

The background features several overlapping circles in shades of purple and lavender. A thick red line starts from the top right, goes down, then left, then down again, connecting to a smaller red line that goes down to a circle at the bottom. Another red line goes from a circle on the left towards the center, and another goes from the center towards the top right.

PEER CONNECTIONS

a guide for healing through
shared experience

**AUGUST
2023**

DEDICATION

This work is dedicated to the trailblazers and pioneers that courageously demonstrated the power of shared experience to heal wounds, forge paths to well-being, and to recover from systems that may foster dependence, low expectations, and a life of chronic illness. Thank you for proving them wrong and leaving a legacy for generations to recognize and believe that healing is possible, and recovery is probable.

A special dedication to all the children, adults and families who've experienced the wounding of trauma. May this writing provide hope and healing.

TABLE OF CONTENTS

DEDICATION	2
TABLE OF CONTENTS.....	3
INTRODUCTION.....	4
BACKGROUND INFORMATION: HOW TO USE THIS WORKBOOK	5
REFLECTION BEFORE ALL ELSE, PART I:	7
UNDERSTANDING SELF.....	7
PRACTICE: SELF-REFLECTION.....	8
REFLECTION BEFORE ALL ELSE, PART II:	10
UNDERSTANDING WORLDVIEW.....	10
PRACTICE: YOUR WORLDVIEW.....	11
PRACTICE: OTHERS' WORLDVIEW	13
DIGGING DEEPER: MOVING <i>BEYOND</i> BEHAVIOR.....	15
PRACTICE: WHAT INFLUENCES YOUR BEHAVIOR?	16
WHAT IS LYING BENEATH THE SURFACE: UNDERSTANDING TRAUMA.....	18
PRACTICE: TRAUMA RESPONSES.....	22
PEER CONNECTIONS: REACTING, RESPONDING, AND SEEKING TO UNDERSTAND.....	23
PRACTICE: REACTING VS. SEEKING TO UNDERSTAND	24
CONNECTION BARRIERS: FIXING, SAVING, AND ADVISING.....	27
PRACTICE: ADVICE VS. SUPPORT.....	30
PRACTICE: "GIVING ADVICE VS. OFFERING SUPPORT"	32
PRACTICE: SUPPORT.....	34
A FINAL THOUGHT FOR CONSIDERATION... ..	35
ACKNOWLEDGEMENTS	35

INTRODUCTION

In 2023, US Surgeon General, Dr. Vivek Murthy, sounded an alarm about the physical, emotional, and mental health impacts of isolation and loneliness as a public health crisis with significant risks including heart disease, stroke, dementia, anxiety, depression, and premature death. In his report "Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community," Dr. Murthy concluded by stating "we must prioritize building social connection the same way we have prioritized other critical public health issues... [as] together, we can build a country that's healthier, more resilient, less lonely, and more connected."

While many national efforts are underway to respond to the impact of disconnection including suicide and overdose, they center on crisis response, utilizing trained mental health clinicians. Most recently, a new three-digit code, 988, was launched to connect people to the National Suicide Prevention Lifeline 24 hours a day, seven days a week. 988 is intended to increase access to support while reinforcing that mental health is just as important as dialing 911 for physical health crisis.

Considering the unique situations that exist and has surfaced since 988 was launched, a vision was shared to develop options to support prevention of the crisis. Recognizing that many communities are reluctant, at times, to trust those whom they don't personally know is compounded by the historic trauma that many communities have experienced through systems and services. Incarceration and involuntary treatment continue to be utilized in response to perceived mental illness, perpetuating distrust and unresolved grief due to federal policies and local practices entrenched in oppression, racism, and systemic inequity. This results in individuals hesitating to seek assistance from treatment providers during emotional distress. Suicide and overdose are preventable.

Communities possess a wealth of lived expertise and wisdom necessary to prevent disconnection, isolation and loneliness to support one another to heal and recover. Many cultural and racial communities are relational, placing great value on family, neighborhood, and community to gather during times of tragedy and celebration. Honoring that historical wisdom and commitment to each other leads to greater well-being, safe communities, and connections needed to reduce violence and tragedy, recognize distress, and reach out to one another to prevent crisis in our communities.

Often people will report that having someone that holds hope, listens without judgment, and shares their experience through mutual connection has given them the strength to persist. To be an anchor for them when they were going through rough patches in their lives. Let this guide serve as an invitation to all of us to reach out and establish connected family, recognize when one of us is struggling, and show up through compassion, kindness, vulnerability, and love.

BACKGROUND INFORMATION: HOW TO USE THIS WORKBOOK

Our vision in creating this workbook is to foster prevention and alleviate the profound sense of isolation that often accompanies mental health and substance misuse crises. We believe in the power of connection, the strength it brings to communities, and the sense of belonging it imparts. Too often, such crises stem from disconnection, and this workbook is our response to that.

Many of us have firsthand experience in supporting a family member through a crisis or facing our own personal challenges. Our lived experiences are invaluable gifts that we can share to support one another. These experiences stem from knowing the pain of feeling alone, the reluctance to burden anyone, concealing intense emotions, or seeking solace in substances and other behaviors. Our lived experience arises from times when we felt insignificant or overlooked in our unique circumstances, sometimes even feeling erased.

Our lived experiences serve as a rite of passage, initiating us into a community of understanding and compassion. This community equips us to recognize when others require support, whether it be from family or the broader community. Lived experience enables us to extend kindness, patience, humility, and empathy, allowing us to sit in silence with someone, just being present, or even finding humor amid profound suffering.

Lived experience forges connections and forms a sacred trust among us. We deeply appreciate your willingness to share your experiences, as it strengthens our connections, imbues life with deeper meaning, and enables courageous healing.

This workbook was crafted for family members, friends, community members, and anyone who wishes to be prepared when they sense someone needs support. It was written with the guiding principle of "nothing about us, without us," recognizing that communities understand their own needs best. We value the wisdom that resides within neighborhoods and communities, and by "community," we encompass all gathering places where we can connect, share, and care for one another.

This workbook is meant to be actively used, whether digitally or in print. We encourage you to write within its pages, for doing so may deepen your knowledge and awareness, preparing you to respond when someone requires your support. Set aside concerns about "right answers" or spelling; this is a personal tool for your use, free from judgment. Feel free to doodle or draw your answers if that suits you. You have the flexibility to follow the lessons in sequence or skip around based on your interest. Please ensure you complete each section, as they all contribute to your growth and understanding. Thank you for embarking with us together on this journey

This workbook is structured with lessons followed by exercises, intended to help you understand how to support someone in need, founded on shared responsibility. The intention is to promote self-reflection, self-awareness, and interpersonal communication. It is meant to help individuals explore and understand the various aspects of themselves and their interactions with others to promote healing and healthy relationships with ourselves and others.

1. **Reflection and Self-Awareness:** The workbook begins with sections titled "Reflection Before All Else Part I" and "Reflection Before All Else Part II." These sections aim to encourage individuals to engage in self-reflection and gain a deeper understanding of themselves, including their values, beliefs, and behaviors.
2. **Understanding Worldview:** The inclusion of "Understanding Worldview" and "Practice Your Worldview" intends to help individuals explore their own perspectives and how they view the world. Additionally, the section "Practice Other's Worldview" may encourage empathy and understanding of other people's viewpoints.
3. **Behavior and Influences:** The section "Moving Beyond Behavior" focuses on helping individuals recognize the factors that influence their behavior. This could include internal factors like emotions and external factors like societal norms. It is aimed at promoting self-awareness regarding why people act the way they do.
4. **Understanding Trauma:** The section titled "What Is Lying Beneath The Surface: Understanding Trauma" focuses on trauma awareness and understanding. It aims to help individuals recognize what trauma is, how it manifests, and how it can affect people both physically and emotionally.
5. **Peer Connections:** The sections on "Peer Connections" emphasizes effective communication and interaction with others. Topics like "Reacting vs Responding" and "Fixing, Saving, and Advising" may help individuals develop better interpersonal skills, including active listening and empathy.
6. **Advice vs Support:** The sections on "Advice vs Support" appear to address how individuals can provide assistance to others. It may encourage readers to rethink their approach to helping others and consider whether offering advice or providing emotional support is more appropriate in different situations.
7. **Practical Exercises:** Throughout the workbook, there are multiple instances of "Practice" exercises. These are intended to provide readers with opportunities to apply the concepts they've learned and develop practical skills related to self-awareness and interpersonal communication.

REFLECTION BEFORE ALL ELSE, PART I:

UNDERSTANDING SELF

Oftentimes, we enter relationships with someone that might be struggling with a desire to "help." While it is commendable to want to be in service to one another, we can unintentionally do great harm. For this reason, we challenge you to consider the idea of "help" and being a "helper" through a different lens; one that requires humility and the willingness to open our worldview.

Historically, people that have been labeled with mental illness have been subjected to unhelpful interventions in the name of "help" and "treatment."

Unfortunately, some of these treatments persist today including confinement in psychiatric hospitals, the use of seclusion and restraint, removal of rights, forced injections, and electroconvulsive therapy (ECT), among others. When we view the concept of "help" from the perspective of the individual who has endured or still experiences harm, we start to analyze the hierarchical power imbalance inherent in the notions of "help" and "helper". In this context, the person acting as the "helper" is believed to hold the knowledge, wisdom, and authority to implement practices and interventions meant to provide help, even if these actions result in harm or severe consequences for the person receiving the so called help.

"We must dare to talk about help because power, including the power to oppress, often disguises itself as help. Power-disguised-as-help is used to silence disabled people"- Dr. Pat Deegan, psychiatric survivor, and recovery pioneer.

For this reason, we kick off this workbook by emphasizing self-reflection. In other words, why do we want to engage and help another person.. Let's start with a practice activity.

PRACTICE: SELF-REFLECTION

We invite you into this practice of self-reflection to create awareness about your reasons for wanting to connect with someone that may be experiencing distress

My Top 3:

In the space provided, list your top 3 reasons for wanting to reach out and offer connection.

1.

2.

3.

Reflect:

How many of these are about what you want, need or desire rather than the other person, their needs, wants or desires?

Consider:

What are the risks to the other person when our motives for reaching out is for personal gain?

REFLECTION BEFORE ALL ELSE, PART II:

UNDERSTANDING WORLDVIEW

Worldview: The way that we see ourselves, each other, society, and groups of people. It is the way we conceive us, our world and each other and can encompass beliefs, values, and ethics that is influenced by many factors (not exhaustive):

1. Exposure
2. Family
3. Experiences
4. Education
5. Culture
6. Faith
7. Religion
8. Socioeconomic status
9. Race
10. Gender
11. Geography
12. Profession
13. Lived Experience

As we embark on this journey of human connection, it is important to consider Worldview when it comes to emotional distress, labels of mental illness, or substance use. Consider this: what is your perception of people with these experiences or labels? What is society's perception? What might be the Worldview of the person that has been called "crazy," "addict," "ill," "homeless," or "felon" regarding themselves, their community, and you? How could their experience shape their willingness to connect, build trust, and create safe relationships?

Here are two examples:

Significant stigma and bias exist regarding issues surrounding mental health, leaving many people uncomfortable to have conversations about what they are experiencing. Their worldview may be that they are in danger of being judged, being hospitalized, or ostracized if they talk about their distress.

On the other hand, if the person has lived with mental health diagnoses, experienced substance use challenges, etc., they may have been labeled and treated in ways that diminish self, identity, confidence, and can shape their belief that "I will always be sick," or "I am broken." In these situations, people are frequently taught to distrust their own decisions, that they are incapable of healing, or incompetent to have a full, meaningful life. Instead, they may be taught to rely on others to tell them what they need to do.

PRACTICE: YOUR WORLDVIEW

It is important to understand our own “worldview” or the things we have been taught about others experiencing distress, and to consider the other person’s “worldview” or what they have been taught about themselves to avoid re-wounding through imposing our own beliefs about them, our own ideas of what they “should” do, or solutions to their programs. Doing so perpetuates power over and hierarchy which does not build a foundation of trust, mutual respect, vulnerability together, and shared experience.

Consider what you have come to believe about others’ that may be unhoused or experiencing thoughts of suicide or having been incarcerated.

What are the things that you have been taught to believe about people in these situations?

How have you come to believe these things? Who taught you? When and why?

How might your worldview impact the way you interact with someone in need of connection?

What can you do to unlearn these beliefs?

PRACTICE: OTHERS' WORLDVIEW

Consider what people that may be unhoused or experiencing thoughts of suicide or having been incarcerated believe about themselves as well as about people that are attempting to "help" them.

What are the things they may have been taught to believe about themselves?

What are the things they may have been taught to believe about others that are trying to offer "help"?

How might they have come to believe these things? Who taught them? When and why?

How might their worldview impact their ability to reach out for connection?

How might their worldview impact their willingness to receive connection?

What can you do to create safe, trusting relationships?

DIGGING DEEPER: MOVING BEYOND BEHAVIOR

Definition: Behavior, noun, be-hav-i-er bi-'hā-vyər

1 a: the manner of conducting oneself b: anything that an organism does involving action and response to stimulation c: the response of an individual, group, or species to its environment 2: the way in which someone behaves 3: the way in which something functions or operates

<https://www.merriam-webster.com/>

Have you ever looked back at a situation in your life and said, “I wish I’d behaved differently”? Perhaps you reacted to someone out of hurt or anger, maybe you engaged in behavior to “fit in” or because it was something other people were doing, maybe you behaved in a certain way because you did the best you could at the time with the information and skills you had, or you were just doing what you were taught to do.

There are many, many reasons why we behave the way we do. There are a couple fundamental “truths” about behavior that can be important to understand. First, behavior is **ALWAYS** communication. That is, we communicate how we feel, what we need, what we believe, every moment of everyday.

What is our behavior communicating? Often, our behavior is communicating a need we have and there are some basic human needs that we all share:

1. Love/connection

As human beings, we are wired to love and be loved.

2. Acceptance/belonging

Each person has a need to be accepted or to “belong”.

3. Personal power/voice/autonomy

We have the need to have power over our own lives and decisions.

4. Basic needs (food, water, shelter)

All of us seek to have our basic needs met.

5. Safety

We need to feel safe in relationships, in our communities, neighborhoods and home. This is both emotional safety and physical safety.

Let’s add to this: our behavior is shaped, taught, and influenced by a variety of factors. From poverty to peer pressure, our family traditions and how we were parented to where we grew up, experiences of abuse, or being treated like we didn’t matter as a child, we are always learning from our experiences. We’re going to try some basic reflection to think about our own behavior, what need we are getting met, how we learned the behavior or what influenced us in the moment. You can do this reflection for as many of your own behaviors that you want to gain insight.

This makes sense, right? Well, not so fast. Herein lies the challenge, often times we are so busy reacting to others’ behaviors that we are not considering (1) what they are communicating, (2) what they need, and (3) why they are communicating in the way they are.

PRACTICE: WHAT INFLUENCES YOUR BEHAVIOR?

Identify 3 of your own behaviors and complete the following (examples provided):

Behavior	What was your behavior communicating? What need were you getting met?	What influenced your behavior?
When I was a kid, I was with a couple friends and after school we went to a convenient store and we stole bottles of Pepsi	Acceptance/Belonging: I wanted to fit in and be accepted by my friends.	We just finished a long day of school. It was hot and sticky. None of us had money and one of my friends had done it before and said we wouldn't get caught. I didn't want to be the only one who didn't do it.

Now, we're going to make it a little tougher by providing you with a couple "behaviors" that you may see someone exhibit and ask you to consider what their behavior is communicating/what need(s) they are getting met and the things that may be influencing their behavior. Again, we'll start with an example:

Behavior	What might their behavior be communicating? What need(s) may they be getting met?	What might have influenced their behavior?
<p>You are driving down the road and see someone with a sign that says "homeless, broke, and need help"</p>	<p>Basic needs: They may be hungry and haven't eaten for a couple days.</p> <p>Love/Connection: They may feel invisible and just want someone to stop and talk</p> <p>Acceptance/Belonging: They are living outside in a tent with a group of other people and they all do this to take care of each other, provide for their own needs, and be a part of their community</p>	<p>The person might have lost their job, couldn't find another one, and now is living on the street</p> <p>Maybe the person was told that they "were disabled" and couldn't work</p> <p>It's possible that the person is working but doesn't earn enough money to afford rent for a home</p>
<p>You are in your neighborhood park and you hear someone yelling. Its clear that they have either been drinking or have used some substance</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>You meet someone that says feel hopeless and just want to die</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

WHAT IS LYING BENEATH THE SURFACE: UNDERSTANDING TRAUMA

There are many life experiences that influence our behavior. One of the most prevalent yet misunderstood or not recognized is trauma. Before we begin talking about what trauma is, take a moment to examine the image below:



Created by Alyse Ruriani. Learn more about her work at <https://alyseruriani.com/> and <https://www.instagram.com/alyseruriani/>

What are the images or words that you notice? What does the picture say to you? Are there words that you can personally relate to because they are experiences that have shaped your life? If so, how have they influenced your sense of Safety? Love? Belonging? Personal power? Basic needs?

Discussion:

The image above is of a shovel digging beneath the surface of the ground. The caption “if we want to address mental health, we need to dig deeper” represents the need to simply look beyond mental health labels, diagnoses, symptoms, and the use of psychiatric medications to understand what lies beneath the “behaviors” that get labeled as mental illness. The words and phrases underneath the surface such as “poverty,” “injustice,” “abuse,” “racism,” “sexual assault,” “homophobia,” and “disasters” represent a wide variety of traumas that people experience.

Unfortunately, often people’s “behaviors,” which are a reaction to trauma, are labeled as illness and pathology rather than seeking to understand the behavior through the lens of their experiences.

What is Trauma?

Definition: Trauma, noun, trau-ma 'trò-mə

Psychological trauma is the unique individual experience of an event or enduring conditions, in which:

- *The individual's ability to integrate his/her emotional experience is overwhelmed, or*
- *The individual experiences (subjectively) a threat to life, bodily integrity, or sanity. (Pearlman & Saakvitne, 1995, p. 60).*

As a result of trauma, a person can feel emotionally, cognitively, and physically overwhelmed for many years even after the traumatic experience has ended. The circumstances of the event commonly include abuse of power, betrayal of trust, entrapment, helplessness, pain, confusion, and/or loss. While this definition of trauma is fairly broad. It includes responses to powerful one-time incidents like accidents, natural disasters, crimes, surgeries, deaths, and other violent events. It also includes responses to chronic or repetitive experiences such as child abuse, neglect, combat, urban violence, concentration camps, battering relationships, and enduring deprivation (Herman J: Trauma and Recovery, New York, Basic Books, 1992.) People experience events in very individual ways. What might be experienced as traumatic to one person, may not be to another.

Trauma may be experienced by someone from a variety of circumstances, such as:

- Abuse: sexual, physical and/or emotional
- Neglect: abandonment or not getting needs met
- Assault: sexual, physical or both
- War, terrorism, cultural discrimination or dislocation
- Accidents and loss
- Witnessing a crime
- Being in a situation in which you feel powerless and others misuse power over you
- Poverty
- Institutional trauma: trauma experienced as the result of being involved in systems, services and organizations that have rendered them powerless
- Generational and Transgenerational trauma: trauma experienced by the child/children and family members of people who have experienced significant trauma, e.g. children of Holocaust survivors. Enslavement and slavery, civil and domestic violence, sexual abuse, and extreme poverty are also sources of trauma that can be transferred to subsequent generations. (Dugruy, J. (2005), Fossion, P., et. Al. (2003), Herman, J.L. (1997), and Schwab, G. (2010).)
- Brain injury: physical trauma can occur to a person as a result of an accident or event that harms their brain.

Among the keys to healing from trauma is to find our voice, both individually and collectively in some cases, and gain back the power in our lives. Peer Connections can be instrumental in this healing process.

What does trauma “look like”?

You may have heard the term “self-preservation.” What it basically means is that human beings are wired to respond in ways to perceived threats or stress, in ways that protect themselves emotionally, physically, or otherwise. Three common responses are “**fight, flight or freeze.**” In other words, to protect ourselves, we either fight back, get away from the situation or try to make ourselves small and invisible in the moment. Fight, flight, or freeze can be a common response to discomfort, particularly when someone has experienced trauma as natural coping mechanism that we all have is to either fight against feelings of injustice, freeze in fear, or leave the situation to avoid negative experiences.

As an example of fight, flight or freeze, we can imagine walking a local trail, when all of a sudden we see a bear not very far away. Immediately, our heart starts pumping faster, the adrenaline starts running, and we’re trying to decide, “do I run, do I stay here very quiet?” Then it starts to move in your direction and you pick up a stick hoping you can at least fend it off, because you know you can’t outrun it. But in the meantime, you stand like a statue, barely breathing in the hopes that, somehow, it doesn’t notice you or doesn’t really care about you. Your body is on high alert and you’re revved up to do whatever you have to do for your survival. This is just an automatic, natural response that keeps us alive as a species.

When people have experienced repeated trauma in their lives, the ‘alarm bell’ in the brain (Amygdala) gets over sensitized, ringing the alarm at the slightest real or perceived danger, and will stay stuck in the “on” position long after danger has passed. This causes what we call “trigger” responses. Unfortunately, these preservation behaviors can be misinterpreted and labeled as illness:

Self-Preservation Response	Behavior/What it may mean	Examples
Fight	When people feel powerless or that they lack control, they may purposefully find ways to gain control over their lives.	Aggression, threats, yelling, refusal, yelling, refusal.
Flight	Hopelessness and helplessness can be seen through people either avoiding situations or giving in to others.	Going with the flow, seeming to not have an opinion, “passive” or avoiding uncomfortable situations, not following up with appointments.
Freeze	Fear can be a debilitating feeling and sometimes, it freezes people into inaction.	Keeping to oneself, isolating, not engaging. leaving services.

What does trauma “feel like”?

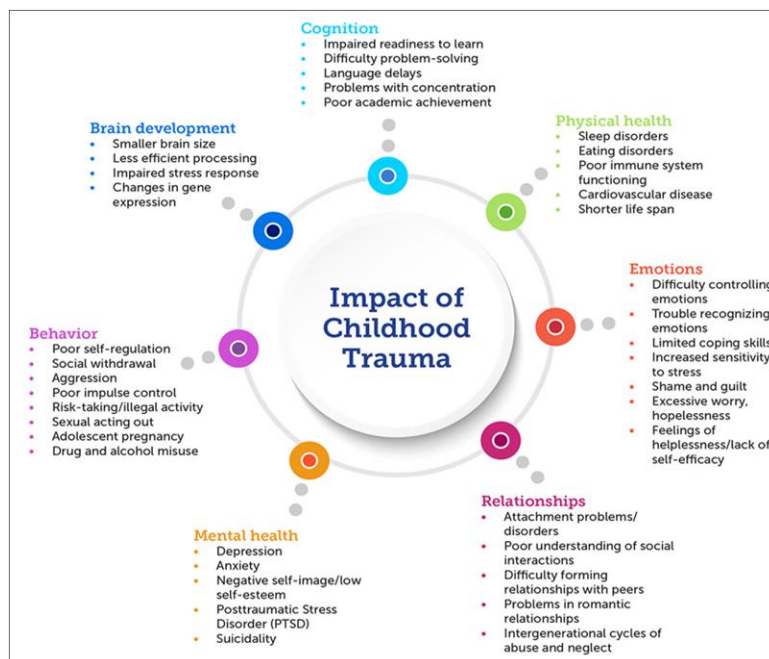
Trauma shatters your most basic assumptions about yourself and your world — “Life is good,” “I’m safe,” “People are kind,” “I can trust others,” “The future is likely to be good” — and replaces them with feelings like “The world is dangerous,” “I can’t win,” “I can’t trust other people...”

— Mark Goulston

The Empathy Trap book page

Learn more at <https://markgoulston.com/books/>

Just as trauma comes in many forms, the reactions to trauma also show up in different ways for people. Some examples of the impacts / reactions to childhood trauma are included in the image below:



Learn more at <https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma>

Trauma can affect a person’s beliefs about the future due to loss of hope, creating limited expectations about life, creating fear that life will end abruptly or early, or an anticipation that normal life events won’t occur (e.g., access to education, ability to have a significant and committed relationship, good opportunities for work).

It’s important to note that a survivors’ immediate reactions in the aftermath of trauma are complex.

PRACTICE: TRAUMA RESPONSES

Why is it that two people can experience the same traumatic experience, but respond differently?

There are so many reasons why we may each react differently to a similar or even the same trauma:

1. Depending on our life experience, we may not both perceive or experience the same situation as traumatic. For example, if someone has always had a stable, safe home and they end up losing it and having to live on the streets, they may experience extreme trauma. Whereas, someone who is accustomed to being unsheltered, may not consider houselessness traumatic;
2. Our nervous systems react differently to trauma. As we discussed with “Fight, flight, and freeze,” some of us react to danger by moving toward it, others flee it and lastly, some freeze.
3. Survival experience plays a factor in how we respond to trauma. Some people are very accustomed to having to fight their way through life and may reach through yelling or threatening when faced with adversity. Others may shut down, disconnect, go silent and isolate. This is partly due to how we have learned to survive and what has and hasn’t worked for us.
4. Race, ethnicity, gender identity, etc., all play a factor in how we react to trauma. For example, female identifying people may have been socialized to be submissive, whereas male identifying people may have been taught to be loud and assertive. People that identify as queer, transgender, lesbian, gay or bi-sexual may have been socialized to avoid conflict due to significant personal safety risks and may turn pain inward, experiencing emotional distress, thoughts of suicide, etc. People of color might react by leaving a situation, fearing police involvement or personal harm.
5. Our family dynamics plays a role in our reaction to trauma as well. If a person was exposed to childhood sexual abuse, for example, they may have been taught to “pretend” that everything is okay and keep secrets. They may have also been taught that personal space and boundaries won’t be respected and may carry that into adulthood. A person that grew up in a violent household may be accustomed to the noise, chaos, and physical aggression and might not appear to be impacted outwardly when similar traumatic experiences occur into adulthood.
6. As a reminder, the section on “Understanding Behavior” that we explored earlier provides awareness about the purpose behavior serves, why we behave the way we do, and our unmet needs. Trauma helps us understand the “why” behind the behavior.

PEER CONNECTIONS: REACTING, RESPONDING, AND SEEKING TO UNDERSTAND

While connection with others is healing, connection between people with shared experiences is unmatched. People with shared experiences offering support to one another occurs every day in neighborhoods, communities, and in various professions. Each time a new mother joins a support group or seeks mentoring from other mothers who understand, can empathize, and share wisdom together, peer connections are occurring. When a student embarks on an internship with others in their profession, they are receiving peer support. When a military veteran reaches out to connect with a new soldier or with someone that is retiring into civilian life, they are offering peer connections. The examples are plentiful.

Among the many reasons these connections are so powerful is that they are mutual. That is, one person does not have authority or power over the other. Instead, these relationships occur to share wisdom, support, offer one another lessons learned, and seek understanding.

Connection Barriers: Reacting vs. Responding

As human beings, we make a lot of judgments or assumptions about others based on their behavior. Often, we are so busy reacting to someone's behavior, that we don't stop first and try to understand their experience. As a result, we may do any or all the following:

1. Give someone advice
2. Threaten
3. Try to fix the person's situation
4. Judge/shame/criticize/blame
5. Avoid them
6. Invalidate or minimize their pain
7. Catastrophize their behavior or situation

Let's use a concrete example:

In a conversation with someone, they show you their arm and share that they have been cutting themselves.

Using the reactions above, we may:

Reaction	Example
Offer Advice	"You know what you should do? Instead of cutting yourself, you should hit a punching bag."
Threaten	"If you don't stop doing that, I'm going to send you to the hospital."
Fix	"You know what we're going to do? Let's just find you a good therapist that can make you feel better."
Judge/Shame/Criticize/Blame	"Why would you do that to your body? Your body is a temple."
Avoid	"We don't talk about those things. That's what you talk to your therapist about, not me."
Invalidate/Minimize	"Whenever you feel sad, remember, we suffer for a reason."
Catastrophize	"Oh my gosh! That is dangerous! I'm calling 911!"

PRACTICE: REACTING VS. SEEKING TO UNDERSTAND

Perhaps in reading the examples, you thought to yourself "I do that all the time," or "that's how I would respond," or perhaps even, "well, what should I say?" All great reflections. Before we start to deconstruct "behavior" and our reactions to them, let's start with reflection:

Why do you think we often react to other people's distress in these situations?

What harm might we be causing through these reactions?

What are 3 examples of how we may want to respond differently?

1.

2.

3.

Reacting Vs. Responding

Reacting vs. Responding to Crisis

Our bodies are hardwired to alert us when we are feeling distress. We may feel our heart race, get out of breath, be unable to think in the moment. These are all very natural reactions. It is important to understand, therefore that when we react to a stressful situation, we are often doing so to calm our own bodies and emotions down. For example, in reaction to fear, we might try to control the situation or person by doing things “in the moment” that make us feel better immediately but actually may have long-lasting impact. When we react, is it often emotionally driven.

Responding, on the other hand, is intentional. When we respond, we are able to emotionally and intellectually remain present with the person, work through our own thoughts and emotions, sit with distress, and be curious about their experience, learning together what support looks and feels like.

These reactions are understandable as they are often the way we are “taught” or socialized to respond to the discomfort of others. Not only are they unhelpful, but they may be re-wounding the person or causing them further distress.

So, what do we do?

Being able to recognize yet suspend our own worldview to understand the experience of someone else requires many skills and practices.

CONNECTION BARRIERS: FIXING, SAVING, AND ADVISING

An honest awareness of our motivations and unintended consequences to others when we react to their pain rather than respond with connection, compassion, curiosity, and kindness is necessary for healing to occur.

If we are seeking to "help someone in need," or "help someone less fortunate," we are risking the openness, humility, vulnerability, and willingness to seek understanding from the other person about their life, wounds, reality, and experiences. Instead, we might take on the position of wanting to:

1. **Fix**- if we show up wanting to fix a situation, we are taking the position of having "the power" and therefore taking power and wisdom away from the other person. The truth is, we cannot "fix" another's distress or circumstance, but we can show up, listen, seek to understand, and validate without judgment.
2. **Save**- we are not Saviors. Say it again. By trying to "save" someone, we are disregarding, dismissing, and discounting their own resilience, wisdom, solutions, strengths and courage.
3. **Advise**- how many times have you been given advice by someone that is well-meaning but they either didn't understand your experience or you resented them for telling you what to do? As human beings, we often do not accept unsolicited advice and may even do the opposite. Why?

When people offer advice, they are subconsciously communicating several myths:

Myth: I know what is best for you. I have the answers. I am the expert. I can predict the future. I have wisdom that you don't.

Fact: We do not have answers for anyone else. We do not have a crystal ball that tells the future or what will happen if someone follows your advice, and they are harmed. People have their own wisdom that has allowed them to survive without you. Sometimes people just need support and validation about their own ideas and solutions.

Advice Vs. Support

Definition: Advice, noun, ad·vice əd- 'vīs

"Opinion about what could or should be done about a situation or problem, counsel."

The American Heritage® Dictionary of the English Language, Fourth Edition

Advice frequently begins with the assumption that we have "the answer." Often, through an advisory lens, we are distracted by focusing on "solutions," advice or answers and that creates barriers to us seeking to understand, connect, or be with the person and their distress. Assumptions such as "if you would only do what I tell you to do..." or "I know what's best for you..." is often experienced by the other person as demeaning, reinforcing an internal belief of incompetence, or further diminishing their confidence.

Support communicates "I am here with you," "I am listening," and "I believe in you and your wisdom." Support is offered through trusting relationships and requires us to show up in curiosity about the person's experience, their worldview, their solutions, etc.

Re-Defining Support

No person goes through life alone. We all rely on someone to talk to and people who care. Giving and receiving support can be powerful to move our wellness forward. In peer connections, the term “Peer Helper Principle” refers to the fact that by offering support to others we also receive support. Another way to characterize this is that the peer relationships are truly partnerships in which both people benefit.

Definition: Support, verb, sup·port sə- 'pòrt

1. *give active help and encouragement: to give active help [and] encouragement... to somebody or something*
2. *be present and give encouragement: to give encouragement to somebody or something by being present at an event*
3. *give assistance or comfort: to give assistance or comfort to somebody in difficulty or distress*

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In a partnership, decisions are made together, with input from each person. Information is shared and there is a collaboration and agreement with one another regarding solutions and “the next step.” Partnerships are vital in a peer relationship because they emphasize that neither person is smarter, more skilled, or better than the other. Rather, both have unique perspectives, opinions and experiences that, when taken together, can create an amazing result. You can create partnership by offering support instead of advice. Starting with Re-Defining or co-creating a definition of support, let’s start by looking at the traditional definition of “Support.”

Regarding support, one size does not fit all. Meaning, what I find to be supportive for you to offer is not going to be the same thing that you find supportive. For example, when sharing a personal experience, some people may want you to simply listen without interruption while another person might want to spend less time talking about their concerns and go quickly to problem solving. While some people might define support as giving them a list of resources, another person might want you to accompany them to the resources. It is critical to understand the person’s individual definition of support, making sure you continuously ask and get clarity about what is and is not supportive and then align your actions based on the person’s definition of support. When a person doesn’t appear to know what would be supportive, a peer supporter can offer examples and follow the person’s lead about what they would like. Definitions of support can be written in a variety of places including documentation about your interaction with the person, goal(s) that they are interested in, and even in a documented plan if the person is interested in that.

Advice vs. Support

- *Seek to understand your intentions.*
- *Ask your truth without judgment or shame.*
- *Be honest with yourself about your intentions.*
- *Reflect about whether you may unintentionally cause more harm by reaching out.*
- *Be open about the knowledge and skills you may need to do no harm.*
- *Advice: starts with "you". "you should," "you could," you won't."*
- *Support: begins with curiosity*

There may be times when someone asks you to give them advice. They may say things like:

“What should I do?”

“What would you do if you were me?”

“Tell me what I need to do.”

Often, people who have never had the ability to make decisions for themselves find it difficult to develop their own solutions and decide what is best for them. As a Peer Support Specialist, it is important NOT to allow yourself to give advice or develop the solutions. Instead, your role is to serve as a partner, working together to formulate ideas and solutions.

PRACTICE: ADVICE VS. SUPPORT

Instructions: In reviewing the definition of the word “advice” and thinking about what you have learned thus far, identify as many reasons why offering advice is NOT consistent with peer connections:

Giving Advice is **NOT** peer support.

First, giving advice implies an expertise that you have.

Secondly, giving advice puts you in a position of providing counsel. Peer to peer relationships is not counseling, rather partnering. By telling someone what s/he should do, you are putting yourself in a position of “authority” not partnership.

Instead, offering support, means that you are listening to the person and are 1) validating the person’s feelings and actions and/or 2) engaging the person in a thought process that empowers them to develop their own solutions and 3) sharing your own experiences as a connection tool, not a “best direction” tool. A powerful tool in offering support is the language you use when responding to a person.

Examples of Giving Advice vs. Offering Support:

Person Supported	Advice	Support
“I don’t feel well.”	“I think that you should take an aspirin and go to bed. You’ll feel better in the morning.”	“I’m sorry that you are not feeling well today. What is wrong? When you have felt like this before, what helped?”
“I don’t think that I make good decisions.”	“Well, if you would just call me every time you had to make a decision, I would tell you what you need to do.”	“You made a very good decision to call me to talk! Do you want to discuss the decision you are making and brainstorm some options?”
“My best friend died a year ago and I am still depressed”	“You need to call your doctor. Remember the last time you were depressed? You stayed in bed for days and ended up in the	“Losing someone you love is so hard, isn’t it? When my dad died, I couldn’t stop crying and thinking about him. I learned

	hospital. Do you want to go through that again?"	that this was part of my healing and found a grief and loss support group. Have you ever been to any support groups?
"I'm going to stop taking my medications, they make me too sleepy, and I can't get up in the morning. Do you think I should stop taking them?"	"All the doctor's want us to take medications. I stopped taking mine a year ago and have been fine since. If you ask me, medications are too risky--- I wouldn't take them if they made me feel like that"	"When I was deciding whether to stop my medications, I made a list of questions to ask my doctor and made an appointment to meet with him. I realized that part of the issue was that I wasn't getting enough sleep, so I changed my schedule around. I also learned that there were different options for me including slowly going off my medication or trying a different one. Do you want to list some options that you have that are safe and then come up with a plan?"

PRACTICE: "GIVING ADVICE VS. OFFERING SUPPORT"

Instructions: For the following statements develop a response that would be giving advice and then identify a response that would be offering support:

Person Supported	Advice	Support
"I hate my doctor! He doesn't listen to me and just keeps changing my medications. I am just not going to my next appointment."	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
"Do you think I'm being punished with bipolar disorder?"	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
"I'm so sad. I just think that the world might be better off without me in it."	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

<p>“My husband is such a jerk. He is always yelling at me and calling me names. If you were me, would you leave him?”</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>“They say I have something called paranoia. I don’t believe it. They are constantly trying to get me to believe it and I think they are the ones who are crazy.”</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Offering support requires a lot of self-awareness, intentionality, skills, and qualities.

Let’s face it, is easier to just tell someone what we think they should do. Honestly, there is no skills required in advice giving, rather it’s just sharing your opinion which may feel helpful or may cause harm.

Instead, we want to develop critical skills to being in relationships with others.

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|--|--------------------------------|
| 1. Humility | 9. Courage |
| 2. Openness/Suspension of our own lens | 10. Shared Power |
| 3. Vulnerability | 11. Curiosity around worldview |
| 4. Equity | 12. Power with, not power over |
| 5. Valuing lived experience | 13. Awareness/Knowledge |
| 6. Discomfort/Self-Reflection | 14. Listening with Intention |
| 7. Will/Intention | 15. Learning |
| 8. Action | 16. Shift in Lens |

PRACTICE: SUPPORT

In looking at the list above, identify 2-3 areas on the list that you feel very confident, competent, and skilled at doing. Share examples:

Next, identify 2-3 areas on the list that you feel the least confidence with and why:

Lastly, identify 3 things you will commit to doing to enhance your confidence:

A FINAL THOUGHT FOR CONSIDERATION...

Mother Teresa said, “the most terrible poverty is loneliness, and the feeling of being unloved.” Disconnection can shatter our hope in the future and our trust in one another. As Dr. Murthy highlighted, isolation and loneliness have in fact become an epidemic in the United States. However, along with the distress and unpredictability, has also come the recognition that resiliency is built through community. This guide is a gentle reminder and nudge to reach out to one another and connect. Whether it be simple conversations in a park, asking how people are doing, recognizing distress in another person and being bold enough to reach out, or holding space to talk without judgement, we all can be a part of each other’s healing. In the end, we are all wired for the same things... to meet our basic needs for food, shelter, sleep, and water, to feel safe and secure in our community and homes, to find personal meaning and live our purpose and to have autonomy and voice in our own lives. All of these are made possible with our most fundamental of all needs; love, connection, and belonging. May we move forward reflecting on the words of Dalai Lama “love and compassion are necessities, not luxuries. Without them, humanity cannot survive.”

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