



ADULT PEER SUPPORT SPECIALIST TRAINING

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- 30 hr Core Curriculum
- To satisfy the KY state requirements from Adult Peer Support Specialist (APSS) certification

The 6 Core Competencies for APSS Certification

- 1. Problem Solving
- 2. Wellness Recovery Action Plan (aka W.R.A.P)
- 3. Stages in the Recovery Process
- 4. Effective Listening Skills
- 5. Establishing Recovery Goals
- 6. Using Support Groups to Promote and Sustain Recovery

What is a “competency”?

A competency combines skills, behaviors, knowledge, and abilities that enables an employee to effectively perform their job

EFFECTIVE LISTENING SKILLS

APSS Core Competency #4

Effective Listening And The Art Of Asking Questions

What is Effective Listening?

A skill that requires concentration and a conscious effort to connect with the speaker. The purpose of effective listening is to understand, not just hear what was said. Because it is considered a skill, practice is required to become more efficient at doing it.

METHODS TO AID EFFECTIVE LISTENING

Open ended questions-

Questions that cannot be answered with a simple “yes” or “no”. Open ended questions invite the respondent to share more information about themselves and their experiences. They require a person to pause, think, and reflect.

Most importantly, the control of the conversation switches from the person asking the question to the person being asked the question.

**** An open ended question often begins with the words: why, how, describe, tell me about..., or what do you think about.....**

Examples of open ended questions

1. How did you get involved in...?
2. What kind of challenges are you facing?
3. What's the most important priority to you? Why?
4. What could make this no longer a priority?
5. What other issues are important to you?
6. What would you like to see improved?
7. Who else is involved in this decision?
8. What do you see as the next steps?
9. How do you measure that?
10. What is your timeline for implementing this action?
11. What is it that you'd like to see accomplished?
12. What are your expectations?
13. How do you see this happening?
14. With whom have you had success in the past?
15. With whom have you had difficulties in the past?
16. Can you help me understand that a little better?
17. What concerns do you have?
18. What's changed since we last talked?
19. What other items should we discuss?
20. How did you reach this decision?

METHODS TO AID EFFECTIVE LISTENING

Honest questions-

Questions that the asker does not know the answer to. Honest questions demonstrate genuine interest in someone personally. Honest questions can be open or closed ended, but it is crucial that the question is not designed around what the questioner already knows.

Example: “What assumptions about your illness did you have before you learned more about identifying symptoms?”

METHODS TO AID EFFECTIVE LISTENING

Questions From Deep Attentiveness-

Questions that are very clear that the asker is fully focused on hearing the client. Often in the form of a follow-up question that shows the speaker is seeking to understand.

Example: “You mentioned that your symptoms scare you when they manifest, what are some instances when you’ve felt out of control?”

What To Listen For As A Peer Support Specialist

- 1) What a person believes about themselves. *Their self-image or opinion about their potential and abilities*
- 2) What a person believes would make their life better. *Their goals or other changes in their life.*
- 3) Why a person believes they can't have the life they want. *Their barriers and obstacles (internal and external).*

What is “Inner Truth” and why is it important in Behavioral Health?

According to psychologist Dr. Kate Singer, “inner truth” is the part of you that knows what you truly desire; it is the part of you that knows what to feel whole. While that part of oneself is never lost, it is sometimes disconnected.

In behavioral health, helping the client recognize, embrace, and honor their inner truth prevents inner doubt, contradictory goals, feeling compromised, being distracted and scattered, feeling exhausted, or getting into unhealthy sacrifice.

Don't Undermine The Communication!!

3 Ways To Inhibit Effective Listening:

- 1) Interrupt with criticism. For instance, a client is telling you about being bored in recovery meetings, and you respond by telling him/her its because he/she doesn't take recovery seriously.
- 2) Interrupt with judgment. For instance, a client tells you laughingly that they didn't pay bill, and you respond by suggesting that they are a dishonest person.
- 3) Interrupt with advice. For instance, a client tells you that they don't know how to handle a hostile co-parent situation, and you break in and tell them exactly what to do about it - end of story.

Practice Your Effective Listening Skills With These Role Playing Scenarios:

- 1) You have a new client that is suddenly standoffish and shut down emotionally. He/she is answering questions with one word answers or by shrugging his/her shoulders. What is a good way to find out what is going on?
- 2) A client is describing a schoolmate's recent suicide with words suggesting admiration of the act. What is a good way to find out why he/she would say that?
- 3) A client is distraught over a breakup and when he/she talks about it, it seems to make it worse. What is a good way to discuss this issue in a life-forwarding direction?

What is a negative message?

Negative messages are verbal or nonverbal communication that includes information that is unfavorable, disappointing, or harmful. Negative messages are intended to persuade the receiver of the message by creating a feeling of fear, anxiety or disgust.

Negative messages can be used as warnings of “bad things” that could or have happened as a result of action(s) taken or not taken.

For people with a behavioral health diagnosis, what power does a negative message have?

Negative messages are powerful for evolutionary reasons. Because negativity is often associated with fear or danger, and positivity with security and safety, at a cognitive level, a person automatically pays more attention to unpleasant (negative) than to pleasant (positive) information.

How Personal Belief Systems Are Created.

Personal beliefs are generally created in two ways:

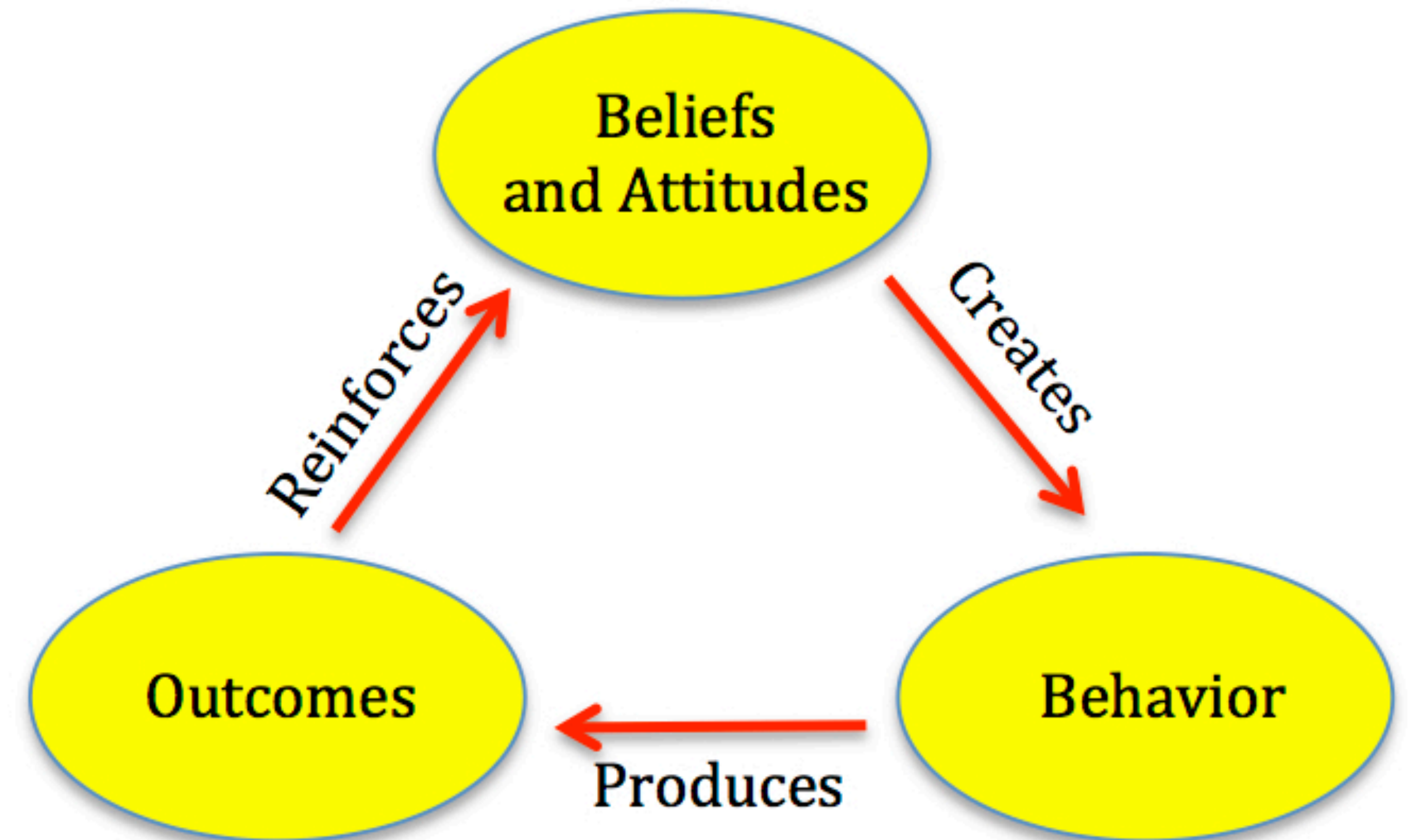
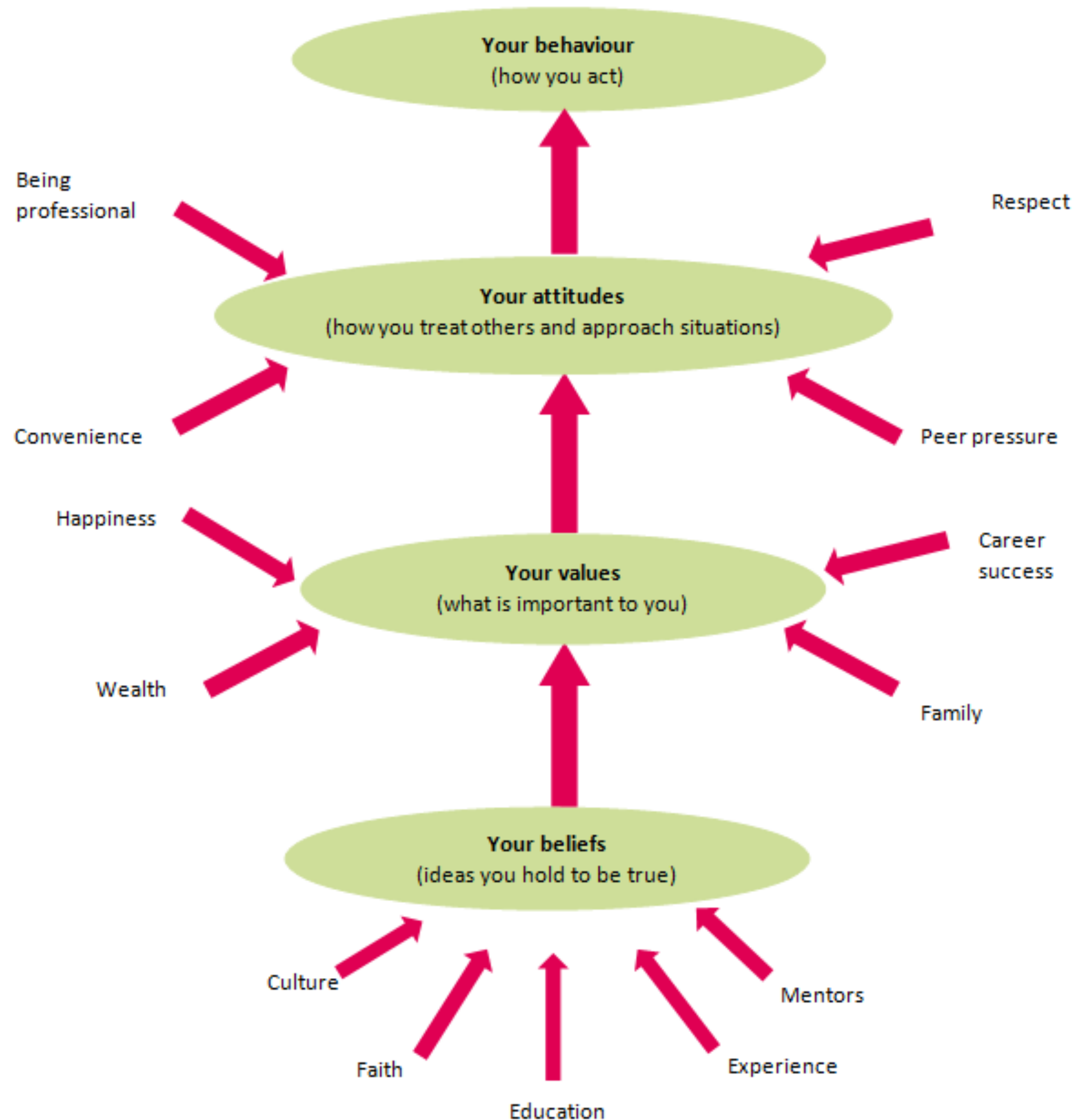
- 1) By our experiences, inferences and deductions, (i.e. what we've observed)
- 2) or by accepting what others tell us to be true. Most of our core beliefs are formed when we are children.

Because we are unable to discern between truth and falsehood when we are really young, we often accept what we are told as truth. We are also greatly influenced by what we personally experience.

Two Ways To Change Beliefs:

- 1) *Overpower the filter system* - Your filter system is a mixture of all of your beliefs, agreements, assumptions and attitudes. Overpowering this system requires a large number references that don't line up with your filter system.

For instance, a belief that people who wear dark hoodies are all in active addiction can be uprooted by enough contradicting instances of people in dark hoodies that are not in active addiction.
- 2) *Conversion-change experiences* - Conversion can be broadly defined as the process of changing one's beliefs, values, religion, or identity. It often entails a deep transformation in an individual's worldview, leading to a commitment to a new set of principles or a different way of life.



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*It takes 100 praises
to negate 1 criticism.*

5 Ways Negative Messages Are Communicated In The Behavioral Health System

1) Staff doing things for clients that they can do for themselves.

Negative message: “You are incapable of helping yourself”

2) Condescending language

Negative message: “You are less than me.”

3) Cookie cutter treatment plans:

Negative Message: “You aren’t worth the energy for individualized help”

4) Staff setting goals for clients:

Negative Message: “You aren’t capable to solve problems without my help.”

5) Not permitting failure:

Negative Message: “You are too delicate to have any accountability.”

WHAT IS “TRAUMA” IN CONTEXT TO BEHAVIORAL HEALTH?

Trauma is when we experience very stressful, frightening or distressing events that are difficult to cope with or out of our control. It could be one incident, or an ongoing event that happens over a long period of time.

WHAT IS “POWERLESSNESS” IN CONTEXT TO BEHAVIORAL HEALTH?

Powerlessness is a feeling that comes from not having control over something important in our lives. Powerlessness is a normal and human response to stress, but it can also be a sign of depression or anxiety.

WHAT IS “RE-VICTIMIZATION” IN CONTEXT TO BEHAVIORAL HEALTH?

To harm someone again in an unfair way after they have been harmed in the past.

TRAUMA AND INDIVIDUALS SEEKING BEHAVIORAL HEALTH SERVICES

Individuals who experienced trauma are at an elevated risk for substance use disorders, including abuse and dependence, mental disorders (e.g. depression and anxiety disorders, impairment in relational/social and other major life areas, other distressing symptoms), and physical disorders and conditions, such as sleep disorders.

3 POSSIBLE MODES OF EXPOSURE TO TRAUMA

- Direct physical, sexual, or emotional abuse
- Witnessing violence to others
- War time experience

HOW TRAUMA CAN BE INTERNALIZED

- Depression
- Anxiety
- Rumination
- Physical symptoms
- Explosions of anger
- Flashbacks
- Hyper alertness/hyper vigilance
- Withdrawn nature and avoidant
- Feelings of guilt and blame
- Insomnia and nightmares
- Problems with thinking, concentration
- Preoccupation with the trauma

WHAT IS TRAUMA INFORMED CARE?

Trauma-informed care acknowledges the need to understand a patient's life experiences and current situation in order to deliver effective care.

Trauma informed care shifts the focus from
“What is wrong with you?” to “What happened to you?”.

THE TRAUMA INFORMED CARE FOCUS:

- Realize the widespread impact of trauma and understand paths of recovery
- Recognize the signs and symptoms of trauma in patients, family, and staff
- Integrate knowledge about trauma into policies, procedures, and practices
- Actively avoid re-traumatization

SECLUSION AND RESTRAINT MAY TRIGGER TRAUMA IN INDIVIDUALS

Seclusion and restraint are LAST resort interventions used when all other options have failed to maintain safety for the person experiencing distress, staff or others. Restraint and seclusion are not therapeutic interventions.

Seclusion and restraint not only cause acute distress during the experience but also may exert long-term effects—a kind of traumatization—including self-stigmatization, traumatic memories, negative attitudes toward psychiatric treatment and psychiatric institutions, and even symptoms of post traumatic stress disorder (PTSD)

COMPASSION FATIGUE

Compassion fatigue (or “vicarious trauma”) is the cost of caring for others or for their emotional pain, resulting from the desire to help relieve the suffering of others. It is also known as vicarious or secondary trauma, referencing the way that other people’s trauma can become their own. The symptoms of compassion fatigue make it more difficult to provide patient care and to perform other duties.

Note that compassion fatigue is not the same as burnout. Burnout is a psychological syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment. It typically emerges over time as a response to prolonged stress and can occur in any profession. In contrast, compassion fatigue mainly affects health care professionals who provide direct patient care. Compassion fatigue can also have a more rapid and acute onset.

WARNING SIGNS OF COMPASSION FATIGUE

- feelings of helplessness and powerlessness in the face of patient suffering
- reduced feelings of empathy and sensitivity
- feeling overwhelmed and exhausted by work demands
- feeling detached, numb and emotionally disconnected
- loss of interest in activities you used to enjoy
- increased anxiety, sadness, anger and irritability
- difficulty concentrating and making decisions
- difficulty sleeping and sleep disturbances like nightmares
- physical symptoms like headaches, nausea, upset stomach and dizziness
- increased conflict in personal relationships
- neglect of your own self-care
- withdrawal and self-isolation
- an increase in substance use as a form of self-medication

WHEN YOUR TRAUMA BACKGROUND IS TRIGGERED FROM WORKING WITH A CLIENT

- Seek help for your personal trauma issues
- Work in teams as opposed to alone
- Attend to your self-care
- Recognize compassion fatigue as an occupational hazard

What does “culture” mean?

Culture can be defined as all the ways of life including arts, beliefs, values, morals, and institutions of a population that are passed down from generation to generation.

What does “diversity” mean?

Diversity is the practice or quality of including or involving people from a range of different social and ethnic backgrounds, different genders, sexual orientations, etc.

5 DIMENSIONS OF CULTURAL DIVERSITY

1) Sexual Orientation

The emotional, romantic, or sexual attraction that a person feels toward another person.

2) Socioeconomic Status

A way of describing people based on their education, income, and type of job. Socioeconomic status is usually described as low, medium, and high. People with a lower socioeconomic status usually have less access to financial, educational, social, and health resources than those with a higher socioeconomic status.

3) Gender

Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviors and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time.

5 DIMENSIONS OF CULTURAL DIVERSITY

4) Age

A period of human life, measured by years from birth, usually marked by a certain stage or degree of mental or physical development and involving legal responsibility and capacity

5) Disability

A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions)

5 WAYS CULTURE/DIVERSITY CAN AFFECT BEHAVIORAL HEALTH CONCEPTS

1) Conceptualization of Need

What is important to one culture, may not be important to another regarding needs.

2) Assessment and Diagnosis

Accommodations for individuals with language barriers, disabilities, and other factors may be needed.

3) Expectations

Different cultures and diversities can influence the belief of what will or may happen, or should happen.

4) Adherence

Different cultures and diversities can influence the degree of commitment an individual will give.

5) Willingness and attitude of seeking help

Different cultures and diversities can stigmatize treatment or a person seeking it as weak.

What is Cultural Awareness? .

In context to behavioral health, cultural awareness is “the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services.

Cultural Awareness includes acceptance, respect, appreciation, and value for an individual or group of individuals.

Acceptance - being without judgement or bias of a person or group’s culture and traditions

Respect - due regard for the feelings, wishes, rights, and traditions of others.

Appreciation - the recognition and enjoyment for the good qualities of a culture.

Value - the understanding that something is held as deserving, important, of worth, or useful.

Counselors who are aware of their own cultural backgrounds:

- Are more likely to acknowledge and explore how culture affects their client–counselor relationships.
- Examine how their own beliefs, experiences, and biases affect their definitions of normal and abnormal behavior.
- Are more likely to take the time to understand a client’s cultural groups and their role in the therapeutic process, a client’s relationships, and his or her substance-related and other presenting clinical problems.

Counselors who are NOT aware of their own cultural backgrounds:

- May provide counseling that does not address obvious issues that specifically relate to race, ethnic heritage, and culture.
- May discount the importance of how their cultural backgrounds—including beliefs, values, and attitudes—influence their initial and diagnostic impressions of clients.
- Can unwittingly use their own cultural experiences as a template to prejudge and assess client experiences and clinical presentations.
- May struggle to see the cultural uniqueness of each client, assuming that they understand a client's life experiences and background better than they really do.