Soteria Vermont

A Practical Guide to Peer Support In a Residential Setting

Jason Young

There is a long history and extensive literature justifying the isolation, objectification, and of course incarceration of people labeled “mentally ill.” What we need to understand is that when we build prisons we imprison ourselves, when we isolate others we isolate ourselves. If we want to free ourselves we must free each other. Moving from “doing to” to “being with” is about liberation and relationship. Soteria Vermont is an experiment in mutual liberation and an invitation to collective healing.

Peer support emerged from the natural camaraderie experienced among the institutionalized and those labeled as mentally ill. It is a movement to reclaim our experiences from powerful institutions that have worked to define and control our minds and bodies. Peer support advances the perspective that our lives and experiences are not illnesses to be cured but challenges to be met with creativity and courage, as well as opportunities for personal growth. Furthermore, we propose that intentional and compassionate communities of peers are most supportive for individuals in crisis.

Although the origin of peer support is rooted in the community of psychiatric survivors, Soteria Vermont has differentiated between “peer” as an identity and “peer support” as a practice. The insights and direction provided by those with lived experience and psychiatric survivors can inform all who provide care. All those who choose to adhere to the practice and values of peer support may work as a peer. We can all connect with one another through our shared human experience. Much of the human experience is universal, we all want to survive and even thrive in a challenging world. The desire to understand ourselves and others and to use this understanding to move toward empowerment and self-mastery is a shared human project. Everyone's experience is valuable. As peers, we meet each other with respect and compassion. As peers, we ask one another, “What do your experiences mean to you?” As peers, we do not pretend to know what is best or right or possible for others. As peers, we work together to move forward with a deeper understanding.

The intentional relationship: new boundaries, new potential

Soteria Vermont is one of the first organizations to offer Intentional Peer Support as the primary support in a residential setting with an extended time frame of three to six months. At Soteria, there are no clinicians or clinical oversight. This has given us an opportunity to explore more fully the potential of these relationships as well as to identify specific challenges that emerge.

As peer support, we are not therapists and we are not friends. We have defined a relationship that is mutual and genuine but maintained within specific professional boundaries. Staff engage residents as equals. Staff share from our personal experiences with the intention of offering narratives of wellness and resilience. Staff do not share personal contact information or social media. Staff do not spend time with residents outside of their scheduled work hours. Our goal is to have focused, short term relationships that have lasting impacts.

A clearly defined and limited relationship can become a reliable container for inquiry and exploration of difficult material. Relationships that are circumscribed in time and free of the obligations and complications of friendship or romance open a new space for sharing and exploration of self and other. It is critical that we are clear and explicit about what we are offering because we want people to take advantage of this opportunity and avoid drifting into casual relationships or ones of authority. Peer Support places relationship, human connection, and community at the forefront of working with crises.

We build relationships through shared experience. We identify with each other's experiences and we share experiences in real time together. It is important to be able to communicate who we are and why we are here, both on the organizational level and on the personal level. We are joining people in an intense and intimate moment in their lives. Mutuality can’t be achieved without sharing about ourselves. We share about ourselves with these intentions:

+ To normalize difficult experiences and reduce feelings of isolation, guilt, and shame.

+ To model and embody resilience and transformation.

+ To share successful tools we have learned to use.

+ To break down the false dichotomy of “well” and “sick.” No one is completely one or the other and we don't need to be perfect to have rich and rewarding lives and relationships.

+ To establish mutuality, connection, and trust.

Peer support asks us to form a very specific relationship. This relationship has professional boundaries that are closer than those found in most traditional clinically defined settings. There is a distinct and significant difference between the peer relationship that intentionally provides human connection and a more distanced clinical relationship defined by professional boundaries that can leave all engaged in them feeling isolated and disconnected.

This intimacy is not self-indulgent nor is it something that only psychiatric survivors have the capacity to offer. This intimacy and genuine human connection offer a direct mechanism of support to people in crisis. It is also evident that these relationships provide a value and quality to staff that supports their ability to do this demanding work in a sustainable way. Healthy, positive relationships are supportive to all engaged in them. There is in fact an element of self-care for the practitioner embedded in the peer relationship. We ask staff to engage in a passionate participation with a resident’s experience. We want to become a part of a resident´s experience and collaborators in it.

Four priorities of peer support

The four priorities of peer support are:

1. Respectful, equal relationship. It is extremely important that we meet people with respect and acceptance. The respect of others directly supports self-respect and self-acceptance. We strive not to just “meet people where they are” but to join in their experience. We want to collaborate in a truly shared experience which is the genesis of relationship and connection. Positive, authentic relationships are healing.

2. Defining and ensuring success. Success is getting what we need. Everyone needs to be accepted and valued in our relationships and community. We can do this for one another in a consistent and reliable manner. Our goal is to provide residents with interactions that support self-respect and self-esteem. This will mean providing encouragement and compassion as well as drawing clear boundaries and firm expectations. The goal of peer support is to move through difficult experiences toward joy, meaning, and transformation. An interaction or relationship is successful if it connects us to one of these. Adversity and powerful experiences offer us powerful opportunities for personal growth.

3. Normalization. Extreme states are within the “normal” range of human experience and do not make us weird or scary.

4. Personal empowerment. Exploring our experiences with the intention of fostering self-awareness and self-mastery. Engaging in important conversations about identity and narrative. Exploration of relationship to self and others. What patterns of behavior and thought are we perpetuating? What narratives are we maintaining? Where can we assert ourselves and replace damaging behaviors and damaging narratives with behavior and narratives that serve us?

Levels of support and progression through the program

Everyone´s stay at Soteria is unique. However, there is a general progression that may be observed and a template for support that can be described. In practice, this is not a linear process and these supports are often occurring simultaneously.

The Vigil

The highest level of support at Soteria has been described as a “Vigil.” This means that our concern for a resident´s well-being has prompted us to assign a staff member to maintain a proximity to this resident at all times, inside the house and out in the community.

Being With

When we formally engage in ¨Being With¨ a resident, we mean that if a resident wishes to leave the house and enter the community a staff member will

accompany them. We are Being With all new residents for the first week of their stay and may lengthen this period or reinstate Being With based on safety concerns. We do not wish to restrict a resident's movements but if we observe behavior that puts a resident or others at risk of physical harm or if behavior is likely to be concerning to people in the community to the point that police may be contacted, we want to ensure safety and prevent arrest or hospitalization.

Self-empowerment

When an individual does not present a concern for physical safety or hospitalization, we can focus on building mutual relationships with the intention of fostering mutual personal growth.

Transitional Support

When a resident is ready to talk about goals and next steps after Soteria, it is a time to visualize a future that they can be excited about and access passion to fuel progress. We will work with them to secure employment and housing. We also encourage meetings with family members and others that are important in people's lives to foster communication and shared understandings. When a resident has worked toward a positive narrative or understanding of their experiences, it is important for the people around them to share that or at least know that.

Setting the Stage

How we relate to our surroundings is very important. In the same way that we want to maintain an intentional relationship to people at Soteria, we want to be aware of the space at Soteria and how we affect it. We have a responsibility for the physical space. We want the house to be clean and organized.

It's important to be aware of the noise we make and how it may be affecting others. Doors, kitchen cabinets, coffee grinders, TV or other media, and loud talking can all be very intrusive or disturbing for someone in an extreme state. Residents are living in the house with four housemates and nine staff throughout the day. This baseline of activity would be stressful for many people who are not

experiencing an extreme state. We want to be careful about how much we are adding to the chaos.

Communication and language

Our work is to support people in exploring and understanding their experiences on their own terms. This means using the language and context that they use for their experiences. Our focus is on working with people to identify and develop their own internal resources.

Clinical or technical language is alienating to those who are not familiar with it. Medical or clinical language may be comforting for some people but it may also be a shortcut that stops or replaces a deeper exploration of experience and may disconnect people from their own power and responsibility in their lives.

We can work together to unpack experiences with more explicit descriptions. What exactly is the nature of the experience and what does it mean in or for our lives? The same process is available to any type of understanding regardless if it is spiritually-oriented, psychological or medical/clinical. We are here to learn from and with each other and we want to avoid a teaching role.

We can explore our understanding of our experiences in a non-judgmental way that supports greater clarity for all. We want to avoid expressing strong opinions and be open to the multiplicity of truths. People in crisis are often in a situation that demands a reassessment of strongly held beliefs. Flexibility and curiosity are important strengths that support resilience and adaptability. This is true for everyone, all the time. We do well to remember this when sharing what beliefs or practices ¨work¨ for us. Engaging people with authenticity will include explorations of world views. It is important that we remember that our personal worldview may not be the ¨right¨ or ¨best¨ one for anyone else.

Power dynamics

Negotiating intentional relationships successfully will necessitate being aware of power dynamics, minimizing the intrusion of inequity where we can, and being transparent where we need to fulfill our obligations to people and the program as a whole.

We want to be clear that we are not seeking power over others and that we must meet the obligations of our roles within the program. It is important to remember when we ask something of a resident or deny some request, we are doing so in order to support the safety and well-being of the individual and the community. We should be able to identify the specific need being met and justify our actions. We should have clear concise reasons why we are asking for something or refusing something.

There will be conflicting agendas or perspectives that need to be negotiated. We will ask for cooperation from residents that is inconvenient or uncomfortable for them. Residents will ask for our cooperation where we can't provide it. When negotiating conflicting agendas, first we listen, for as long as a resident wants to talk, without interrupting. We look for opportunities to meet a need in a way that is possible.

The most positive and ultimately successful way to negotiate power dynamics is to maintain a relationship of cooperation, even one of collusion. We can be excited to be a part of another's process and creative expressions, looking for ways to say "Yes!" We have a great deal of flexibility at Soteria and can be partners working with residents to allow them to have the experience they want or need.

Harm reduction

Soteria embraces harm reduction as a way of supporting individuals engaged in potentially harmful or risky behaviors.

Harm reduction is most frequently referenced in regard to the use of substances, but this perspective is useful when navigating any choice or behavior that carries an element of risk. Our task is to explore options that allow an individual to exercise choice and minimize risk. Harm reduction is a non-judgmental, practical approach and Soteria follows the guidelines of the National Harm Reduction Coalition.

Medications at Soteria

We seek to empower people to make their own decisions regarding medications and to find what works for each individual free from coercion. Peer staff are not qualified to make recommendations, but can encourage people to be open to the fact that many people have moved through crises without medication and that it's also true that many have found medications to be useful tools.

Soteria contracts with medical professionals who are responsible for medication-specific conversations. As peer workers, our obligation is to focus on non-medical approaches to well-being. Our goal is to provide effective support that will allow people to minimize their reliance on medications and build habits of self-awareness and self-care that will be lifelong tools for personal transformation and empowerment.

Crisis and extreme states

What are crises and extreme states, why do we experience them, and what is the most supportive response to them?

Crisis is commonly defined as "a time of intense difficulty, trouble, or danger." The term "extreme state" is meant to describe a state of mind that is exceptional in its intensity and can range from elation to terror. Extreme states may be characterized by confusion, fear, and social isolation or conversely by increased activity, social engagement and interruption of sleep patterns.

We say that someone is in an extreme state when a person's emotional state or internal stimulus precludes their ability to meet basic obligations to others or the necessities of self-care. In these circumstances employment, personal relationships, and hygiene may become difficult or impossible to maintain.

These states or circumstances may be initiated by a number of catalysts such as trauma, organic diseases, drugs or medications. It is often not clear why someone is experiencing an extreme state. Regardless of how an individual comes into crisis, we will meet them and support them in the same fashion.

Our ability to support people is predicated on a trusting rapport. Before we can expect to work with people in any way, we need to establish a positive, vital connection. This connection will serve us in any and all situations that we may

encounter. Respect and dignity are what people need to feel ¨safe¨ in relationships.

Trauma

We will often encounter traumatic material when working with people. We want to work from a ¨trauma-informed perspective.” “Trauma-informed” simply means that we recognize the role that trauma plays in our lives and work to avoid re-traumatization. Core trauma-informed principles are transparency, consistency, collaboration, peer support, choice, and empowerment. Recognizing the role that trauma plays in crisis and extreme states allows us to understand and be prepared for this material as it emerges. Additionally, this understanding offers a coherent narrative option for people trying to understand their own extreme state.

It is important to note here that we don't need to know ¨what happened¨ to work effectively with people. It is not our job to get people to divulge difficult experiences. Our obligation is not to “cure.” Our obligation is to be compassionate witnesses. Our obligation is to listen. We are not expected to have all the answers. It's often enough to say, “I’m sorry you had to experience that” or “That sounds terrifying.”

If someone is talking about trauma, it is a clear sign that they want to talk about it. We may ask questions about how these experiences have shaped people's lives, their relationships, and their sense of self. We need to use discretion in regard to traumatic material. Conversations that relate to trauma do not need to be detailed in notes (with the exception of mandatory reporting) and should not be referred to outside a structured setting and only with explicit permission. It's also important to be aware of how traumatic material is affecting us as staff and our ability to support others. If we are having a strong emotional reaction to some material, we may not be as effective supporting a resident.

Transgressive thoughts and behavior

A common hallmark of extreme states is the presence of transgressive thoughts and behavior, that is, thoughts and expressions that may be offensive or deemed inappropriate in some way or in a particular setting.

These expressions are always significant in some way. There may be important information embedded in these actions. There may also be some important function in transgression. Breaking out of conventional social limitations and testing the boundaries of relationship can be a significant exploration in a process of redefining and transforming our self and identity.

Transgressions can be tolerated and understood in this framework. We also understand that a crisis may interrupt an individual's style or capacity to communicate. When someone is fully occupied by an extreme state it may be pointless or counterproductive to try and discuss social norms. When people are in a place to have conversations about community expectations, respect can be maintained while providing honest feedback. It is important to reflect how transgression will affect a person and the people around them.

Non-consensus experiences or beliefs

Everyone has the right to their own beliefs and experiences. It is not necessarily our job to correct people or bring people into any kind of consensus.

We can explore our experiences and beliefs with genuine interest and curiosity. It is important to recognize how our beliefs affect ourselves and others. We should not be neutral to beliefs that are damaging to people. Beliefs can be a source of suffering or mechanisms in the maintenance of suffering. We can be attentive to what people are asking for in a given situation.

Sometimes people just want to express and explore their experiences or beliefs with a good listener. Sometimes people actually want to challenge or question their own perspective. Someone might offer a narrative and ask “Do you think this is accurate or true?” It is critical to understand what people are looking for. Challenging someone's perspective in an unwelcome way can be counterproductive. Conversely, refusing to ground someone in consensus may leave them adrift and isolated in a frightening experience.

Being With in the presence of suffering

It is difficult to be a witness to suffering. This difficulty is exacerbated by the fact that suffering may not always look the way we expect it to. People in crisis may appear to be in a place of arrogance or callousness to others. People in crisis may be dishonest with us. People in crisis may insult, offend, or even physically attack others. It is our job as peer support to see beyond the immediate situation and understand the context of difficult behavior as an expression of suffering.

It is also important to see beyond the suffering and recognize the whole person that resides in all of us. Whatever behavior is expressed in a crisis may be understood as a person's reaction to and attempt to cope with an overwhelming experience. Being present with suffering without becoming overwhelmed by it or alternatively becoming callous to it is a difficult balance. Suffering is not alleviated by pity. We can have compassion for others without the condescension of pity. Suffering is a part of the human condition and can be dignified if those around us offer that dignity.

Fostering personal empowerment

One of our goals is to build narratives of strength, resilience, and sufficiency.

When residents are ready to talk about their experience, we can be ready to foster positive narratives with which to integrate these crises in a creative and adaptive manner. Residents and staff will naturally engage in important conversations. Staff can be consistent and intentional to make sure important conversations are offered in a constructive way.
Through intentional conversations, we can build self-awareness and move toward empowerment.

Negative and undermining narratives can be addressed directly in a number of ways. Gratitude can be expressed both casually in conversation and formally in ¨gratitude circles.” Identifying and focusing on positive things in the world and ourselves makes those things more prominent and essentially gives them more power.

It is also possible to counter negative narratives directly with opposing statements. If someone identifies a narrative they are maintaining, such as “I am a bad person who deserves to suffer,” they can challenge that by saying to

themselves or preferably saying out loud “I am a good person who deserves to feel better.” The narrative, “The world is a terrible place where bad things happen,” can be countered with the statement “The world is a beautiful place full of potential.” We have called this “manual reprogramming.”

Working with families

When we have the opportunity to work with families, we want to focus on communication. We want everyone to be using respectful language and we want everyone to be heard. As facilitators, we want to find ways to connect with and validate every person in a meeting. We also want to shift the focus from being exclusively on the “person at the center of concern” to the family as a whole.

Likewise, we want to shift the focus from “fixing the problem” to understanding the situation from all perspectives. Staff can be aware of and actively disarm the guilt, shame, and stigma that emerge in families experiencing a crisis. It is natural that people may blame themselves or others in ways that continue cycles of conflict and shame. We can normalize the experience and reduce fear with non-technical language and personal stories of resilience. We can recognize explicitly the conflict in a family and place it in the context of mutual caring, thereby reaffirming connection.

Accepting limitations

It is important to remember the parameters and scope of our program as well as our professional and personal boundaries. We are here to support people in a focused way for a relatively short period of time. Life can be long and difficult. It is not within our power to change that.

Our mandate is hospital prevention and to provide people with a less restrictive, non-coercive setting in which to make their own decisions. The humility to accept that we will encounter limitations in this work is important, because if we do not recognize and accept our limitations we risk perpetual frustration and guilt.

This is course just a very brief overview of what we do, what we believe, and what we attempt to practice. We think that our humane approach and our positive results suggest practices that could be replicated in the wider world. We believe

that individuals, families, communities, and society as a whole would benefit from the approach that we take.