

Ethics in Peer Support Work

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Cheryl Yarek is a Case Manager with a Specialty in Peer Support. She has worked since 1999 with the South Etobicoke Assertive Community Treatment (ACT) Team (Toronto, Canada). Cheryl writes on recovery in order to help, support and encourage others. She also enjoys working out at the gym, oil painting, making “wish” collages and, most recently, studying ballet.

What is peer support work? The role involves an individual with an admitted psychiatric diagnosis who is far enough along the recovery continuum to help others in a significant way. It is understood that all individuals with chronic mental health issues will have “episodes” from time to time. Generally, however, a peer support person has their life and symptoms under pretty good control. In fact, this ability is what enables them to guide, support, and encourage other clients.

Every person involved professionally in peer support work has a story. This is mine. When I was about 25-years old, I found myself completely lost. I had a media job but resigned from it. No matter what effort I put into it, I was not able to find any work to support myself. I hated the situation in which I found myself and I hated my life. Given a preference, I would have chosen not to be here. I used cannabis and other drugs to escape mentally. By the time I was 27-years old I was unemployed and unemployable, broke and living with my parents. I was asking them for money to support my cigarette habit, and I assure you, if I ever needed a cigarette, it was *then*.

I had no friends, no hope and it looked like, no future. Finally, on November 23, 1984, I met the psychiatrist on-call in emergency that night. This woman would be my guide back to reality, and one of the greatest supports I would have in my life for the next 24 years. I was given a diagnosis of psychotic depression and I liked getting it. For me, it meant my condition was not new and I was not simply “crazy.” The diagnosis had a history and with its symptoms that were common for a multitude of persons. The diagnosis and corresponding medications came with a plan for recovery. With the lessening of pain, fear and panic, I found something extremely valuable, an admiration for mental health professionals beginning with Dr. Clarke. I was so impressed, I planned to become one.

The journey was a very long but worthwhile one. I started by volunteering at Queen Street Mental Health Centre, serving tea to geriatric patients. What followed were several other volunteer positions including crisis counseling at a distress centre for two years. I returned to university and completed a second degree, this

one in psychology. In 1990, I began my first paid job in mental health. I was a support worker in housing for five years. When I lost that job, I had my first manic episode and was hospitalized for two months and given a new diagnosis: bipolar disorder.

In November of 1999, I began work at Trillium Health Centre as the peer support worker on the South Etobicoke ACT Team. I was totally in love with my job! In 2001, I won the President’s Gold Leaf Award for a journal article I wrote on Recovery. I was promoted twice, first to an intermediate position as peer support/case manager and then to full-time case manager in 2005. I work with some of the most interesting, intelligent and thoughtful people in the world: our clients. Many people readily see the significance of what I do for these individuals; however, most people fail to recognize **the enormity of what these clients do for me**. One client asks me about when I might retire. I say, “I don’t know, that depends on if I take early retirement or not.” She laughs, shakes her head and, adds with confidence, “You’ll never do that.” (I am surprised she can be more certain than me!) “Why are you so sure?” I ask her. “You’d miss us all way too much.” she explains.

In considering the peer support role, there are at least two areas that present very significant challenges. They are: self-disclosure and boundaries. Let me begin with self-disclosure and the impact of it in terms of employers as well as how it affected my work on the ACT Team in disclosing to management, the team (or colleagues) and the clients. When speaking in public, I am asked one question repeatedly: “Should or should I not tell an employer that I have a mental health issue?” I admit to having done it both ways and invariably the honest way is the best way for obvious reasons. However, there are other reasons that might not occur to all people. For example, when I hid my disability (or perhaps more accurately, did not volunteer the information) and I was still working in the mental health field, I worried all the time that someone might show up knowing me from somewhere else. I wondered too if some of my meds might not seem suspicious if I claimed them through a drug plan. And, what if I needed a PRN?

Hiding my disability did not help to make me feel normal or better. I actually felt like a brand new type of fugitive that had not reached programming on the CTV-Network yet! The ability to be honest about my limitations was a huge part of what made me fall in love with Trillium Health Centre and ACTT. When a former employer told me there was a team of professionals I could work with who would see all the difficult and horrendous things that happened to me as positive and important, I knew I wanted the PSW (Peer Support Worker) job. (Talk about the truth setting you free!) I was also told there would be “accommodations” in place to

ensure my success. As a peer support worker, I was given paid time off to see my psychiatrist. I never imagined such a thing. When I got to her office, I said, "Dr. Clarke, you know how all these years you have been getting paid to see me?" "Yes," she said. "Well, now I get paid to see you too!"

Self-disclosure for me has been necessary to management, the team and the clients. Management, historically, has known the most because I have always felt that they are in the strongest position to help me make my role work. I have worked for Trillium Health Centre for eight years and I have been well most of that time. Last year, I became ill and there was anger and confusion on both sides. I do believe, however, that acceptance became possible because a foundation had already been poured to deal with the difficult times. My parents taught my brother and me that any relationship is great, until there is a crisis. At that juncture, you **really** learn about the other party.

Disclosure to the team also involves increasing the level of awareness with regard to the thoughts and feelings of clients. In one instance, I tried to describe "how it feels" to deal with severe anxiety, especially since I had done so for many, many years. I have also discussed with the team my differences with my psychiatrist in certain situations like one that involved anxiety. Dr. Clarke's solution was that I take an additional PRN and my answer was to write several solid affirmations to deal with key anxiety situations. I have outlined for the team how the matter unfolded between my psychiatrist and myself.

At one point, I was the primary case worker assigned to a client who wanted her meds reviewed but she was intimidated by the process. I spoke to the team psychiatrist about her issue and asked permission from the psychiatrist and the client to sit in on the session to help advocate for the wishes of the client. The psychiatrist was agreeable and gracious and the meeting was a big success for us all.

Some of my most significant work has involved early interventions with clients. Sometimes, the team has already tried other interventions. One of my colleagues named my involvement, "the injection of hope." Joanna would say, "Get over there Cheryl and give the injection!" I am going to talk about three different clients and self-disclosure. These individuals seemed to need three different things: 1) social skills teaching; 2) direction with activities; and 3) crisis counseling.

The first client, I will call Jan, did not speak. She was elderly and had a significant work history, unusual for someone with chronic schizophrenia. Despite numerous visits from ACTT, she would not open up or trust. I figured that if she refused to speak, and there was only her and myself, I was going to have to be the one who talked! I tried to engage her; speaking quite a bit about my own diagnosis and journey. She listened but remained completely silent until one Monday when I mentioned "No Frills Grocery Store" and grocery shopping on the weekend. I asked her where she shopped. This started a dialogue between us and Jan's ability to express herself continued and grew very slowly with one-on-one attention. Six years later she is a different person, truly her own best advocate! It speaks to her willingness to struggle time and time again when faced with her own vulnerability.

Chris was another client I worked with closely. She was young, just out of the hospital, and although she was still dealing with some psychosis, she was interested in reading and education and getting busy. The team asked that I meet with her. I brought some of my writing on meds and volunteer work. Chris was interested in occupying her time and even volunteered in a few of the same places I had. She eventually returned to university and studied business. After meeting for five years, we agreed our work together was done. I feel as though I helped her with a foundation.

Ginny was a client in crisis. She was in hospital when I met her. She kept threatening that when she was released she would suicide. The most striking part of her presentation was that as she continued to say she would take her own life, her eyes never left the piece of carpet on the floor between us for two meetings. The third time I met with her I said, "Ginny, if I were you, I would want to know that I had exhausted every avenue and tried every possible thing. Suicide is permanent. I understand that you have seen a psychiatrist for 15 years. What I am wondering is this: how many sessions did you go to prepared, with some notes about your thoughts and feelings?" Ginny lifted her head and looked me straight in the eye. "Never," she said. "That," I explained, "is where we start." The team made me her primary worker after our third meeting. It's a role I assumed happily for seven years. Testimony to Ginny's strength was her ability to accept a change in primary worker, two years ago. She had blossomed. She was ready.

I would now like to talk about the issue of boundaries from three perspectives; 1) lack of boundaries with a friend; 2) boundaries with a client who becomes a friend; and 3) boundaries with a friend who is actually a client. **When you have a mental health issue and you also work in mental health, there will be many, many boundary issues to face.**

One difficulty can be the lack of boundaries in dealing with a friend. Many years ago, I was registering in my final credit course at York University for my Honours BA in Psychology. There were 67 people in the room and I sat beside Anna who, I imagine, was the only one who was feeling suicidal that evening. Anna and I continued our contact and her feelings of suicide came and went over a period of years but were the most intense the first two years I knew her. I was working at a stressful job in housing that I loved. However, there were many nights that in addition to my job responsibilities, I worried about Anna. She lived in another town and sometimes I was left pondering if I would come home in time to find her alive. She refused, again and again, to see a psychiatrist. Anna did extremely well over a period of years even working full-time and loving her job. My friendship with Anna was severed by the unclear ownership of a cat! Ironically, when I was in crisis years later I asked Anna to care for the cat she had given me because I was not able to. She told me the request so offended her, she was not able to speak to me again.

I met a client once who became a friend after many years. I was asked to meet Dawn because the staff working with her thought they would never convince her to take meds consistently. Dawn was viewed as exceptionally bright in many areas. I met with her one afternoon for one hour. The med topic arose and she expressed her inflexibility. I said to her, "Dawn, I would love to tell you something other than what I am going to say. I would love to have a better scenario to run past you, but I don't." I let her know that the bottom

line was she needed to take her meds. I had tried it three times without meds and I had been in emergency all three times. Some day research may free us from these meds but that day is clearly not here yet. I remarked to Dawn, "If you want to do better, take your meds!" Dawn's face showed I had broken through. Dawn said our meeting changed her life. Her words were, "Nobody else had ever explained it to me like that." Today, she is a close friend (we do breakfast and walking on the weekends), and she operates and manages a very popular mental health venue.

Last summer, I found myself in a very difficult situation. I had joined a walking group and one of the women became a friend very fast. She told me she knew about my work and wanted to learn how to recover, do better and succeed. I was asked to become the group leader and I suppose because I was talkative and always showed up, I landed this promotion for myself. It became clear (not soon enough) that I had taken on way too much. With my job at Trillium, the walking group and counseling some of the group, my life began to feel out of control. One night, while talking to a group member on the phone, I started wondering why this person had my home number. This told me, there was a boundary violation here. That night, I called EAP (Employee Assistance Program) and outlined the situation to a counselor there. Following his advice, I left the group. My life was back on track within a week and my stress levels plummeted.

I have been doing peer support work as a PSW then as a case manager for a total of eight years. I have found the role to be very rewarding and very challenging. The decision to self-disclose works different ways for different people and involves numerous things including your personality style. For me, what has worked best has been to be very open about my history and issues, and, well frankly, my limitations. This is what works for me.

It seems that peer work comes with its own blurring of boundaries and the need to be a very skilled and versatile dancer. Still, I believe that one of the greatest joys is the bond that exists between a client and a peer worker in the arena of possibility. One of my clients said to me when I learned to drive at 43, "You give me such hope because I think, if you can do it, then maybe I can!"

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