

**PEER TO PEER: A ROUTE TO RECOVERY OF PEOPLE WITH MENTAL ILLNESS THROUGH  
PEER SUPPORT TRAINING AND EMPLOYMENT**

Project N° 2013-1-ES1-LEO05-66277-AN

# **SIMULATION METHODOLOGY DRAFT AND SCENARIOS**

## **1.- INTRODUCTION TO PSYCHODRAMA AND ROLE PLAYING**

### **Why use role play?**

Role play allows the creation or re-creation of events and provides an opportunity for individuals (the students in this situation) to experience them rather than just discussing them in a detached matter. It will allow the students to explore uncomfortable situations, behaviours and conflicts but in the safety of a group.

The taking of roles also provides freedom from existing roles (patient, service user, peer worker) and provides opportunities to experience situations from different perspectives and as such develop understanding and practice. While the scenarios are based on real life the role play is not real life so it means that those taking part can try different and new approaches.

The benefits of using role play are improved understanding of how the concepts and principles of recovery and peer support can be translated into day-to-day practice. One of the key aspects of this is opening up our thinking about approaches we may take including different approaches from those we would instinctively adopt. By providing opportunities to practice in a safe environment without fear of mistake, students will also be more likely to adapt to challenging situations.

### **PSYCHODRAMA**

Psychodrama was originated by **Jacob Levy Moreno**, M.D., in 1921. As a method, it is based on the concept for spontaneity and creativity. Moreno put the focus of psychotherapy not just on the self, but on the self in relationship to others. Psychodrama offers participants a safe and supportive environment in which to analyse and to practice new and more effective roles and behaviors. Using experiential methods, sociometry, role theory, role playing and group dynamics, psychodrama facilitates insight, personal growth, and integration on cognitive, affective, and behavioral levels. It clarifies issues; increases physical and emotional well-being enhances learning and develops new skills.

Working in the group the participants learn from the experience of the others, give and receive support and understanding, exchange life wisdom and strength. The feeling of trust and confidence in the group give them the chance to learn not only from positive, but also from the negative feedback and from painful experience.



## FIVE BASIC ELEMENTS OF PSYCHODRAMA

**Director (Dir)** - The trained psychodramatist who guides participants through each phase of the session and takes responsibility:

- To create sufficient safety for the protagonist and the group
- To ensure confidentiality in the group and physical safety
- To direct psychodrama sessions according to the psychodrama theory
- To follow the group dynamic and work with it if it is necessary.

### Group/Audience

**(Gr)** - The average size of a psychodrama group is between 8 and 12 people. They come together at a certain time and space to work together on the contractual tasks.

**The audience:** Group members who witness the drama and represent the world at large.

**Protagonist (Pr)** – Person(s) selected to "present the current theme" of the group in the Scene, so called „drama“. The main hero, the person playing the principal role in an enactment, who in this concrete session works on his personal topic with the help of Dir., AE and the group.

**Auxiliary ego (AE)** – A Group member or a professional who assumes the role of significant others in the drama and moves, speaks and reacts like them. He takes the role and acts as shown by Pr. These roles can represent real scenes, or represent a part of the inner world of Pr. The Pr chooses the AE and tell him which role to play. The auxiliary ego usually portrays someone in the protagonist's life, the part of a fantasized figure, an inanimate object, an abstract concept or collective stereotype. Or has the task of acting like a DOUBLE.

**Stage** – The physical space in which the drama is conducted, the area in which the enactment takes place. The part from the working room, where the Pr shows his problem. With the help of the director Pr “builds” the scene where the action happens. This is the so called Surplus reality where the Pr externalizes his psychic experience. It also could be a space organized in a special way for group play.

## THREE MAIN PHASES OF PSYCHODRAMA

Every psychodrama session has three main phases:

**Warm-up (W-up)** - techniques and exercises used to develop group cohesion, prepare the group for working on its task, or create a special atmosphere, focus the members on theme in the group. At the end of W-up the group theme is identified and a Pr is selected.

**Action / Enactment:** The problem is dramatized and the protagonist explores new methods of resolving it. Presentation of life situations on the stage in dramatic form and the physical enactment of encounters that have existed only in the memories or fantasies of the Pr. Enactments can be of the past, the present, the future, dreams, or fantasies.

**Sharing:** Group members are invited to express their connection with the Pr's work.

In this phase the group sits again in the circle and the Pr receives sharing of feelings and feedback from the group members and AE-s:

- about their experience in the roles,
- from identification with any of the roles,
- and/or from themselves.



Sharing gives the participants (Pr, AE-s and group members) the opportunity to "de-role" by sharing about their experiences and distancing themselves from the role. Sharing is for feelings, not for comments, critics, questions and opinions. It also helps the Pr. to feel understood and integrated in the group after presenting a very personal and often difficult aspect of his life.

The group session (duration **90** minutes) consists 3 parts –

**I – warm up – verbal** (pulse of group) is constant, in addition could have **nonverbal** – action exercise. The purpose of warm up is to make connection with the previous session and to prepare the members for experiential group work. Duration - about 15-20 minutes

**II – Action (main) part.** This part is focused on the purpose of the session through role playing or another game Duration – about 50 -60 minutes.

**III – feedback and ending ritual.** The purpose is to collect reflections on the group process and to close it. Duration – about 15-20 minutes

### **“The pulse of the group”**

*Taking the groups pulse* means checking the status of the group: how the members are feeling, today's mood, if there is something important left unfinished after previous session, if there is something engaging their thoughts and feelings between the group meetings, what they are expecting from today meeting, etc.

First of all, the trainer welcomes the participants; later on, the trainer asks them the previous questions. By answering these questions, the participants warm up for working within the group. They focus their attention on feelings and experiences and prepare themselves for the topic of today's training.

### **Feedback for the session**

The trainer asks everybody to tell to the group, what he/she wants to take with him/herself, and what they want to leave behind (experience, feeling, thought, word, sentence ....).

### **Ritual for ending the session**

The participants, together with the trainers, stand in a circle holding their hands. The trainer says: “Good bay, best wishes, see you on .... (date) at ..... (hour).” Then, all the members repeat the same thing and leave the meeting.

## **THE THREE BASIC PSYCHODRAMA TECHNIQUES**

J. L. Moreno created the three basic psychodrama techniques in correspondence with the stages of role development in early childhood.

### **Doubling**

After its birth the baby perceives his mother not as “You”, but as its own extension, serving its needs.

The mother, on her part, ignores her personal needs and feelings and empathizes with her baby in order to feel its needs and to satisfy them.

As a result the baby has a feeling of omnipotence.

In the doubling, the Auxiliary Ego (AE) as a double, like a mother, ignores his needs, thoughts and feelings and does his best to enter the role of the protagonist (Pr), his situation, feelings, thoughts and experiences.

The AE sits, stands or moves like the Pr, speaks and looks around like him.



The AE becomes able to verbalize the feelings of the Pr, which the Pr cannot or does not dare to express.

The Pr accepts the correct Doubling as if it's not from "You", without any resistance.

Non-correct Doubling is foreign to the Pr and he refuses it.

If in childhood there has been a split of the child's world of reality and fantasy, or if the adult has suppressed his feelings and wishes, the process of doubling **reconstructs the integrity** of the Pr's first universe, which is called **the pure emotional level of being..**

### **Mirror**

This technique corresponds to the stage of child development when it discovers and gets to know "You"- the child starts to separate itself from the others and to develop an image of itself.

It grows to realize that this is his image in the mirror. At the beginning it accepts it as another child, and then gradually it recognizes itself in the mirror.

In this technique the AE reflects like a mirror the Pr on the stage.

The Pr observes from outside himself and his experiences, presented by the AE, like in a mirror.

After a confrontation of the Pr with his mirror image, it is possible for him to get an insight of the results of his behavior and to reach an idea how to change it.

The protagonist watches while the role he portrayed is replayed by an AE. This is "live" video playback.

### **Role reversal**

This technique corresponds to the next stage of the development of the child when it gradually becomes able to enter the role of somebody else and to look at itself from outside.

Through Role reversal with his mother the child learns to speak his mother language. Imitation is the first form of role reversal

In the child's games through Role reversal it practices different roles (mother, father, doctor, teacher, driver, etc.), doing "rehearsal" for real life, enlarges his role repertoire and discovers the world.

The Pr takes the role of a significant other person, the so called Antagonist (Ag), and the AE is placed in the role of the Pr.

The most important persons of the scene to be shown are presented by Pr. By role reversal, means playing them. This is important for demonstrating to the auxiliaries how the role is to be played.

It is also used to help the protagonist to empathize with the other person's point of view.

This technique combines:

- The doubling of the other – entering in the role of the Ag
- Observing his own self like in a mirror

With this technique the Pr not only objectifies himself as in the mirror technique, but he reacts towards "himself" in the way he thinks the person whose role he is playing would react.

With this technique the Pr extends his role repertoire and increases his role plasticity

**Role reversal** for example between Person A and Person B means person A to enter in the role of person B and to speak from his name "My name is B, and I ....." To repeat the information given for B, and also to try to feel and think as he/she is B. Also to sit as B is sitting, to move as B, to speak, laugh and so on as B.

### **Role Playing**

The goal of role playing usually is to work out alternative and more effective approaches to a general problem; often used in business, medicine and education.

**Role training** is practicing in the safe place different new behaviors for solving problematic situation.

For prevention of social exclusion of the people with mental health problems often are used **Role playing and Role training** to empower them through equipping them with suitable social and professional skills.

**The role playing (RP) in the training group** gives a chance to the future peer workers to practice the new skills in safe space. The trainer will be the Director (Dir.) of Role playing, the students will be the group members who will have the possibility to take each one of the 2 roles:

- The future peer worker (FPW)
- The client of peer worker (KPW)

Each session the group will work on special topic, practicing on the base of different scenario. The scenario gives concrete information about:

- The role of KPW – profile, short history of illness, personality,
- The topic of the meeting – the problem for working
- The specific difficulties for FPW

The group is sitting as audience in a hemi circle in front of the space, defined for stage. The stage is organized as a working room for the meeting between FPW and KPW.

The Dir. gives information from scenario and offer trainees to choose roles. One of them takes the role of KPW and another one – FPW. The RP starts.

The trainee in the role of FPW tries to find and play the most suitable approach and behavior to his client, on the base of his knowledge and his own experience.

The trainee in the role of the KPW reacts according to the intervention of the FPW.

After that every one of the trainee could try the role of FPW offering new, different intervention, attitude or approach. Or could try to practice one of the interventions, already offered from the others.

Every one of trainees also could enter one by one) in the role of the client to experience the effect of the different approaches.

During the RP the members of the audience could participate only through one or another of the roles, not to comment from their own roles. If the trainee who play one of the 2 roles, would like to say something from his own name, he has very clear to show that he exits from the role for the moment, for example standing from the chair and declare that at the moment is speaking from his own name. After that, coming back in the role of RP he is sitting again in the chair of his role. At the end of RP the trainer could offer his own intervention and attitude for such situation.

After that the group is sitting again in the circle and there are the next 3 phases

- Sharing – feelings in the roles during the play
- Professional comments for experience in each one of the roles.
- Feedback from the trainee to the trainer and to the other trainee for this session.

### **ROLE THEORY**

The role theory is developed in the 1920's by JL Moreno. It focuses on the **genuine encounter and** the concept **tele** (the mutual emotional flow between two individuals).



**Role** is the manifest expression of the Ego in encounter with another person, the **counter role**. Every role has emotional, cognitive and behavioural aspects. Moreno distinguished between 3 kinds of roles:

The **psychosomatic roles** are expressions of body functions

The **psychodramatic roles** develop from birth through the interaction between the baby and its surrounding care takers.

- A richness of roles is supposed to be a sign of health and capacity of survival.
- A sparse repertoire (or role atrophy) indicates insufficient capacity to handle new situations.

The **social roles** reflect the values of the society connected with culture, family, professions, social or political positions.

## GROUP PROCESS AND GROUP DYNAMIC

**Group dynamics** refers to a system of behaviors and psychological processes occurring within a group. *Intragroup dynamics* are the underlying processes that produce a set of norms, roles, relations, and common goals that characterize a particular group. Amongst the members of a group, there is a state of interdependence, group dynamics influence individual behavior. Group formation starts with a psychological bond between individuals.

**Group cohesion** refers to the processes that keep members of a social group connected.

There are **5 stages** in development of the group:

**Forming** – at the beginning of formation there is some confusion and uncertainty. Members get to know each other and share the expectations. Start of development of openness and trust.

**Storming** – high level of disagreement, criticism and conflicts, struggle for power and leadership.

**Norming** – members start recognize and respect their individual differences, begin to develop feelings of group identity and harmony. Establishment of roles and relationships.

**Performing** – maturity and harmony in relationships, mutual acceptance, rational decision making. The group work is constructive and fruitful.

**Adjourning** – sadness because of time for separation.

### Requirements for target group and composition of the training group

The target group are people with mental health problems in a stable situation. The trainer has to conduct individual admission interview with everyone of candidates for training, in which to check, whether he/she fulfill the requirements, to motivate him / her for participating and to end with individual contract for working in this group.

**Including criteria** for people with mental health problems for training course are:  
(agreed by the partners)

**Excluding criteria**, that avoid the participation into the training course are:  
(agreed by the partners)

It is good to compose group of 10 participants, if it is possibly 50 % men, 50 % women. It is good also group members to be in different ages, but if it is possibly to have at least 2 of one similar age.

It is good to start with 12 participants just to keep always 10 people attending during the whole course. Some of the participants can give up the training course, being hospitalized, etc.

**Recommendations for selection of trainers:**

- To have professional education – psychology, social work, special pedagogy
- To have at least some personal experience with psychodrama group work. If it is not possible - at least to have some personal experience with group psychotherapy and knowledge on psychodrama.
- To have experience leading experiential groups
- To have experience working with socially vulnerable people
- To receive regular professional supervision
- To be a positive and with open attitude towards other people
- To be able to deal with difficult situations and to have problem solving skills
- To be a balanced person who can deal with difficult emotions and show empathy.
- To have good communication and leadership skills

**Conditions for experiential group work:**

- The training sessions have to take place in a room with comfortable (and easy to move) chairs, organized in a circle for the beginning of the session. It has to be sure that nobody will enter to interrupt the group work. The group room has to have large space for the group plays, to be warm and with good light.
- No telephone calls and conversation are allowed during the group session.
- The group sessions has to be regular – once per week. (It is danger if the training becomes too intensive (more than 1 per week). Also longer than 1 week brakes are not good for group dynamic and for group cohesion
- It is very important sessions to take place at fixed day in the week, and fixed hour in the day – for example – every Wednesday from 17 to 18.30.

**Materials needed for the training**

- The main working tool in psychodrama and action methods is chair.
- The chair could take a role of tree, desk, computer – everything.



## 2. KEY SCENARIOS

To practice and explore the importance of self-care in peer support working practice, it may be interesting and useful to provide candidates with a space for simulating; in addition it will bring them the chance to watch, comment and reflect upon their own performance. Using Role Play and conducting the scenarios, record them and then, make the group watch and comment on it.

### SCENARIO 1: SELF PRACTICE AND SELF CARE

#### Introduction:

The following scenario has been developed for use in Learning session 10. The session outline provides for 75(60) minutes for this role play activity towards the end of the session. The role play has been designed to provide students with an opportunity to consider how to care for oneself in a peer relationship that promotes recovery.

#### Aim:

The aim of the role play is to examine and assess the importance of self-care in peer support working practice.

#### Scenario:

Tim started to volunteer as peer worker 2 months ago; sometimes he doubts his capacity to help others. During these months he has been working with Robert, but Tim's own level of expectation is now much higher. Tim needs to see Robert's progress to be sure he is a good peer worker.

When Tim was only 5 years old, his father abandoned him and his mother. Since then, memories of abuse have started to appear in his mind, mixing fact and fiction. Tim is not sure if they really happened and he'd rather prefer to think that they are only figments of his imagination.

During the next session, Robert looked more devastated than in previous sessions. Tim felt disappointed, and when Tim asked him what's new, Robert commented, in a very general way, that he had broken up with his girlfriend. He had lost control and insulted her in public. After that, Robert tried to call her several times but she refused to pick up the phone.

Tim got very angry, he said to Robert that he was an aggressor and the best he could do, is to stop phoning his girlfriend and trying to manipulate her. "Just leave her alone!" Tim said and asked Robert to leave the meeting; he had had enough for the day...

#### Comments:

When Robert left the session, Tim wondered what had happened to him. He thought about it and he had done badly for himself and Robert, as Robert is probably as devastated as Tim is now.

Tim thought that he had belittled an important aspect of his own wellbeing and should work on how to respond better to certain situations. To control them would help him to feel better. Not only Robert had lost control with his girlfriend, the same had happened to him. Tim felt more incapable than ever.



Tim considered how he could take control of these situations so that this experience could help him in the future. Now, he is aware of one of his hot buttons and may be able to prevent this situation from happening again. Tim realised that he had identified with Robert's girlfriend and that hurt him, so he imposed his wish that Robert would abandon her definitively.

Tim thought it would be more appropriate to have asked Robert what had made him lose control and to establish a list of proper answers to similar situations. Robert would feel safe and more able to take decisions that would not endanger his relationships. Tim thought about how he could control certain reactions and respond appropriately next time.

**\*Context, clues and further info about self-care that may be useful to read before the role-play:**

There are two essential aspects of the recovery process: the perception of a rich identity that accommodates mental health problems in one's own wellbeing and on the other hand, the ability to make decisions about one's life, exercising control over what happens to us.

Having control can be considered at the heart of the recovery process, it means having the determination to manage symptoms (to accept one's illness, but find a way to live with the symptoms satisfactorily).

Sometimes it is useful to reflect upon previous crises or uncomfortable feelings to better overcome future crises; it is true that sometimes it is difficult to plan the recovery path and reflect upon painful experiences, you have to be ready for that but it will always help to have a facilitator to support this process. To know your own vulnerabilities will give you the key to determine what will help you to overcome them, to know what works for you, what makes you feel better when you're down, or what helps you to maintain your wellbeing.

On wellbeing, we can say that it is a conscious and deliberate process that requires the person to reflect and make decisions to fulfill his/her life styles.

Being peer worker can be very exhausting and stressful. The responsibility of having to support other people, can be a barrier to your own wellbeing and a source of stress. Reflect upon and be aware of, living the pain of others as your own pain, the responsibility you feel for the safety of others should not be to the detriment of your own needs.

## SCENARIO 2: LABELLING

### Aim:

The purpose of the role play is to reflect on how to use the shared power to reflect on the beliefs of the people and as labels influence the behaviour.

### Scenario:

For years you've been overweight and tired as a result of the medication you were prescribed. You have been using diet and exercise to slowly decrease your medications, have lost 30kg and feel more energetic than you did as a teenager. You start working with Tara who seems to be taking a lot of medication, is overweight, and lacking energy. She says that recovery is all about accepting your illness and making adjustments to your life to accommodate it.

But you think that there is a lack of effort from Tara and is not putting everything in their power to achieve weight loss and reduce your medication. This belief determines the way in which you are faced with the task of Tara to motivate healthier behavior changes. At the same time, this belief makes you feel angry with Tara and this is manifested in the way of communication with her.

First staged the situation from the proposed scenario. Once completed, questions the veracity of your beliefs, modify them and acts accordingly in a more empathic toward Tara. Makes a second staging based on these changes.

### Comments:

It's important to think about the fact that there are all types of ways of discounting someone else's knowledge while appearing validating and interested. Remember that the goal of the exercise is to learn from each other.

At the time of making the representation, pay attention to your assumptions, use of power (your own story as unilateral truth), differences in beliefs and learning from each other.

### **\*Context, clues and further info about labelling, which may be useful to read before the role play:**

Sometimes peer support workers observe their peers unwanted behaviors that lead them to lose self-control and push them in a certain way denominarles . So much so , it is not



surprising to find people who are branded as their own equally vague (not to achieve a particular result in treatment) ; rebels (not to follow certain rules of conduct) ; unsafe ( to show they timidly ); nerve ( to have some concern ) ... characterize them this way and treat them as such , derived on the assumption of such roles by the people , which eventually end up behaving as they mark the "label".

This we showed Rosenthal and Jacobson (1968 ), with the so-called " Pygmalion Effect". Briefly, what Rosenthal and Jacobson did was to randomly choose some students , and although they had been chosen randomly , said some teachers who had greater intellectual capabilities than others. Thus, it was found that indeed the results of the group that was supposed possessed a higher intellectual abilities were better than the other group.

All this shows that our expectations affect how we behave in certain situations, and act on the labels we attach to them almost unconscious way people .

When repeatedly call a person in a certain way , ends up assuming that is so; and in this situation we must be very careful, because we are a mixture of genetics and environment and enhancing the latter can influence us or " weakening " our " skills base" .

The label a person , he will take you to behave according to the dictates of that label will end assuming , but not only that, but also other people and / or professionals who intend to know him and know of the existence of that " label " will be likely to fall in the observed bias only those behaviors that this issue and are descriptive of it, so back to the topic of the " Pygmalion Effect" (or self-fulfilling prophecy ) .

On the other hand, when mental illnesses are used to label - depressed , schizophrenic, manic or hyperactive - these labels hurt . Using negative labels brand and ashamed - is what is called stigma.

Stigma leads to discrimination . Everyone knows why it is wrong to discriminate against people because of their race , religion, culture or appearance. They are less aware of how people with mental illness are discriminated against them . Although discrimination is not always obvious , there is - and it hurts . Stigma is not only the use of a bad word or action. Stigma is disrespectful .

It is the use of negative labels to identify a person living with a mental illness labels. Stigma is a barrier and discourages individuals and their families to get the help they need for fear of discrimination.



## SCENARIO 3: BOUNDARIES

### Introduction:

The following scenario has been developed for use in Learning session 8. The session outline provides for 75(60) minutes for this role play activity towards the end of the session. The role play has been designed to provide students with an opportunity to consider boundaries in a peer relationship that promotes recovery.

### Aim:

The aim of the role play is to examine boundaries and to reflect upon how discuss them.

### Scenario:

Raquel has been supporting Alex as his peer worker for 4 weeks. On Wednesdays she has afternoons off and last Wednesday she met with a friend at 5 at a coffee shop downtown. Rachel's friend has left work late and she phoned her, she will be there at 5:45. Rachel then decided to wait in the coffee shop and order a cup of tea.

When enjoying her tea, the waiter came over and told her that the tea is already paid. Alex paid for it, he was in the cafeteria and saw Raquel order a tea and sit down alone. At that time, Raquel's friend arrived and they sit together. Raquel in a rush thanked Alex for the tea.

During next session, Alex asked Rachel if she usually goes to that cafeteria, as he also likes the coffee they serve and could meet there eventually.

### Comments:

Raquel was not honest when she thanked for the tea to Alex, she accepted the gift and it made her felt overwhelmed and a bit uncomfortable. Raquel felt that the lack of boundaries is endangering the supportive nature of the relationship with Alex and an explanation is needed.

Raquel thought she would start by explaining to Alex, that when they met the other day she was not acting as an agent of mutual support, but as an acquaintance and so she accepted the tea. She likes that cafeteria, but she decided she won't go back and will tell

Alex, that she does not usually go there. But then, Raquel changed her mind, as this answer will just make Alex feel confused with the exchange of roles: Would that mean that I could buy you a drink if I meet you when you are not working? Do the boundaries only exist when you are actually at work?

Raquel decided to take the initiative and be more honest with Alex, she will discuss peer relationships with him further, she will try to explain how complex these relationships are and although they are based on sharing experiences, they have some limits that make them more meaningful and effective than friendships; Raquel's responsibility is to support Alex, and therefore she does not feel comfortable letting the relationship develop into a friendship. Does Alex understand the peer worker role?

Rachel asked Alex directly to see what he understands by "peer worker", after that, Raquel will explain her role to him and they will reach a consensus together.

'Accepting the tea offered them the opportunity to talk about boundaries, should I have done it before?' Raquel asked herself.

**\*Context, clues and further info about boundaries, which may be useful to read before the role play:**

Different boundaries are established for different types of relationships, they establish what is and is not acceptable. To clarify the meaning of being a peer worker, and clarify limits with clients (or peers) will determinate the effectiveness of the subsequent relationship. Peer relationships are complex; a peer worker encourages and shares experiences with peers, but at the same time peer workers should know how to maintain the distance. The relationship established between peer workers and their peers is more formal than a friendly relationship, although it is based on things that both sides have in common and has a certain degree of equity, it is not a friendship.

Negotiate boundaries and clarify them is the key to strengthening transparent and meaningful relationship. The boundaries are more evident, when one of the two parties has more responsibility than the other, as in a peer to peer relationship: peer workers shall respect those barriers, make them clear and maintain the balance in terms of power to better support their peers.

The more time spent with another person, the harder it will be to maintain the boundaries that make the relationship mutually, effective and meaningful. There will be different situations in which the peer worker will not be sure on how to proceed, there are not right or wrong answers, but it may help to discuss it with the supervisor, he/she may help to solve dilemmas raised.



Summarizing, a peer relationship must be based on hope, trust and respect. In difficult situations, the Peer worker must reflect whether a particular behavior can set unwanted precedents and/or the potential consequences that can result from a single decision.

## **SCENARIO 4: effect of force trauma**

### **Introduction**

The following scenario has been developed for use in Learning session 3. The session outline provides for 75(60) minutes for this role play activity towards the end of the session. The role play has been designed to provide students with an opportunity to consider how the effects of trauma can influence the peer support relationship and how the peer worker can maintain a hope-inspiring relationship that promotes recovery.

### **Role play: Trauma-informed practice**

#### **Aim**

The aim of the role play is to explore ways to build relationships based on mutuality, shared responsibility and equality with individuals affected by trauma.

#### **Scenario**

Margo has been receiving support from Anytown Mental Health Services for five years and has been supported by Sean for about the past six months. At times she is very positive and motivated and full of dreams and plans for the future but at other times she feels very low and despondent. She can also appear very angry at times and paranoid, particularly about her contact with services and official agencies. When low or angry Margo sometimes talks about getting back at the people who she feels have let her down but this is not something that she has gone into any depth about.

She has recently received notification that she is to be re-assessed for the support she is receiving by the local council and is feeling very anxious about this. At a meeting with Sean she has been discussing the re-assessment and suddenly states that she feels like hurting herself.

#### **Comment**

This scenario provides an opportunity to explore what a peer support rather than a traditional support relationship may look like. In a traditional support relationship the worker would immediately seek to minimise or manage risk and consider their requirements to report such statements or behaviour to a manager or other individual.



However this not only focuses on the immediate situation or symptom rather than the reasons behind the behaviour but also removes power and responsibility from the individual being supported.

In a peer relationship based on mutuality, shared responsibility and equality the peer worker will seek to listen to what the person is really saying. To do this they will have to ask open questions focused on how the person is feeling and why that may be to facilitate a real conversation. Through this they will be able to show empathy and also seek to share the pain of the other person. Through sharing their own experiences they may also be able to validate the feelings and experiences of the other person and encourage them to discuss them in an open way.

One way to think about this is to ask a person 'what happened to you?' instead of asking 'what is wrong with you?'

The aim is for the discussion to proceed in a way that supports Margo to talk about how she feels and the reasons behind this and for her and Sean to work on this together. Through this Margo understands that a peer support relationship is different from those she has previously experienced and shows her that she now has some choices about how she wants to move forward.

## SCENARIO 5: POWER, CHOICE AND CONTROL

### Introduction

The following scenario has been developed for use in Learning session 5. The session outline provides for 75(60) minutes for this role play activity towards the end of the session. The role play has been designed to provide students with an opportunity to consider how the effects of trauma can influence the peer support relationship and how the peer worker can maintain a hope-inspiring relationship that promotes recovery.

### Aim

This scenario has been developed to enable students to demonstrate the role of the peer worker in the promotion of power, choice and control in the peer relationship and how the concept of the individual as expert can inform practice.

### Scenario

You have been working with Sylvia for a few months and the relationship is progressing well. Sylvia has told you that she very much enjoys working with you and you are feeling confident in your role as peer worker. At your meeting today Sylvia says that she would like to decrease her medication but that she is afraid of talking to her doctor about this. She feels that her doctor may not agree with her as she has had some difficulties with medication levels in the past. She asks if you would speak to her doctor as she knows that you have successfully decreased your medication and as such feels that you would be in a good position to do so.

### Comment

Being able to make choices and being in control are key recovery concepts. Being self-determined is about taking control and responsibility and taking good action. It is supported by having good information as well as an awareness of ourselves, the roles we assume and how we interact with the world. At all times we need to be aware of the power imbalance in the peer support relationship – including the inherent relationship that results from peer workers being paid.

Empathy, mutuality and a strengths based approach can create empowering relationships. In strengths based approaches we recognise that each individual is unique, with different strengths, skills and abilities. Peer workers can promote power, choice and control by encouraging people to be aware of what is possible, identifying goals and developing plans and strategies. Traditional

services which offer help and support solely on the basis of what is wrong with us result in relationships which become focused on the expert/patient dynamic where things are done to and for people in their interests. In this contact choice is limited and people can become passive recipients. Compulsory treatment etc. can further exacerbate this.

Peer workers need to be aware of the temptation to fall into helping behaviours that you may have experienced. But by remembering the role of mutuality and redefining help as a co-learning and growing process the focus can be put back on the person rather than 'doing for' them.

The peer worker role is to help people to empower themselves and take personal responsibility rather than make them dependent. This requires working from the premise that people are capable of doing things for themselves and that everyone has the right to make mistakes – you need to trust people to be the expert on themselves. Peer workers build relationships with people to help them to change how they view themselves and their place in the world, and move to being active participants in their lives rather than being passive bystanders who let other people make the decisions. By encouraging people to take an active role in solving their own problems, they will realise they have the ability and practical knowledge of how to problem solve for themselves in the future.

#### Power relationships

Victim – takes on or accepts role of mistreated person. Usually feels overwhelmed by own sense of vulnerability, inadequacy or powerless and will not take responsibility for themselves or their own power. Looks to the rescuer to take care of them.

Persecutor – bullies the victim. Unconscious stand where person may not be aware of their won power which they use in a destructive or negative manner.

Rescuer – rushes to defend the victim – protecting them. A rescuer is someone who doesn't own their own vulnerability and instead seeks to rescue others who they see as vulnerable. This position also assumes power over the victim.

Roles – need each other to function and play the 'game'. Role do not necessarily represent the reality of people's place in the situation or their true level of power. Each of the positions is a way of taking power when we feel uncomfortable and we often go through all three at various times and in various circumstances.

When considering this scenario there are a number of immediate responses that could be provoked:

- You can do it, you are just getting caught up in irrational fear and you've done lots of hard things. (persecutor)
- If I can do it so can you. (persecutor)
- Of course, I will do that for you. I know its scary so I'll talk to him this once and I am sure everything will work out. (rescuer)



- I could never do that. I might lose my job and I have worked so hard to get it.  
(persecutor/victim)

However each of these will lead the conversation in a certain direction where you have set up a power dynamic that could have a potentially negative effect on the relationship.

What is needed is an alternative approach where you would not rush to directly answer the request made by Sylvia but would discuss and negotiate the situation.

- Think about how you are feeling and unpick any assumptions you may have made about Sylvia.
- Be present and aware of what Sylvia is feeling, and also curious about where this is coming from.
- Be aware that she sees you as having more power and more capability than she has.
- Make a connection by validating how hard it is.
- Ask questions that respectfully open up her 'story' such as why she is looking for you to fix it; what has happened in the past to frighten her; and how can you both find a way forward that makes sure Sylvia is in control.

## SCENARIO 6: THE PROCESS OF CHANGE.

### Introduction

The following scenario has been developed for use in Learning session 12. The session outline provides for 75(60) minutes for this role play activity towards the end of the session. The role play has been designed to provide students with an opportunity to dramatize and ponder the importance of the elements involved in the process of personal change and recovery

### Aim

The aim of the role play is to ponder and dramatise the importance of the elements involved in the process of personal change and recovery

### Scenario

Juan has been attending appointments at Pills on the Hill Community Mental Health Team since he was diagnosed almost two years ago. He has no real social life, spending all his time at home, chatting on the Internet, eating poorly and neglecting his hygiene. Although in a first stage he refused medication and struggled to take his tablets, now his hopes are mainly based on the beneficial future effects of medication, and on the acceptance of his traumatic biography. He is aware of his apathy and concerns about taking action and responsibility of his recovery, but always has an excuse to delay any change.

Hi has been supported by his Peer Support Worker, Eva, for the last five months.

Eva thinks that in spite that Juan seems to have gained knowledge about his condition, different ways of taking care of symptoms, complementary therapies and resources within the community, Juan is still following the same pattern, as he's been assertive during their meetings but not making any changes in his daily life. She feels stuck regarding the results of her intervention after all this months.

Eva decides to use her own experience as an example by explaining to Juan the turning point from what she started to take care of the basics of her daily life and to feel on control of her life and her own recovery. But Eva is not confident about been able of telling her story in an encouraging way and keeping it relevant to Juan. She is also concerned about falling in self-pity explanations or comparisons that may be overwhelming to Juan. She wants to be inspiring and to transmit determination of change to him.

It is the first time she is in this situation and she thinks, that apart of helping Juan, she will gain a lot of confidence if Juan starts to move forwards in his journey of recovery because her intervention.

### **Comment**

This scenario provides an opportunity to explore how a peer support relationship is a two ways relationship, how challenging can be for a peer support worker to encourage real changes on her/his peer life and the importance of building an inspiring narrative of your personal experience of recovery that can help your peer and also yourself in order to build confidence and peer support skills.

This scenario might help as well to recognise the five stages of recovery explained in this unit and perhaps to discuss how subtle or tricky can be the borders between recovery stages during a peer support intervention.

The aim is also to reflect over how to deal with frustration in a positive and creative way when changes are not happening, and the rewards of positive changes for both sides as a result of a mutual aid relationship.