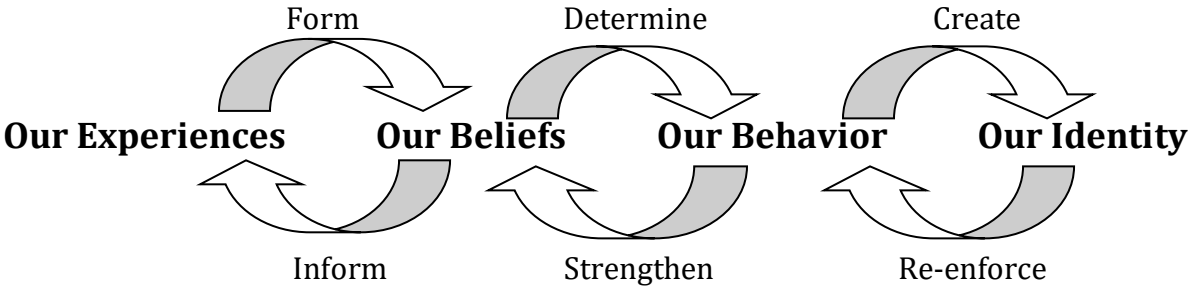
Ike Powell May 24, 2014

My work is with the public mental health system. In October 2001, the Georgia Department of Mental Health, Substance Abuse and Developmental Disabilities held its first Certified Peer Specialist training, testing and certification program. This process qualifies people with a diagnosis of mental illness, who are doing well in their recovery, to be hired to provide peer support services in the public mental health system and draw down Medicaid dollars for their work. The most common names for them are peer specialists, peer support specialists, peer providers. Since that time, 31 states have initiated similar programs. Another 10 are in the process of doing so.

I believe that images hold or point to a set of beliefs, yet not all beliefs are held in images. I find that most people are not aware of what we call "mental images". They are aware of beliefs. So I have found that talking about beliefs is easier for people to understand than talking about images. Therefore, I use "beliefs" in a similar way that Boulding uses "images". Some of you may disagree with this - including Boulding himself.

My change theory works off a very simple formula –



This re-enforcing process causes us to resist change. Change usually occurs because an external event (new experience) has somehow interrupted the process and created a new belief.

In order to change a belief you need to be very clear about the current belief you want to change - and how the current belief(s) is working against the results that you want; and what the new belief is that you want to replace the old one – and why this will hopefully produce the results you want.

I am including three things that may help you understand how I am using the power of images/beliefs in my work - 1) An excerpt from a paper I wrote entitled - **The Power of a Peer Provider**; 2) Excerpts from the Boulding paper that informed a talk I wrote for the training program; and 3) The major points of this talk that is central to basic training and certification program, along with a board image for the talk.

This talk is given early in the training. The remainder of the training is designed to counteract the old belief of "your experience with mental illness has created a person who is broken, flawed and unworthy of love and connection" and replace with "your experience with recovery has created a person who is in a unique position to bring his/her special gifts to a much needed situation."

We always share and build off of the quotation of one person who went through the training –

"The training took the poison of my life and turned it into medicine that I could give to other people."

(Excerpt from a paper - **The Power of a Peer Provider**)

The Need for Connection

First, **we all have a need for connection and belonging.** Brenè Brown, in her book *Daring Greatly* writes, "We are psychologically, emotionally, cognitively and spiritually hardwired for connection, love and belonging. Connection, along with love and belonging (two expressions of connection), is why we are here, and it gives purpose and meaning to our lives." She goes on to say that the need for connection is part of our DNA. We all want to be part of something wherein we are valued and appreciated for who we are and what we have to offer. Without connection we suffer.

The need for connection is supported by other noted medical professionals. Dr. Dean Ornish, a cardiologist, in his best-selling book *Love and Intimacy* writes, "…anything that promotes feelings of love and intimacy is healing; anything that promotes isolation, separation, loneliness, loss, hostility, anger, cynicism, depression, alienation, and related feelings often leads to suffering, disease, and premature death from all causes. When you feel loved, nurtured, cared for, supported and intimate, you are much more likely to be happier and healthier. You have a much lower risk of getting sick and, if you do, a much greater chance of surviving." Ornish quotes research that shows people with the strongest social ties had dramatically lower rates of disease and premature death than those who felt isolated and alone. Those who lacked regular participation in organized social groups had a fourfold increased risk of dying six months after open-heart surgery.

Dr. Gregory Fricchione, Harvard psychiatrist at Massachusetts General Hospital and an expert on resiliency, speaks of "service to others" and a "support network" as being opposite sides of the same coin. He says that as humans have evolved, we have become a species that relies heavily on love to survive. Therefore, if we need to receive love as a species, we also need to able to give love. Giving and receiving love and support is not only a human quality, it is crucial to our overall health and well-being. This is because there is a healing power in knowing that you are not alone.

Dr. Bruce Lipton, a renowned cell biologist, writes in his book *The Biology of Belief*, "We are spiritual beings who need love (connection) as much as we need food."

Psychologist John Bowlby's development of the attachment theory and the Adverse Childhood Experiment Study by the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego both support the importance of connectedness and belonging.

The Disabling Power of a Mental Illness

It is in the context of this need for human connection that I want to introduce the experience of being diagnosed with a mental illness and receiving services from the public behavioral health system. **The disabling power of a mental illness is often more than the symptoms of the illness and side-effects of medications.** It can include the stigma and the negative impact the whole experience has on a person's self-image. What a person believes about herself, because she has a mental illness, can often be more disabling than the illness itself.

For many people, the greatest impact of a mental illness is a sense of loss and disconnection. People lose friends, family, jobs, housing, hope, a sense of being in control, meaning and purpose, self-respect, dreams and even the ability to dream of a better life. Patricia Deegan describes the experiences as –

Our pasts deserted us, and we could not return to who we had been. Our futures appeared to be barren, lifeless places in which no dream could be planted and grow into a reality. As for the present, it was a numbing succession of meaningless days and nights in a world in which we had no place, no use, and no reason to be.

Mental illness is arguably the most stigmatizing, demoralizing and discriminating of all illnesses.

Traditionally, the public behavioral health system has supported this sense of loss and disconnection by communicating to people it serves that their life as they have known it is over. They will need to give up their hopes and dreams, lower their expectations and focus on learning to manage their symptoms and not on managing life's challenges. The belief that has traditionally dominated the behavioral health system is that people diagnosed with a mental illness would not recover. More than likely the illness would get progressively worse. The best you could expect was to get people stabilized and then maintain them as best you could in supervised environments where they would not be able to harm themselves or others and would not cause too many problems. This usually involved high doses of medication, long stays in secure institutions and/or years in "day treatment programs" designed to entertain with TV, table games, recreation, trips, outings and other "low stress" activities. The system tended to create dependence, and compliance to treatment plans in which the peer had little or no input. They were encouraged to be a part of a system that separated its clients from society. Much of what the system did seemed to work against creating connection, love and belonging.

Because of the impact of the illness and the way people were often treated, it was easy for them to begin to see themselves as broken, flawed and unworthy of love and connection. Isolation and loneliness often became a way of life.

The Current Shift in the System

The public behavioral health system is in the midst of making a shift from stabilization and maintenance to recovery, resilience and whole health. This shift is seen in the 1999 Surgeon General's report on Mental Health and the 2003 President's New Freedom Report on Mental Health. It is also held in the Substance Abuse and Mental Health Service Administration (SAMHSA) and United States Psychiatric Rehabilitation Association's recent definitions of recovery. It is implied in the creation of the Center for Integrated Health Solutions funded jointly by SAMHSA and the Health Resources Services Administration (HRSA) and mandated in new Medicaid service models like health homes. This shift involves focusing on wellness, whole health and strengths, creating staff-client partnerships, engaging the client in the process of developing treatment plans based on what the client wants and connecting the person with the natural resources in the community. In the words of Dr. William Anthony, director of the Center for Psychiatric Rehabilitation at Boston University, it is a shift away from focusing on what is wrong to focusing on what is strong.

It is in the midst of this shift to recovery that peer providers or peer specialists bring unique gifts and abilities that can help the system accelerate this shift.

What Gifts do Peer Specialists bring to an Agency?

People in recovery from mental illness and addiction working in the behavioral health system bring the gift of lived recovery experience that includes addressing whole health, both mind and body. This puts them in a unique position as a service provider. They are hired because of their whole health recovery experience and not their clinical education. This means they can focus on the impact of the illness rather than the symptoms of the illness.

This is not to say that the symptoms do not make it difficult to function. It is to say that often it is the feelings of shame, or resentment, or sorrow, or the disappointment that you think you have caused others, or the sense of failure, or the belief that no one has ever messed up his life the way you have, etc. that work against the person seeing any possibility of moving on with his life. No one is positioned better to listen, to affirm and to help the person see possibility than someone who has been there and come out the other side a stronger person.

In this way, the devastation and difficulties often resulting from a mental illness can be valuable assets. Those who have the most challenging histories of substance abuse, homelessness and incarceration and have come out "on the other side" can use these experiences to help others struggling with their recovery journeys.

The Image

By Kenneth E. Boulding*

Excerpts related to Ike's presentation

Knowledge has an implication of validity, or truth. What I am talking about is what I believe to be true; my subjective knowledge. It is this image that largely governs my behavior. …

I can predict this behavior with a fair degree of accuracy because of the knowledge which I have.

The first proposition of this work, therefore, is that behavior depends on the image.

The image is built up as a result of all past experience of the possessor of the image.

We must distinguish carefully between the image and the messages that reach it. The messages consist of information in the sense that they are structured experiences. The meaning of a message is the change which it produces in the image.

When a message hits an image one of three things can happen.

In the first place, the image may remain unaffected. …we may imagine that the message is going straight through without hitting it. The great majority of messages are of this kind.

This is the second possible effect or impact of a message on an image. It may change the image in some rather regular and well defined way that might be described as simple addition.

There is, however, a *third type of change* of the image which might be described as a revolutionary change. A spectacular instance of such a change is conversation.

The sudden and dramatic nature of these reorganizations is perhaps a result of the fact that our image is in itself resistant to change. When it receives messages which conflict with it, *its first impulse is to reject them* as in some sense untrue.

If it is perceived as bad or hostile to the image which is held, there will be resistance to accepting it. This resistance is not usually infinite. An often repeated message or a message which comes with unusual force or authority is able to penetrate the resistance and will be able to alter the image. A devout Moslem, for instance, whose whole life has been built around the observance of the precepts of the Koran will resist vigorously any message which tends to throw doubt on the authority of his sacred work. The resistance may take the form of simply ignoring the message, or it may take the form of emotive response: anger, hostility, indignation. In the same way, a "devout" psychologist will resist strongly any evidence presented in favor of extrasensory perception, because to accept it would overthrow his whole image of the universe. If the resistances are very strong, it may take very strong, or often repeated messages to penetrate them, and when they are penetrated, *the effect is a realignment or reorganization of the whole knowledge structure*.

On the other hand, messages which are favorable to the existing image of the world are received easily. Such messages may also have *the effect of increasing the stability*, that is to say, the resistance to unfavorable messages, which the knowledge structure or image possesses.

Creating Recovery Cultures: Combating the power of negative messages

The following is a very simple presentation of a very complex mental process that helps us understand why changing beliefs is so difficult.

1) Life is one experience after another.
2) As conscious, reflective human beings we try to make sense out of these experiences by asking questions like
    -What does this encounter mean?
    -What was the significance of that comment?
3) In answering these questions, we create a set of beliefs about who we are, how the world operates, what is expected of us, what we can expect of others, etc.
4) These beliefs determine our behavior and our beliefs about our current situation determines how we relate to that situation.
5) Many of these beliefs lead to actions that become habits. We do something without thinking about it.
6) These beliefs are who we are. They determine everything we do. They form our identity.
7) If these beliefs change, we change. Change is usually very uncomfortable, so we resist it.
8) We resist changing by protecting our beliefs. When we receive information that contradicts these beliefs, our first response is not to change the belief, but to protect the belief by de-bunking the information. We don't question the beliefs behind the actions.
9) It is as if we have a filter system. This filter protects and strengthens our beliefs by filtering out – not giving serious consideration to - information that does not support them and letting in information that does.
9) Also, it is as if we have a radar system that seeks out information that supports our beliefs.
10) If we did not have this 'filter' and 'radar' system, our lives would be very chaotic.

What does all of this have to do with mental health and the recovery process?

1) Let's say that the experience is "being diagnosed with a mental illness". I interpret new information through these beliefs. My illness caused the loss of my job. I will always be ill so I will never be able to work.
2) What does this experience mean for me? What is it's significance?
3) One belief that I might develop is "My life, as I have known it, is over. "
4) I begin to see myself as a person who will probably never be able to hold down a job.
5) Soon this just becomes who I am, and I don't even think about going back to work.
6) I accept this limitation as who I am and resist changing. I become comfortable with my new identity.
7) I protect this belief and find ways to fill my day as a person who will never be able to work again.
8) If you tell me I can go back to work, I find reasons to deny it as a possibility. I refuse to give the possibility serious consideration. If I see information like – "People with a mental illness are the largest unemployed of all people with a disability" - I let that information in to justify and strengthen my belief.
9) If I hear that a peer has gotten a job, I will filter out that information by saying, "Just wait. He won't be able to hold it. He will get fired or will quit soon." Or "He is the exception to the rule." Or "I am a lot sicker than he is." I won't let it challenge my negative beliefs about my abilities.
10) Also, I look for information that supports my beliefs – even if I have to misinterpret what you say.
11) If I did not do this and seriously struggled with the possibility of working every time it came up, my life would be chaotic.

If I tend to filter out information that challenges my beliefs, let in information - and even seek out information - that supports my beliefs, how are my beliefs going to change?

1) Beliefs sometimes change because the right thing happens at the right time. (Conversion experience)
2) Beliefs sometimes change because there is a crack in the filter. ("When the student is ready, the teacher will appear.")

3) Beliefs sometimes change because the filter system is overloaded and cannot filter out all of the contradictory messages. (Brainwashing)
4) Beliefs sometimes change because the messenger is believable. (The power of a peer)
5) Beliefs sometimes change because the person decides she needs to make some changes in order to have the kind of life that she wants. (New awareness of options and possible benefits)

1 & 2 are cannot be consciously catalyzed by another person or group of people
3, 4 & 5 can be consciously catalyzed by another person or group of people. How you do this is where we will be spending a lot of time this week.

This graphic image is displayed on a flip chart and the board image becomes a major teaching image throughout the remainder of the training.

- **Experiences** create our **beliefs.**
- **Beliefs** determine our **behavior.**
- The **filter** system's function is to let in information that supports our beliefs and filter out information that contradicts the belief.
- The **radar** system seeks out information that supports our beliefs.