



POWER & PRIVILEGE IN PEER RELATIONSHIPS

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My Worldview

- **I am African American and female**
- **I am a Mom**
- **I have served as a leader in statewide community organizations**
- **I speak publicly about health and wellness issues**
- **I have served on statewide Advisory Boards related to BH**
- **I was affiliated with Via Hope as an employee for 2 years**
- **I was a Sr. Human Resources manager (in public and private sector) for 20 plus years**



Peer Support

- Peer Support involves one person in recovery providing intentional support to another person in recovery to foster WELLNESS
- Shared lived experience is the GOLD STANDARD of being able to relate to another person's struggle
- Peer Support is an Evidence Based Practice
- Peer Support is shown to improve well-being of the individual being served
- Peer Support is a cost-effective adjunct to traditional behavioral health service



Mutuality in Peer Relationships

- Mutuality is the critical element in peer relationships
- Mutuality simply means we are equals. There is no power differential. We learn and grow together as peers when we relate to one another
- Despite previous accomplishments, I realize my past struggles with wellness are the same as my peers. Due to this shared experience, I stand in solidarity with my peers
- Regardless of what I have accomplished, I *always* learn from my peers



Recovery Story

- **As we tell our recovery story, we must be mindful of how/when we share accomplishments**
- **When we have significant past accomplishments, it is ego gratifying to hold on to past successes**
- **If that story creates a power differential with our peers, we have to be mindful of that**
- **As we work with our peers, it is important that we remain equal in our peer relationships**



Meet Peers Where They Are

- If I stay true to my peer role, my past accomplishments are not important
- My goal should be to meet my peers where they are and to relate to and provide peer support with mutuality and authenticity
- I should really strip down all of my pretenses and strive to authentically relate to another person
- It's not about me, it's about them. I can support a person as they define and achieve their recovery goals



Labels

- Here are some of the biases I have carried and heard from others
- I may have been assigned this label, but at least I don't have that label
- Your challenges have never interrupted your life ... consequently your challenges are not real



Substance Use

- So many of our peers have a co-occurring history of substance use
- Many of us have substance use history but don't identify it as our primary life challenge
- Many people who primarily identify with substance use challenges may also experience mental health challenges
- It may be off putting to peers if we have the attitude that "At least I have never used substances"
- Bottom line is we are all People In Recovery, we have to approach these issues sensitively and not allow our primary recovery identification separate us



Communication

- I get asked frequently if I am a teacher or professor based on how I speak
- How I speak is truly based on having had a Mom who was an English teacher
- I recognize that my ability to articulate and my vocabulary can create a power differential between me and peers who don't have the same communication skills
- As peers we should strive to speak to each other from our hearts, regardless of our communication skills. Our calling as peers is to be able to connect with each other authentically based on our shared lived experience



Work Experience

- Some peers have not been able to work in a very long time
- Those of us with significant work experience can be a beacon of hope to our peers to get them to open their minds to the possibility of work
- Or, we can create a barrier between us and our peers by touting our work success



Education

- If you wear your degrees, advanced degrees, advanced certifications, clinical licensure as a badge of honor, ... it can create a barrier between you and your peers
- However, education is a goal for many PIR so you could use your education in a way that inspires and encourages your peers if that is one of their recovery goal



Race

- **There is marginalization and oppression and discrimination that occurs to all PIR**
- **There are still privileges that will be afforded to some PIR simply due to their skin color. There may be lenience deferred to some PIR because of their skin color**
- **Cops interaction with the homeless, cops involvement with involuntary commitment, seclusion/restraint in state hospitals serve as poignant examples**
- **Specific to African Americans, vestiges of slavery have resulted in generational trauma. The present day outcome of that is over-representation of African Americans receiving public mental health services in Texas**
- **These dynamics matter in peer support because peer specialists working in public behavioral health organizations may not look like the people to whom they are providing peer support. The way society treats, views and receives a peer may vary greatly based on skin color**



Sexuality/Gender Identity

- **Some members of our society are still deeply tied to traditional views of sexuality and gender identity.**
- **As we work with peers, it is important that we are respectful and accepting of people's sexuality, gender identity and gender expression**
- **We cannot impose our beliefs on another person who doesn't hold the same beliefs**
- **More importantly, we must continue to educate and inform ourselves about these issues if we do not have sufficient awareness**
- **Gender expression is an area I am striving to stay current on, particularly the use of pronouns. See handout**



High Functioning

- **High Functioning is definitely a clinical label. It implies that a person who is able to perform their life activities in spite of behavioral health challenges is some type of rock star**
- **There are some peers who can manage work/family responsibilities despite experiencing deep deep distress. That does not minimize challenges they may be facing**
- **We have all had periods or seasons of tremendous distress and suffering. Consequently we should be called to provide compassionate peer support to people who are suffering and have lost their ability to contribute, work, love or play**
- **As paid peer specialists we should be aware that the peers we serve may view us as having overcome challenges**
- **Regardless of clinicians view of varied levels of “FUNCTIONING”, we should not let being at different stages of recovery separate us**



I Have the Keys

- It is a great privilege to be hired as a peer specialist. But once you become a staff person your greatest challenge is to remain in but not of the system and stay peer
- The simple fact that you are not on a locked ward but can freely come and go, creates a power imbalance
- If you receive your mental health services in the private sector and have choice in selecting your provider, that separates you from people receiving services
- We just have to be aware of these issues



Loss and Grief

- **Being a Person In Recovery often involves a lot of loss and grief associated with those losses. This can result in a feeling of powerlessness**
- **There are lost relationships, lost jobs, lost status, lost hopes and dreams, loss of freedom and loss of identity**
- **We can help our peers process and sit with the grief associated with these losses**
- **Having them explore “Who They Want To Be” can be a powerful next step. PIR often have to reinvent themselves and need strategies to do so**



The Role of Organizations

- Organizations can reinforce power and privilege through their leadership, through hiring decisions and through appointing people to lead and serve on committees and work groups
- Public mental health organizations staff/committees/work groups that don't include black and brown faces is a cause of concern



Call to Activism

- I had hoped to include statistics of the ethnic makeup of the people receiving services as well as the ethnic makeup of the Peer Support teams of ATCIC and ASH
- I requested this data through open records requests. I have not received it yet. Data is a powerful tool because it allows us to address disparities from a factual basis.
- From my work experience I know that most of the people receiving services from ASH and ATCIC are black and brown
- I believe these organizations need to be held accountable for their hiring decisions



Time For Discussion

Questions

Thoughts

Feedback

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