

Creating and maintaining connections to family and friends is an important part of recovery for many people.

Session 10

Recovery and Relationships Part 2

explores the art of creating, developing, maintaining, and repairing supportive relationships.

Sharing Your Recovery Story

As a peer specialist, sharing your recovery journey has probably become second nature. But what happens when a peer 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 their recovery?

It is good to start with a few questions:

- Why should a person disclose that they are in recovery?
- 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.
- 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 specialist, 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 specialists 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 behavioral 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 specialist, you can be that trusted person who listens and helps someone to practice what to say, how to say it.

Discussion Question: Based on what you just read, and your own experience, what are the most important considerations about when and how to disclose?

Group Activity: Your instructor will help you divide into pairs or teams to use the tool on the following page. In this activity you will either role-play the part of a peer specialist helping a peer talk about how and when they might want to self-disclose their recovery story, or the part of a peer who wants to figure out when and how to share their story. The tool on the following page is a helpful worksheet that can be used to help you or a peer determine what parts of their recovery story they want to share.

Notes:

Self-Disclosure Worksheet

Consider the following:

What part of your personal story are you thinking about disclosing?

Who are you thinking about telling a part of your story to?

What would be the purpose of your self-disclosure?

Use the table below to explore the positives and negatives about disclosing this part of your personal story

Possible Advantages of Disclosure	Possible Disadvantages of Disclosure

Repairing relationships

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

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

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

The role of a peer specialist is to help peers identify their goals and the barriers to achieving those goals. The information presented in this session can be used by peer specialists to help peers remove those barriers. Peer specialists are not clinically trained professionals and should not assume the role of a relationship counselor.

For more extensive repairs (needing outside expertise, such as counseling) 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

Discussion Question: Based on your own experience, what strategies have you used, or seen others use, that have been effective in repairing relationships?

Sexual health

In listening sessions across the U.S. 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 behavioral health disorders 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.”

What is your reaction to this statement?

While that reaction was extreme, it is something to keep 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 behavioral health workers and that peer specialists were uniquely suited for that role.

Sexual health discussions and the peer support role

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 behavioral health condition.

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

Because of this, it is important for peer specialists 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 specialist role, and to support the peer specialist if unexpected issues come up related to this action.

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

Eliminating barriers

People with behavioral 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 STDs.

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 specialists 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 behavioral health professionals, friends and family.

A publication, *My Sexual Health Matters*¹, 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.

¹ My Sexual Health Matters. Shine SA and the Mental Health Coalition of SA. www.shinesa.org.au (08/21/13)
http://www.mifa.org.au/sites/www.mifa.org.au/files/documents/My_sexual_health_matters.pdf

Questions for reflection (no writing required)

- (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 behavioral health condition? One fear may be that, if performed inappropriately, such a 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 Matters² 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.

² My Sexual Health Matters. Shine SA and the Mental Health Coalition of SA. www.shinesa.org.au (08/21/13)
http://www.mifa.org.au/sites/www.mifa.org.au/files/documents/My_sexual_health_matters.pdf

SUMMARY CHECKLIST

After completing this session 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?

Discussion and notes:

Review Questions – Session 10 Recovery and Relationships—Part 2

1. Relationships are essential to who?

2. True or False: According to SAMHSA, Recovery is supported through relationships and social networks.

3. When is the best time to self-disclose about recovery?

4. Where can you help a peer find resources/more information about sexual health?

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