



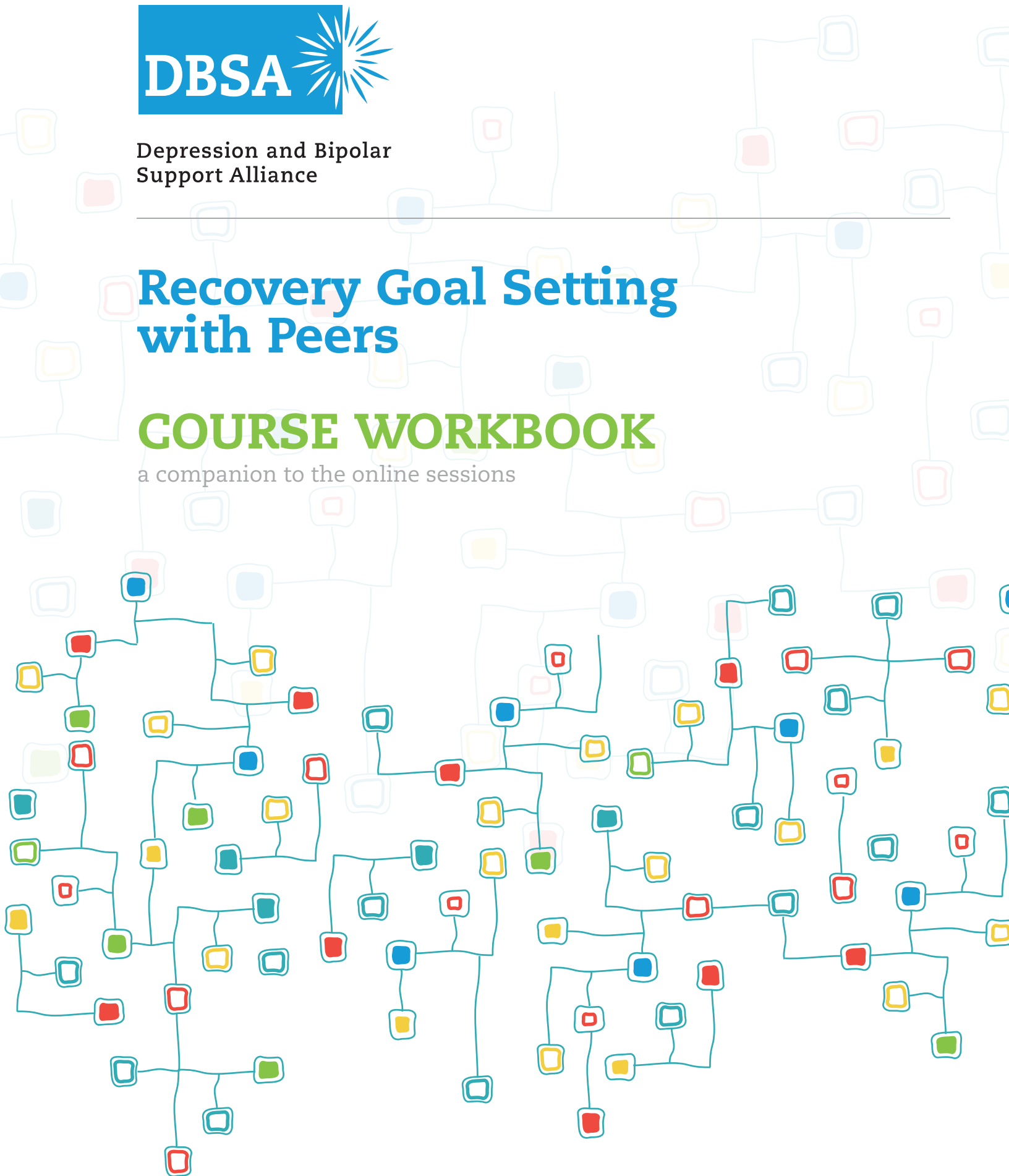
DBSA

Depression and Bipolar
Support Alliance

Recovery Goal Setting with Peers

COURSE WORKBOOK

a companion to the online sessions



Welcome to Recovery Goal Setting with Peers, a three-session course. As you watch each session, there will be periodic instruction to pause the video and complete the exercises in this workbook. Once you've completed the three sessions and the workbook exercises, you'll be directed to the final course exam.

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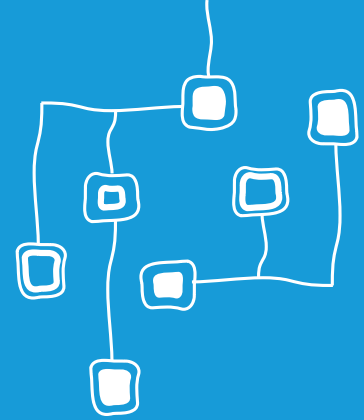
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SESSION 1

Recovery Goal Setting and a Strengths-based Approach



SESSION 1 GOALS – IN THIS SESSION YOU WILL LEARN:

- How traditional treatment goals are different from wellness and recovery goals
- What elements are vital to a recovery goal
- Features of a strengths-based approach to goal setting
- How to identify and build on the strengths of the person you are supporting

FIVE FOUNDATIONAL BELIEFS

Everyone has the ability to learn and grow.

Being diagnosed with a mental health condition does not take away the ability to learn and grow; people can recover and move on with their lives.

People's beliefs determine their behavior.

What a person believes about herself, because she is diagnosed with a mental health condition, is the most important determinant of her success in creating the life she wants.

People think their way through life.

Being diagnosed with a mental health condition does not take away the ability to think strategically and creatively.

Whatever people focus on, they give power to.

While symptoms and 'disability' bring people in for services, the focus needs to shift to wellness and strengths as soon as possible.

Life's experiences are the best teacher.

Your recovery experience is your greatest gift to your peers.

THE GORILLA STORY

This story starts with a cage containing five gorillas and a large bunch of bananas hanging above some stairs in the center of the cage. Before long, a gorilla goes to the stairs and starts to climb toward the bananas. As soon as he touches the stairs, all the gorillas are sprayed with cold water. After a while, another gorilla makes an attempt and gets the same result—all the gorillas are sprayed with cold water. Every time a gorilla attempts to retrieve the bananas, the others are sprayed. Eventually, they quit trying and leave the bananas alone.

One of the original gorillas is removed from the cage and replaced with a new one. The new gorilla sees the bananas and starts to climb the stairs. To his horror, all the other gorillas attack him. After another attempt and attack, he knows that if he tries to climb the stairs he will be assaulted. Next, the second of the original five gorillas is replaced with a new one. The newcomer goes to the stairs and is attacked. The previous newcomer takes part in the punishment with enthusiasm.

Next the third original gorilla is replaced with a new one. The new one goes for the stairs and is attacked as well. Two of the four gorillas that beat him have no idea why they were not permitted to climb the stairs, or why they are participating in the beating of the newest gorilla.

After the fourth and fifth original gorillas have been replaced, all the gorillas that were sprayed with cold water are gone. Nevertheless, no gorilla will ever again approach the stairs. Why not?

“Because that’s the way it has always been done.”

How does this story relate to the challenges of traditional mental health systems?

How have you seen this dynamic play out in your work environment?

THE TRADITIONAL MENTAL HEALTH SYSTEM

The mental health system was created to protect the public. In the early 1800's, in Philadelphia, *The Asylum for the Relief of Persons Deprived of the Use of their Reason* was created. Generally it has been the belief that people with a mental health condition are "Deprived of the Use of their Reason." This belief is still a part of the institutional memory in the system today.

What happens in traditional mental health systems that reflect this belief?

THE TREATMENT MODEL

The accepted methods of treatment have been:

- **Identify** persons considered to be mentally ill based upon dangerous, unusual, or objectionable behavior.
- **Remove** the person from the mainstream community.
- **Place** in an institutional setting.
- **Stabilize** symptoms.
- **Maintain** at that level of stabilization.

In what ways does this approach continue today?

In what ways does this approach conflict with recovery goal setting?

DEFICIT-BASED GOALS

Example

Problem: *I'm anxious; can't sleep.*

Goal: *To feel calm; sleep through the night.*

Objective: *You need to take this sleeping medication every night.*

Intervention: *Come to the nurses' station every night so we can make sure you take it.*

Write your own deficit-based goal in the grid below.

Problem (What's wrong?)	
Goal (What do you want?)	
Objective (Then you need to...)	
Intervention (Here's how we will make sure you comply.)	

RECOVERY-BASED GOAL SETTING

What is the purpose of recovery goal setting?

Recovery goal setting should be based on what values?

In recovery goal setting the individual should be treated in the following ways:

As a Peer Specialist, my role in recovery goal setting is:

RECOVERY-BASED TARGETED ISSUES

Recovery goal setting requires seeing what is important to the person, awakening possibilities and supporting the person to discover that it is something they can have. Focusing on a problem only highlights deficits. It is far more recovery focused to concentrate on the targeted issue the individual is facing. This can be a much more challenging process. What is the critical life function they want to regain? What interferes with that?

Example

Targeted issue: *“I was not able to graduate before and now I feel like it is too late. I worry that I will fail again and I don’t even know where to start”.*

Goal: *I want to get my GED.*

The targeted issue is in the individual’s own words.

It is more than the diagnosis or symptoms.

- It is the impact of the diagnosis or symptoms.
- It is the life function or activity that the diagnosis/symptoms are interfering with.

Write 3 examples of recovery-based targeted issues.

STRENGTH DEVELOPMENT STRATEGIES

- **Highlight abilities:** both the abilities the person has now and what abilities they desire.
- **Identify skills and talents:** Help the person recognize skills they utilize every day just to get by. People often feel like they are going through the motions and do not see these things as strengths.
- **Link the person's strengths to the success of their goal:** If the person sees they already have some of the skills they will need, it builds confidence.
- **Demonstrate that learning is a part of the process:** Ensure that opportunities for various types and styles of learning are available.
- **Highlight new skills:** Illustrate how these new skills apply to the individual's stated wishes and values. It is important that the person see results and progress from their own perspective.

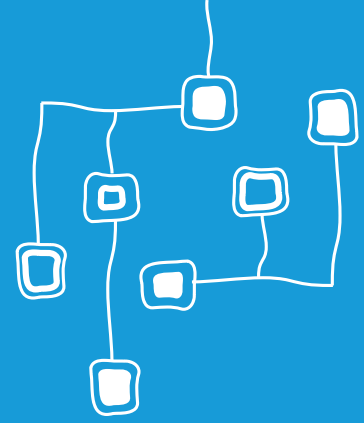
Do you use these strategies as a peer specialist? How?

What are some of the things you can say to a person you're supporting, or do with that person to help them further develop their strengths?



SESSION 2

Understanding and Working with Resistance



SESSION 2 GOALS – IN THIS SESSION YOU WILL:

- Identify internal and external factors that reinforce resistance to change for peers
- Define the role of peer specialists in overcoming resistance
- Learn strategies to support peers in overcoming resistance

FEAR OF CHANGE

“The oldest and strongest emotion of mankind is fear, and the oldest and strongest kind of fear is fear of the unknown.” H.P. Lovecraft; 1920s

What terms do we apply to people who resist change?

INTERNAL AND EXTERNAL PRESSURES

Internal Pressures	
Experiences	I have a mental health diagnosis.
Beliefs	Mentally ill people cannot do much with their life.
Behavior	This is how I have always done things.
Identity	I am mentally ill.

External Pressures	
Experiences	Open case with mental health service provider.
Beliefs	The person needs the services due to their illness.
Behavior	Treatment plans are based on diagnosis.
Identity	The person seen as, a client, a consumer, a patient, a case, a recipient.

Give an example of internal and external forces in your life.

Internal Pressures	
Experiences	
Beliefs	
Behavior	
Identity	

External Pressures	
Experiences	
Beliefs	
Behavior	
Identity	

INTERNAL PRESSURES THAT REINFORCE RESISTANCE

I do not want to change because...

...I am afraid.

It may be because I simply do not see it as a possibility for me, it may be because I don't think I have the ability, or it may be that I have lost so many things in my life I cannot risk trying again.

...my needs are already met here.

Needs are basic drivers of action. If needs are not seen as being particularly threatened and the current situation is relatively comfortable (particularly in comparison with the proposed change), then I will be happier to stay where I am. If people have resigned themselves to the life that they have, it will be difficult to shake this.

...I am comfortable (even if I am not happy).

I may not be very interested in accepting the changes you are offering if I am comfortable where I am now. People who have been in the same place for a long time are usually in this state. They do not feel a need to change and will view any suggestion of change with distaste or even as threat.

...I have worked hard to get where I am.

Change challenges a person's identity. Most have been in much "worse" situations than the one they are in now and change only feels like a threat to the relative safety they feel in their current situation.

...I am in the middle of something important.

People are always involved in something in their life, this new goal may seem to intrude on their current routine. Change will involve time and energy that the person may feel that they do not have to spare. Do not discount the power of the stability and predictability of their current situation.

...I do not understand what purpose there is in making changes.

It is a common problem for those who are promoting change to assume that it is easy to understand why change is important. If people do not see any direct benefit in their life they will be less likely to make changes.

...The destination looks worse than where I am now.

Although I may want to move, the final destination of the change looks significantly worse for me than the current position. If you want people to voluntarily make change, then it must be to a place that they see as better than what they have now.

...It has nothing to do with me.

If the change has nothing to do with me, if the benefits are all for other people or if it is just because it is a part of my treatment, then I will feel no pull to make changes and I will not buy into the change.

...I don't know which way to move.

I may want to make changes in my life but I may not know which way to go. Some changes sound wonderful, but when people are left unsure of what to do, they do nothing. Often people are expected to make changes but they are not provided the supports or the chance to learn the new skills needed to make changes.

...The journey there looks painful.

The final destination may be great, but the journey from here to there looks very uncomfortable. The anticipated pain of the change is more immediate than the distant and hazy future.

...I don't trust those who are asking me to change.

If my experience with you (as a representative of the "system") is that you have been untrustworthy in the past, then I am not likely to buy your vision of the future. If you are expecting me to go on what I perceive as a perilous journey, then I will not trust you and will not join.

I am not going to change because...

...I can't face taking the risk of trying anything new.

We all create our own comfort zones. They have protected us from many things. Even if the comfort zone is interfering with the thing a person desires, stepping out of your comfort zone feels like stepping off a cliff.

...I have the power to obstruct the change.

Often this can be a way for people who have felt powerless to have some sense of power.

...I will lose what I have.

I have lived with nothing (physical, emotional, financial), and I cannot risk losing what little I have now.

...I can't!

I truly feel that you are asking more of me than I can handle.

What other statements would you add from your own experience?

I am not going to change because...

EXTERNAL PRESSURES THAT REINFORCE RESISTANCE (BEYOND SERVICE DELIVERY SYSTEM)

Family, friends, culture and others can also exert pressures.

“But my friends are here.”

“What will my friends think?”

“My family thinks this may be too much for me.”

“If I get too ‘well’ I will lose my Medicaid.”

What other external pressures would you add?

HELPING OTHERS OVERCOME RESISTANCE

Facilitate – Educate – Involve

in the following areas:

Focus on growth.

Change often brings feelings of loss of deprivation. Focusing on growth and something new that a person wants ignites excitement.

What are three ways you could do this?

- 1) _____
- 2) _____
- 3) _____

Identify and transform beliefs.

Identify what beliefs the person has about their life and possibilities. Identify how some of those beliefs may be hindering growth. Assist the person in evaluating the validity of their beliefs.

What are three ways you could do this?

- 1) _____
- 2) _____
- 3) _____

Acknowledge that change will be stressful

Acknowledging this and helping the peer prepare for it will go a long way to support and encourage the person to take the necessary risks.

What are three ways you could do this?

- 1) _____
- 2) _____
- 3) _____

Focus on the benefits

We don't do things just because we should do them or because other people think it would be good for us. We will only work for things that we find a benefit in doing. Focus on the benefit as that person sees it in their life and "practice" that benefit: How will your life be different after this?

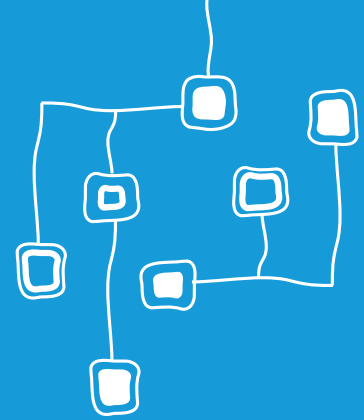
What are three ways you could do this?

- 1) _____
- 2) _____
- 3) _____



SESSION 3

Working with peers to inspire, establish and clarify goals



SESSION 3 GOALS – AFTER COMPLETING THIS SESSION, YOU WILL BE ABLE TO:

- Understand and demonstrate skill in use of the Recovery Markers worksheet
- Define the difference between a goal and an objective
- Describe key components of goals with IMPACT

RECOVERY MARKERS WORKSHEET

The worksheet on the following page is a tool to use when identifying what areas of recovery are most important to the individual at a particular time. It contains a list of things that most people find important in some way to their recovery.

Using the Recovery Markers Worksheet

Step 1: Statement Review

Read each statement and mark Yes/No if it describes your life. Then circle the number that best measures how important that thought is to you.

Step 2: Statement Ranking

Looking at your answers above, place a check mark in the first column for the areas you would like to strengthen.

Step 3: Areas to Strengthen

List the top 3 areas you would like to strengthen.

1) _____

2) _____

3) _____

		YES	NO	Level of Importance					No opinion
				Not				Very	
	My living situation feels like a safe home to me.			1	2	3	4	5	
	I have people I trust whom I can turn to for help.			1	2	3	4	5	
	I have at least one close mutual relationship.			1	2	3	4	5	
	I am involved in activities I find meaningful.			1	2	3	4	5	
	My symptoms are under control.			1	2	3	4	5	
	I have enough money to meet my needs.			1	2	3	4	5	
	I am learning new things that are important to me.			1	2	3	4	5	
	I am in good physical health.			1	2	3	4	5	
	I have a positive connection to a higher power.			1	2	3	4	5	
	I like and respect myself.			1	2	3	4	5	
	I'm using my personal strengths, skills and talents.			1	2	3	4	5	
	I have goals that I am working to achieve.			1	2	3	4	5	
	I have reasons to get out of bed in the morning.			1	2	3	4	5	
	I have more good days than bad.			1	2	3	4	5	
	I have a decent quality of life.			1	2	3	4	5	
	I control the important decisions in my life.			1	2	3	4	5	
	I contribute to my community.			1	2	3	4	5	
	I am growing as a person.			1	2	3	4	5	
	I have a sense of belonging.			1	2	3	4	5	
	I feel alert and alive.			1	2	3	4	5	
	I feel hopeful about my future.			1	2	3	4	5	
	I am able to deal with stress.			1	2	3	4	5	
	I believe I can make positive changes in my life.			1	2	3	4	5	

Step 4: A Closer Look

Pick one area you would like to strengthen (from above) and complete the following statements. Then think about how you can use this worksheet in your daily work as a peer specialist.

One area in my life I would like to strengthen is:

Reasons why this is important to me:

If this area of my life was stronger I could:

The benefits would be:

If I don't do this:

I think I need to do some of these things to get started:

I think I can do these things:

I think I will face these challenges:

I will need help with these things:

These things may get in the way:

These people may not support me:

These are people who will support me:

This is an area I would like to work on because:

GOAL SETTING

Goals are:

- Principal things we want to be able to do or have in our life
- Significant in size
- The end in which we hope to attain
- The result of our actions
- The whole of our effort
- Longer term in scope

Objectives are:

- Sub-goals
- Medium or small in size
- The means to the end
- The steps we take to get there
- Part of the whole
- Shorter term

GOAL SETTING FORMULA

Consider the area you want to improve from the Recovery Markers Worksheet and create a goal statement

In order to: *(Why do you want this in your life?)*

My goal is: *(What do you want to achieve or be able to do?)*

I will accomplish this no later than: *(By what date or event do you plan to accomplish this?)*

STRENGTHEN YOUR GOAL USING IMPACT QUESTIONS

Source: Appalachian Consulting Group

The following questions can clarify and strengthen the goal statement. Specific, clear and challenging goals have a much better chance of being reached because they clearly define what it is we are trying to accomplish. These questions will help you tweak your goal.

If you cannot say yes to these questions, try asking yourself: Why do I want this? What will the benefits be? How will my life be different? What will I be able to do when I accomplish this goal?

I-M-P-A-C-T

Improve - Does it improve the quality of my life and my recovery?

It is important to see that our goal is something that we see as a benefit in doing.

How will this improve my life?

Measurable - Is it measurable in terms of knowing that I have accomplished it?

It is important that our goal is something tangible; that we will be able to see it when it is accomplished.

How will this be measurable?

Positively stated - Is it positively stated as something new I want in my life?

We are motivated more by creating new things in our life than we are about changing, stopping or quitting.

How is this stated positively?

Achievable - Is it achievable for me in my present situation and with my current abilities?

Some life circumstances may conflict with our ability to accomplish this goal at this time. How will this be achievable for me?

Call forth actions - Does it call forth actions that I can do on a regular basis to begin to work towards this goal?

It is important that the goal contain actions we can take and skills we can learn over time to build towards our goal.

How will this call forth actions?

Time limited - Is it time limited in terms of when I will begin and when I plan to accomplish it?

It is also important that our goals contain a start time and an end time to keep us focused.

How is this time limited?

Now that you have reviewed your goal using IMPACT, restate your goal.





Thank you!

Once you complete Sessions 1, 2 and 3 of the Recovery Goal Setting with Peers course, please access the required exam on the main course page of the website.

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