

Talking the Talk: How to Share Your Lived Recovery Experience with Anyone, Anytime

Alternatives 2014

Creating the Future: Change, Challenge, Opportunity

Caribe Royal / Orlando, Florida

1:30 a.m. - 3 p.m. Friday, October 24

Presented by ***Richard Krzyzanowski***

Agenda

- 1) Purpose and Learning Objectives
- 2) “Groundrules”
- 3) Your Story, Our Story: The “Client Experience”
- 4) Stigma: What it is and what it does
- 5) Recovery: What it is and what it can do
- 6) Your Story is Important
- 7) Pros and Cons of Disclosure
- 8) Elements of an Effective Story
- 9) Creating your “*Recovery Elevator Speech*”
- 10) Tips for Becoming a Better Speaker

Purpose and Learning Objectives

The purpose of this training is to assist speakers to thoughtfully create, craft and efficiently deliver their own recovery story to have the most impact on an audience and reduce mental health stigma.

By the end of this training, speakers will:

- 1) Understand stigma and the importance of sharing one's story in order to reduce stigma and promote wellness
- 2) Have developed a story that includes the essential elements of an effective recovery story
- 3) Be prepared to share their story in a variety of situations

Groundrules

- 1) Confidentiality - “What is said in the room, stays in the room”
- 2) Everyone’s opinion counts, everyone’s experience is valuable
- 3) We always respect each other
- 4) ?

Why do we tell our stories?

1. Reclaim our voices as individuals; personal empowerment
2. Challenge stigma, prejudice & discrimination
3. Promote Recovery
4. Educate about our history & community
5. ???

“Culture” - From “me” to “we”

- ▶ “Culture” refers to the shared characteristics of a group of people
- ▶ Culture does not determine behavior, but rather gives group members a repertoire of ideas and possible actions, providing the framework through which they understand themselves, their environment, and their experiences ...
- ▶ Culture is ever changing and always being revised within the dynamic context of its environment.

Why a “Client Culture?”

Thinking in terms of “culture” allows us to:

- Acknowledge and examine the *shared*, collective side of the “client experience” (shared responses to shared experience)
- Allows us to distinguish between strengths and barriers rooted in personal experience as opposed to group experience and memory

Client Culture: A Working Definition

Client culture acknowledges common factors in:

- ▶ The life conditions or “disability” of a client,
- ▶ Attitudes, practices and perceptions of the cultures of which the client is a part, including that of health care and educational systems, that can influence the values, beliefs and life conditions of the client as well as those of his/her family systems, and
- ▶ Individual and collective responses to these factors

Factors shaping Client Culture

Important stimuli shaping this cultural experience include:

- Stigma / discrimination
- Poverty / other economic impacts
- Diagnosis / labeling
- Medication usage / side effects
- Forced treatment
- Hospitalization / other institutionalization
- Lack of appropriate housing
- Unemployment

Recognizing Diversities

- ▶ It is essential to recognize that diversity, as expressed through both groups and individuals, exists not only *between* various populations, but *within* those populations as well
- ▶ We have to learn to see both the “forest” and the “trees”

The Power of History

- People labeled as having mental health challenges have been singled out as being “different” enough to merit **discriminatory treatment** by others in their own societies
- Becoming the “other,” we have been subjected to a variety of “treatments,” including **isolation** and “warehousing,” **exploitation** for labor or entertainment, abuse and neglect, medical experimentation and sterilization, **loss of legal protections** and more
- Although many of these abuses are behind us in our society, a **collective memory** of this oppression still exerts a powerful influence on contemporary Client Culture



Client cultural responses

Collective and individual responses have been varied and can often be contradictory. Some of these include:

- ▶ The Recovery Philosophy and its values
- ▶ The Consumer Movement
- ▶ Joining the ranks of mental health professionals / founding peer-run entities
- ▶ Self-stigma

Recovery

- ▶ “Recovery is the process in which people are able to live, work, learn, and participate fully in their communities.”
- ▶ “For some, this is the ability to live a fulfilling and productive life despite a disability.”
- ▶ “For others, recovery implies the reduction or complete remission of symptoms.”

– *President’s New Freedom Commission
on Mental Health, 2003*

The Recovery Philosophy and its Values

Hope

Empowerment

Self-determination

Freedom of Choice

Knowledge of Rights

Self-Confidence

Self-Advocacy

Responsibility

Developing Peer & Other Support Systems

Resiliency

Recovery perspective

- ▶ Recovery can be achieved via tapping into inner strength, resilience, spirituality, self-help strategies (self-responsibility and self-determination), family/peer/community supports, and a sense of connection with other people and society
- ▶ People with mental health issues can and do make important contributions to our family and community systems, as well as to the mental health professions

Stigma: Some definitions

- ▶ “A mark of disgrace or infamy; a stain or reproach, as on one's reputation”
- ▶ “An attribute, behavior, or reputation which is socially discrediting in a particular way: it causes an individual to be mentally classified by others in an undesirable, rejected stereotype rather than in an accepted, ‘normal’ one”
- ▶ **Discrimination** is when the prejudicial perceptions & attitudes of stigma are acted upon

Some Hallmarks of Stigma

- ▶ Confounding facts and fallacies
- ▶ Generalizing based on limited experience
- ▶ Not always negatively phrased or ill-intentioned (“benevolence stigma”)
- ▶ Paternalism / disempowerment

Some impacts of Stigma

- ▶ Fear of discrimination is the key barrier that keeps many people from revealing symptoms and seeking help, services and treatment.
- ▶ Deters people from socializing or working with, renting to, or employing mental health clients
- ▶ **Self-stigma:** Has been cited as a major public health concern, contributing to decreased treatment seeking, lowered self-esteem, and lowered self-efficacy; Leads to low self-esteem, a sense of being misunderstood, hopelessness, shame and guilt.

Three types of Stigma

- ▶ **Public:**

Mass media, popular culture (Common themes: Dangerous/violent, “worst case scenario,” unstable, fragile, childlike)

- ▶ **Institutional:**

Laws, policies & procedures

- ▶ **Self:**

Negative attitudes about mental illness and its treatment that are held by the individual with the stigmatized condition; *the prejudice which people with mental health issues turn against themselves*

Anti-stigma strategies

- ▶ **Protest:**
Limited, often localized scope and impact; often logistically difficult
- ▶ **Education:**
Can reach broad audiences, but impacts limited, especially over time
- ▶ **Contact:**
Best results over time, most likely to impact both stigma *and* discrimination

The Power of Sharing

Sharing personal experiences (Contact Model):

- Extensive research has shown that situations in which people can directly share, hear and learn from others about their lived experiences can help participants:
- Overcome isolation
- Share their knowledge in ways that are impactful, long-lasting and most likely to change both thinking and resulting behaviors
- Feel more empowered and increase a sense of agency and possibility

Your Story is Important

- An important way to challenge stigma and promote recovery is for those of us who have the “lived experience” of facing and overcoming a mental health challenge to share our stories with others.
- Telling your story can make you feel better about yourself, while helping others to better understand you, their loved ones and neighbors, and even themselves.

Elements of an Effective Recovery Story

1. Introduction
2. Challenges
3. Recovery
4. Empowerment
5. Conclusion (including “The Ask”)