attending the group without being given a chance to change their behavior.
Cultural competence	People are given the choice to attend the self-help support group that best fits their issues, religion, sexual orientation, ethnicity or other needs.	People are not given a choice of various self-help support groups to attend.

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Peer Bridging

Definition: Peer Bridging is the action of supporting someone in moving from one place in their life to another by someone who has made a similar move. This includes a person moving from being an inpatient to an outpatient, from homelessness to housed, from jail to the community.

Key Components: Peer

Bridgers ideally get to know the person they are bridging before they are in their new situation. By disclosing their similar lived experiences, they normalize the fears, concerns and feelings that the people in the new situation have. They connect people to self-help support groups, and may attend self-help support groups with the person they are work with. They use recovery planning to

empower the person to move forward. They are a support and a role model, sharing their experience, tools and skills to make the transition successful.



Evidence Base: In 1994, the New York Association of Psychiatric Rehabilitation Services (NYPRS) was assigned to help people transition out of psychiatric hospitals into the community, so that they would not be readmitted to the hospital shortly thereafter. In response, NYAPRS created the Peer Bridger Project.

In 2008, the Peer Bridger Project found that 71 percent of the people they served were not readmitted to the psychiatric hospital. Normally, 50 percent of people would get readmitted to the hospital within a year.

In another project, Peer Bridgers were used to increase engagement and participation in outpatient services for people exiting New York psychiatric hospitals. “Project Connect, a clinical demonstration program developed in consultation with the New York State Office of Mental Health, adapted Critical Time Intervention for frequent users of a large urban psychiatric emergency room (ER). Peer staff provided frequent users with time-limited care coordination. Participants increased their use of outpatient services over 12 months compared with a similar group not enrolled in the program.” - *Psychiatric Services* 2016; 67:479–481; doi: 10.1176/appi.ps.201500503

Key Question: Are you empowering the person and walking with them as they make their own decisions in moving from one situation to another, using Helper Therapy Principle, Listening and Disclosing, Recovery Planning and Self-Help Support Groups?

Peer Bridging: What success looks like

I'm going to be a marine welder

"I had been homeless on Venice Beach for eight years when someone at Clare Foundation referred me to SHARE! Collaborative Housing. I moved in that very same day. My Peer Bridger met with me and I discovered that he had been a homeless, schizophrenic, alcoholic too. He got sober 3 years ago and got his job a year ago. He did a Plan for Success with me. I have always wanted to be a marine welder. They make good money, but I needed to get a certificate. I realized that I needed to get my health and mental health in order first and my Peer Bridger connected me with Compton Mental Health and a primary care physician. My Peer Bridger told me about the self-help support groups near my house and I started going regularly to Alcoholics Anonymous and Co-Dependents Anonymous. I got a job at a factory warehouse in Compton. Every time I saw my Peer Bridger I made one commitment towards my goal of being a marine welder. I got accepted to National University Polytechnic Institute and began in September. My housemates have been asking me advice about stuff--they say I am their model of recovery."

I can see my grandchildren again

"I am so happy to be able to tell you my story in English. A year ago I was a senior Latina living on the streets of South Los Angeles and hardly spoke English. My son had barred me from his house because of my anger issues. I met with my Peer Bridger who took me to my new home with five other women. Only one of them spoke Spanish. I did a Plan for Success where my only goal was to be able to see my grandchildren again. My Peer Bridger shared how important her grandmother was in her life which made me know she understood how important this goal was to me. I needed to take Anger Management Classes before I could see my *nietos* again, but it was too hard to even register for the classes. My Peer Bridger suggested I try the Neuróticos Anónimos—a self-help group in Spanish and also Co-Dependents Anonymous in Spanish. I went there and the meetings really changed my life. I was not so ashamed and soon I was able to go to the Anger Management classes. The meetings had tools to help me reestablish a relationship with my son. My house mates helped teach me English. I started going to CoDA in English with them every Thursday night and that helped my English even more. Last month I was awarded unsupervised visitation with my grandchildren because I finished the Anger Management classes and demonstrated that I could maintain stable housing."

I'm doing great on my own

"When you look at me, it is hard to believe that I spent 10 months in a mental hospital. I really did not want to leave as I had been unable to cope for a long while and was afraid that the real world would be too much for me. I met my Peer Bridger who told me she would be there as I moved back into the community. We chatted and she said that she too had been hospitalized when she had her first break, but hadn't been back since. It gave me hope as I had seen many people leave the hospital and come right back a few weeks later. Her success made me at least

think that I too might could be successful. She got permission to take me out of the hospital on a pass and we went to an Emotions Anonymous meeting where I met others who had left mental hospitals and moved into the community. Some of them even had jobs! The day of my release, my Peer Bridger took me to the Board and Care where I was going to be staying. She accompanied me to my first outpatient appointment. She introduced me to everyone at the Wellness Center and gave me a handout of free activities in the area. Over the next weeks, she visited and we talked on the phone. I kept going to the self-help groups and soon had friends who understood me. I've decided that I want to go to college and study Marketing. A year later I'm enrolled at Los Angeles Southwest College and I got all A's in my first quarter. I still talk to my Peer Bridger whenever I need to, but I am doing great on my own."

It feels like a brand new life

"When I finished my time for a crime I committed when I was a foolish kid with no sense of right or wrong, I was scared. So many people end up back in prison. I didn't want that to be me. My Peer Bridger steadied me. He told what he went through when he got out of prison. He introduced me to some great Narcotics Anonymous groups in my neighborhood—which was the same fellowship I had been part of in prison. He invited me to come to the Wellness Center and I started meeting new people. Pretty soon I was asked to be a speaker at some of the self-help support groups. I began to see I have a lot of wisdom and experience to share, especially with some of the youngsters that might go the wrong direction like I did. I got an internship at a local nonprofit—and that turned into a paid part-time job. My Peer Bridger supported me along the way. My mom is so proud of me now—and my Peer Bridger is too. I've come to see I'm not the bad guy I used to be. It feels like a brand new life."

Effective Implementation of Peer Bridging

“Recovery 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.” –SAMHSA

Critical Ingredient of Peer Bridging	Examples of high-recovery Peer Bridging	Examples of low-recovery Peer Bridging
Integrating Support	Peer worker integrates the practical parts of the change with their own experience with a similar change including their feelings, hopes, fears, challenges, etc. They respect the feelings, fears, etc. of the person being served.	Peer worker sees that the practical parts of the change are taken care of. The Peer worker does not connect with the person regarding their feelings, hopes, fears, and apprehensions. They reassure with little or no disclosing.
Respecting Differences	Peer worker recognizes the individuality of the person they are working with and supports them where they are, even when they have different assessments of the situation and/or different perspectives or worldviews. They recognize that everyone has a different recovery journey. One size does not fit all.	Peer worker expects that the person they are working with has the same worldview as they do, and thus will handle the situation in a prescribed way. They may assume that people need the same recovery tools that the peer worker has used. They judge the person served as “wrong” rather than as a human being able to make the best decisions for themselves.
Peer Role	The Peer worker see their primary role as helping someone discover their own path to recovery, including setting their own, goals, deciding what is important to them, and connecting the person to non-paid social support in the community.	The Peer Worker sees their primary role as solving the person’s problems and connecting them to other professional services.

Relationship building	The Peer worker prioritizes the relationship with the person they are working with. Other issues are secondary. For example, the Peer worker starts the session together with a check in as to how things are going, including a short honest update on their own recovery before moving other issues and paperwork.	The Peer worker is all business and struggles to build an authentic relationship with the person. Their focus is on checking off everything they need to get done with the person that day.
Respect and Dignity	The Peer worker recognizes that they are taking a journey with the people being served to provide them with unconditional regard and support. They see themselves as similar to the person they are serving. They look for strengths and positives in the person they are serving.	The Peer worker treats the person being served in a patronizing way or as a child needing guidance, rather than as an equal. They may use judgmental language when referring to the person in private or express disappointment in not getting the person to do “the right thing.”

Fostering Resilience

Jobs in mental health settings are stressful. As a result, self-care is an important area of focus for all mental health staff, including the Peer Workforce.

The more resilient we are, the better role models we are for those we serve.

Evidence-based ways to improve resilience include:

1. Self-help support group attendance including:
 - Recovery International, #1 self-help support group for mental health
 - ACA, self-help support group for childhood issues
2. B.R.E.A.T.H.E.—eight evidence-based strategies to reduce stress
3. Self-assessment

Basic Concepts

For more than 70 years, thousands of people all over the world have been using the self-help method developed by neuropsychiatrist Abraham Low, M.D., to live more peaceful lives. The Low Self-Help Method is based on these important concepts.

Temper Has Two Faces

<p>Angry Temper: The <i>judgment</i> that the other person is wrong or has wronged me.</p> <p>For Example: <i>Irritation, Resentment, Impatience, Hatred, Disgust, and Rebellion.</i></p>	<p>Fearful Temper: The <i>judgment</i> that I am wrong.</p> <p>For Example: <i>Worry, Feeling of Inadequacy, Hopelessness, Fear of Damage to your Reputation, Sense of Shame.</i></p>
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Living a more peaceful life starts with learning to recognize signs and symptoms of temper, both angry and fearful.

Environment Has Two Sides

<p>Outer (External) Environment: Everything outside yourself.</p> <p>You can't control any of these: People, Events, the Past, the Future.</p>	<p>Inner (Internal) Environment: Everything inside yourself.</p> <p>You Can't Control These: Feelings, Sensations.</p> <p>You Can Control These: Thoughts, Impulses.</p>
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Realize what you *cannot control*. Concentrate on what you *can control*.

Use Your Will -- You have the power to choose how you are going to act and what you are going to think.

Focus on Everyday Events

Most things that upset us are the routine events in everyday life. Using the low Self-Help Method, helps us deal more positively and peacefully with the frustrations, challenges and upsets of daily living.

Practice Self-Endorsement Give yourself a mental pat on the back for any effort to spot and control your temper and to control your thoughts and impulses.

Some Basic Recovery International Terms

Angry Temper —negative judgments (resentment, impatience, indignation, disgust, hatred) directed against another person or situation.

Fearful Temper —negative judgments (discouragement, preoccupation, embarrassment, worry, hopelessness, despair, sense of shame, feelings of inadequacy) directed against oneself.

Averageness —most of the things we experience, including nervous symptoms are average — most people have experienced them. Only our tendency to work them up makes them seem exceptional to us.

Self-endorsement —self-praise for any effort to practice the RI method. We recognize the value of every effort we make regardless of the result.

Sabotage —when we ignore or choose not to practice what we have learned in RI. When we do not do what is best for our mental health.

Trivialities —the everyday events and irritations of daily life. Compared to our mental health, most events are trivial

Inner Environment —everything inside your self: feelings, sensations, thoughts, impulses and muscles.

Outer Environment —everything outside your self: places, people, events, and the past.

Spotting —identifying a disturbing feeling, sensation, thought or impulse, previously unseen... then applying the right Recovery tools.

HOW A RECOVERY INTERNATIONAL EXAMPLE SHOULD BE CONSTRUCTED



OUTLINE

Learning to give an example simply and clearly in the four-step sequence is an important part of the Recovery International (RI) Method. The best way to learn is to practice construction and giving a “good average” example. Here are a few basics to work on as you go through each step in turn.

Step 1: Report a single situation or event that occurred – an everyday event when you began to work yourself up. Focus on a brief description of what happened: specifically, what triggered temper and symptoms? When describing the situation or event, be clear but brief. It’s tempting to go into a lot of “background” and detail, but this is usually unnecessary and even distracting. Practice focusing on just a few sentences of basic information that will clarify the situation or event that generated your symptoms or discomfort

Step 2: Report the symptoms you experienced – both physical and mental. For instance, angry and fearful thoughts, confusion, palpitations, disturbing impulses, tightness in your chest, lowered feelings, sweaty palms, and so on. While this step, like the others, should be kept brief, an important part of the RI Method is learning to be objective in recognizing and describing physical and mental responses. This objectivity makes those responses seem less threatening and overwhelming. Avoid diagnosing (“I became paranoid”) and spotting (that comes in the next step). Just describe your physical and mental sensations (“I felt flushed and angry, my head hurt,” etc.).

Step 3: Report your spotting of fearful and/or angry temper, the Recovery International tools you used to help yourself, and your self-endorsement for your effort. Here you identify the Recovery tools, the “spots” that helped you deal with your symptoms. Stay focused on RI language and concepts; avoid mixing in material from other methods. Be clear about how the spots apply to the symptoms and event, but don’t worry about using every possible tool. Often just one or a few spots are all that you need for the example.

Step 4: Begin with “Before I had my Recovery training,” and describe the temperamental reaction and symptoms you would have experienced in former days. What would have happened then versus what happened now? (This will help you note the progress you have made.) A crucial part of getting well through will training comes when we see how we’ve improved through our use of the RI Method. This step is important in helping us to see that improvement.

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RECOVERY INTERNATIONAL TOOLS



Recovery International notes: *“A purpose for using a Tool List is to enable newcomers to more easily and rapidly participate in a Recovery meeting. With this in mind Recovery International encourages you to use this list when you initially attend our meetings, until you feel comfortable without it. Your Group Leader may have other guidelines for you regarding the use of this list in meetings. We are glad that you are here and encourage you to participate and endorse for your participation!”*

“These tools are quoted or adapted from Dr. Low’s books: Mental Health Through Will Training (MH), Selections from Dr. Low’s Works (SEL) and Manage Your Fears, Manage Your Anger (MYF). Citations to Dr. Low’s books are listed for each tool. Many other tools can be found in these books.

1. Treat mental health as a business and not as a game
2. Humor is our best friend, temper is our worst enemy
3. If you can't change a situation you can change your attitude towards it
4. Be self-led, not symptom-led.
5. Nervous symptoms and sensations are distressing but not dangerous
6. Temper is, among other things, blindness to the other side of the story
7. Comfort is a want, not a need.
8. There is no right or wrong in the trivialities of everyday life
9. Calm begets calm, temper begets temper
10. Don't take our own dear selves too seriously
11. Feelings should be expressed and temper suppressed
12. Helplessness is not hopelessness
13. Some people have a passion for self-distrust
14. Temper maintains and intensifies symptoms
15. Do things in part acts
16. Endorse yourself for the effort, not only for the performance
17. Have the courage to make a mistake
18. Feelings are not facts
19. Do the things you fear and hate to do
20. Fear is a belief — beliefs can be changed
21. Every act of self-control leads to a sense of self-respect
22. Decide, plan and act.
23. Any decision will steady you
24. Anticipation is often worse than realization
25. Replace an insecure thought with a secure thought
26. Bear the discomfort in order to gain comfort
27. Hurt feelings are just beliefs not shared
28. Self-appointed expectations lead to self-induced frustrations
29. People do things *that* annoy us, not necessarily *to* annoy us
30. Knowledge teaches you what to do, practice tells you how to do it
31. Muscles can be commanded to do what one fears to do
32. Tempers are frequently uncontrolled, but not uncontrollable

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The Adult Children of Alcoholics/ Dysfunctional Families Questions

Adult Children of Alcoholics / Dysfunctional Families (ACA), one of the most powerful self-help support groups for coping with trauma, asks the following questions to help people identify if they have a history of childhood trauma.

1. Do you constantly seek approval and affirmation?
2. Do you fail to recognize your accomplishments?
3. Do you fear criticism?
4. Do you overextend yourself?
5. Have you had problems with your own compulsive behavior?
6. Do you have a need for perfection?
7. Are you uneasy when your life is going smoothly, continually anticipating problems?
8. Do you feel more alive in the midst of a crisis?
9. Do you still feel responsible for others, as you did for the problem drinker in your life?
10. Do you care for others easily, yet find it difficult to care for yourself?
11. Do you isolate yourself from other people?
12. Do you respond with fear to authority figures and angry people?
13. Do you feel that individuals and society in general are taking advantage of you?
14. Do you have trouble with intimate relationships?
15. Do you confuse pity with love, as you did with the problem drinker?
16. Do you attract and/or seek people who tend to be compulsive and/or abusive?
17. Do you cling to relationships because you are afraid of being alone?
18. Do you often mistrust your own feelings and the feelings expressed by others?
19. Do you find it difficult to identify and express your emotions?
20. Do you think someone's drinking may have affected you?

Adult Children of Alcoholics/ Dysfunctional Families states: *"If you have answered "Yes" to any of these questions, ACA might be for you. We sometimes refer to ourselves as "adult children" or "an adult child", because we have a tendency to go through life with survival techniques we learned as children."* Source: AdultChildren.org

Adult Children of Alcoholics/ Dysfunctional Families (ACA)

ACA 12 Steps in 12 Minutes

STEP ONE: We admitted we were powerless over the effects of alcoholism or other family dysfunction, that our lives had become unmanageable.

Qualification questions

Write your answers to the following:

- Was there an alcoholic or addict in the family?
- Was there perfectionism in a parent or the family?
 - Was your family militaristic?
 - Was there a hypochondriac parent?
 - Was there abuse, sexual or otherwise?
 - Was there mental illness in a parent?
- Was there some other form of family dysfunction?

Review the following Laundry List and select the Laundry List trait which you most identify with.

The ACA Laundry List – 14 Traits of an Adult Child of an Alcoholic

1. We became isolated and afraid of people and authority figures.
2. We became approval seekers and lost our identity in the process.
3. We are frightened by angry people and any personal criticism.
4. We either become alcoholics, marry them or both, or find another compulsive personality such as a workaholic to fulfill our sick abandonment needs.
5. We live life from the viewpoint of victims and we are attracted by that weakness in our love and friendship relationships.
6. We have an overdeveloped sense of responsibility and it is easier for us to be concerned with others rather than ourselves; this enables us not to look too closely at our own faults, etc.
7. We get guilt feelings when we stand up for ourselves instead of giving in to others.
8. We became addicted to excitement.
9. We confuse love and pity and tend to "love" people we can "pity" and "rescue."
10. We have "stuffed" our feelings from our traumatic childhoods and have lost the ability to feel or express our feelings because it hurts so much (Denial).
11. We judge ourselves harshly and have a very low sense of self-esteem.
12. We are dependent personalities who are terrified of abandonment and will do anything to hold on to a relationship in order not to experience painful abandonment feelings, which we received from living with sick people who were never there emotionally for us.
13. Alcoholism is a family disease; and we became para-alcoholics and took on the characteristics of that disease even though we did not pick up the drink.
14. Para-alcoholics are reactors rather than actors. --Tony A., 1978

Write your answers to the following:

Unmanageability questions

--Did growing up in your family of origin affect you in a negative way?

--Do you feel that the Laundry List trait that you identified with has affected your life in a negative way?

Powerlessness questions:

--Have you ever tried to change the behavior of your dysfunctional family with no result?

--Have you ever tried to change the effect or behavior of the Laundry List Trait that you identified with, with no result?

STEP TWO: Came to believe that a power greater than ourselves could restore us to sanity.

All that is required is the belief that something can restore us—which could even be the simple act of thinking or talking about it.

STEP THREE: Made a decision to turn our will and our lives over to the care of our Higher Power as we understand our Higher Power.

The power of this Step is the knowledge that I no longer have to do it alone. Look around and you can see that we are here together, we are in the care of each other and the ACA fellowship, and the Higher Power of our understanding. The more I can trust that healing is possible, the greater healing I am likely to experience.

STEP FOUR: Made a searching and fearless moral inventory of ourselves.

Refer to the Laundry List trait which you identified with and write your answers to the following questions.

--How does this trait interfere in my life today?

--What am I feeling as I think and write about this trait?

--How do I identify with this trait?

--Are there any memories tied to this trait?

STEP FIVE: Admitted to our Higher Power, to ourselves, and to another human being the exact nature of our wrongs. (Three minutes each)

Guidelines for the person sharing:

Allow yourself to experience uncomfortable emotions like pain or fear. Be honest. Be kind to yourself. Share what you can. There will always be time later to share more if you need to.

Guidelines for the listener:

No touching, no feedback, no crosstalk. Your role is to be a mirror of love and compassion. Look at the person who is sharing, smile, listen, be there for them as you want them to be there for you. When that person's time is up, say something like, "Thank you for sharing, I appreciate you and the time we just spent."

STEP SIX: Were entirely ready to have my Higher Power remove all these defects of character.

Identify and reflect on the Survival Traits associated with Laundry List trait chosen:

Trait 1. Fear of authority figures,
isolation, fear of people

Trait 2. People-pleasing

Trait 3. Fear of angry people, hyper-
sensitivity

Trait 4. Addiction, co-dependency
(addiction to the addict/alcoholic)

Trait 5. Living as a victim

Trait 6. Overdeveloped sense of
responsibility

Trait 7. Guilt, Shame

Trait 8. Addiction, fear

Trait 9. Confusing love and pity

Trait 10. Stuffed feelings

Trait 11. Judgement, low self-esteem

Trait 12. Dependency on others

Trait 13. Addiction

Trait 14. Reactors

STEP SEVEN: Humbly asked our Higher Power to remove our shortcomings.

STEP EIGHT: Made a list of all persons we had harmed and became willing to make amends to them all.

Write your answers to the following:

List of persons you have harmed

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

--Are you willing to make amends to yourself, and the harm you have caused yourself, as well as others?

STEP NINE: Made direct amends to such people wherever possible, except when to do so would injure them or others.

Step 9 Amends: I am involved in a recovery process in which I am learning to change my behavior and to live more honestly and openly. Part of the process involves making amends to people I have harmed with my behavior. I am making amends to you for using (insert your survival trait here). I want to make it right. I am not making excuses but I have harmed people especially myself based on my lack of knowledge about living. I AM CHANGING MY BEHAVIOR! (Insert my first name), I forgive you, I accept you exactly the way you are, and I truly do love you. Thank you.

STEP TEN: Continued to take personal inventory and, when we were wrong, promptly admitted it.

Write your answers to the following:

--Do you promise, to yourself, to do your very best to keep an eye out for this Laundry List and Survival Trait that you identified?

--Do you promise, to yourself, that when it does pop up in your life to promptly admit it?

--Do you promise that when it pops up to forgive yourself?

--Do you promise that when it pops up, and it harms you or others, that you will make amends to those who have been harmed?

STEP ELEVEN: Sought through prayer and meditation to improve our conscious contact with our Higher Power, as we understand a Higher Power, praying only for knowledge of our Higher Power's will for us and the power to carry that out.

Prayer/Meditation = Talking to Higher Power &/or Inner Child

"Step Eleven is also where we further address our addiction to excitement... Through meditation we learn to quiet our minds and to relax. With meditative techniques, we let go of racing thoughts. We learn to be in the moment and to be present in our bodies... In Step Eleven, we take time out of the day to focus on our spiritual path. We connect with our Higher Power through our True Self when we find stillness and listen for our Higher Power's footstep. Our True Self knows the call of our Higher Power. The True Self knows that path that our Higher Power takes to heart. It is the path of love.

Through Step Eleven, we find our Higher Power's will and a personal power that we did not know existed. There is real power. We can have it if we make the effort and let our Higher Power lead the way."

--Excerpt from p. 164 of the ACA Yellow Steps Workbook

Write your answers to the following:

--Are you willing to make a commitment that when things are off in your life that you communicate where you are, and if needed ask for help within your growing support network?

--Are you willing to make a commitment that when things are off in your life that you listen to your body and your instincts?

--Are you willing to make a commitment that when things are off in your life that you listen to the stories within your growing support network to help determine your next indicated action?

STEP TWELVE: Having had a spiritual awakening as a result of these steps, we tried to carry this message to others who still suffer, and to practice these principles in all our affairs.

Please stand and join hands for the closing statement:

UNITY

I put my hand in yours...
and together we can do
what we could never do alone!
No longer is there a sense of hopelessness,
no longer must we each
depend upon our own unsteady willpower.
We are together now,
reaching out our hands
for strength greater than our own,
And as we join hands,
we find love and understanding
beyond our wildest dreams.

By Rozanne S. © Overeaters Anonymous 1968, 1995

KEEP COMING BACK; IT WORKS IF YOU WORK IT AND YOU'RE WORTH IT!

BREATHE: Eight strategies to resilience

These are the evidence-based ways to reduce stress, build resilience and live longer.

BREATHE

Be in the present

Realistic goals—celebrate achievements

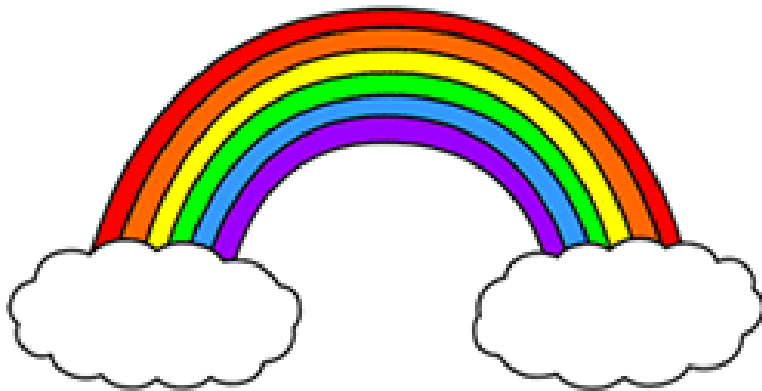
Everyday things are wonderful

Acts of kindness

Turn negative events into a silver lining

Humor

End each day with gratitude



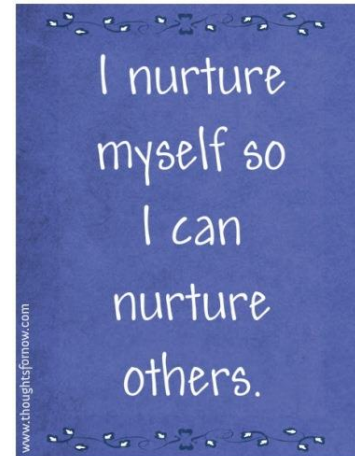
Self-Care Assessment

How frequently do you do the following?

0	1	2	3
Never	Rarely	Sometimes	Often

Physical Self-Care

- ☐ Eat regularly (ex. breakfast, lunch, & dinner)
- ☐ Eat healthy meals
- ☐ Get regular medical check-ups
- ☐ Obtain medical care when needed
- ☐ Take time off to rest and recuperate when you are sick
- ☐ Get a massage
- ☐ Exercise/engage in a physical activity you enjoy
- ☐ Get enough sleep
- ☐ Take vacations
- ☐ Other: _____



Psychological Self-Care

- ☐ Seek out mental health care when you need it.
- ☐ Attend a self-help support group, connect with others in recovery, talk to a sponsor
- ☐ Attend a self-help support group which you have never tried before so you can have the experience of being a newcomer
- ☐ Journal, meditate, work the Steps or read recovery literature
- ☐ Take a day trip/mini-vacation
- ☐ Make time away from your telephone/office
- ☐ Make time for self-reflection—Listen to your thoughts, beliefs, feelings
- ☐ Read literature unrelated to your work
- ☐ Allow others to know different aspects of who you are
- ☐ Ask others for help/support when you need it
- ☐ Say no to extra responsibilities sometimes
- ☐ Try a new activity at which you are not an expert or in charge
- ☐ Other: _____

Emotional Self-Care

- ☐ Spend time with people whose company you enjoy
- ☐ Stay in contact with important people in your life
- ☐ Go to a meeting, and go to fellowship afterwards
- ☐ Provide yourself with praise for your accomplishments
- ☐ Love yourself
- ☐ Find things that make you laugh
- ☐ Allow yourself to cry
- ☐ Make time to play and/or relax
- ☐ Other: _____

How frequently do you do the following?

0	1	2	3
Never	Rarely	Sometimes	Often

Spiritual/ Sense of Community Self-Care

- _____ Make time for reflection
- _____ Be of service in your self-help support group
- _____ Find a connection with a community—spiritual or otherwise
- _____ Be open to inspiration
- _____ Cherish your optimism and hope
- _____ Be open to not having all the answers
- _____ Identify what is meaningful to you and notice its place in your life
- _____ Meditate and/or Pray
- _____ Sing
- _____ Contribute to causes in which you believe
- _____ Listen to music
- _____ Other: _____

Workplace or Professional Self-Care

- _____ Take your fully allotted time for lunch/breaks
- _____ Take time to chat with co-workers
- _____ Make quiet time to complete tasks
- _____ Identify projects or tasks that you find exciting and rewarding
- _____ Set limits with colleagues and the people you are serving
- _____ Balance your workload so that no one day or part of a day is “too much”
- _____ Arrange your work space so it is comfortable and comforting for you
- _____ Get regular supervision or consultation
- _____ Negotiate for your needs (ex. equipment, supplies, time off, etc.)
- _____ Other: _____

Balance

- _____ Make efforts to have balance in your professional life and work day
- _____ Strive to achieve balance among work, family, friends, play and rest
- _____ Other areas of self-care that are relevant for you: _____

Have you found you are neglecting yourself in one or more of these areas of self-care? If so, set a goal for an area of self-care you want to improve. Decide a first step you will take to work on it. Give yourself a date by which you will complete your first step.

(Source: Caregiver Self-Assessment Reference: Saakvitne, K.W., & Pearlman, L.A. (1996). Transforming the pain: A workbook on vicarious traumatization. New York: W.W. Norton & Company.)

