# CHAPTER FIVE

## Uniqueness of the Recovery Support Specialist Position: Self-Disclosure Issues

1. Introduction

"Recovery provides the essential and motivating message of a better future – that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process."

-National Consensus Statement on Mental Health Recovery, U.S Department of Health and Human Services, SAMHSA, Center for Mental Health Services

Recovery-oriented disclosure is a key component of the Recovery Support Specialist position. Who better to carry the message of hope than persons in recovery from mental illnesses? Persons providing Recovery Support Services are living examples of recovery. Self-disclosure also affects culture change within the agency. It reduces stigma, inspires, motivates and educates.

a. Appropriate self-disclosure can be a challenging issue for recovery support staff. Administrators, supervisors, and clinical staff may also have concerns that stem from fear that self-disclosure may be overwhelming and harmful to individuals receiving services. Guidelines for appropriate self-disclosure include:
   i. Convey hope. Sometimes a person may believe they cannot get better. At this point it is important to share personal "turning points" when what seemed impossible became possible.
   ii. Make individuals receiving services your priority. Although you may reap benefits from sharing your story, the intent should be to focus on helping the other person move forward. It is important to be mindful that you are not sharing to release your own pain or to work out something for yourself.
   iii. Inspire and relay the message that, "if I can do it, so can you.**"** It is important to identify moments when you surpassed your expectations and the expectations of others. Sharing when and how these moments affected positive change in your life can send a powerful message. Sharing your strengths, supports, and helpful tools encourages others to explore their strengths and to generate strategies and solutions that will help them progress with their own recovery.
   iv. Listen more than you share. Relationship building is essential to your role in providing Recovery Support Services. Therefore, it is important to make sure there is plenty of space for the person to share about him/herself.
   v. Avoid "pushing" or "fixing" a person. What is best for you may not be what is best for individuals receiving services. Speak from a first person ("I") reference point when sharing what helped you. Avoid trying to coax a person into doing what you did just because it worked so well for you. Although many people are likely to ask you for advice, it is best to avoid the temptation and encourage them to craft a plan

of action tailored to their personal preferences, assets, and strengths.

vi. Adapt your self-disclosure to the audience. What you disclose, how much, when, and why you disclose will all be determined by the person or group with whom you are speaking. An educational presentation on what it is like to live with a mental illness is significantly different than sharing your story one-on-one with an individual.

These guidelines should be shared with recovery support specialists along with the Self-Disclosure Supervisor and Self-Assessment Tool (Exhibit 5A) as soon as they enter the workforce. It is also recommended that a conference call be arranged with your DMH Recovery Support Specialist. Other experienced recovery support specialists can also be of assistance with this training.

b. The following quotes highlight some of the benefits of self-disclosure:

"(The RSS) is an easy person to talk to. I feel that they can relate to me and some of my concerns. I think it's great when a staff member like that can share some challenges in their life and then I don't feel like I'm the only one in the world with problems. (The RSS) also gives me hope that if they can do it so can I." -Individual receiving services

"I would say it is very important to self-disclose as a Recovery Support Specialist, as it can build trust between the person and the recovery support specialist, and make the relationship connect on a deeper level." -Cheryl Farney, MHP, CRSS

"Self-disclosure is valuable for helping people with mental health conditions to believe that there is an ally present, that one is not alone, and that there is hope in the success of another. Curiously, I am able to work with groups and individuals many times without self-disclosure if I don't happen to lead with it. If the discussion is successful on the basis of caring, empathy and hope, I might finish my time without it. If I realize that it would help, I stop and disclose, even offering some history to reassure the group that I am there for them." -Patrick Norris, CRSS, Gateway Regional Medical Center

2. Best Practices

a. Educate agency staff members on recovery and the role of recovery support staff, emphasizing the importance of self-disclosure and the specific value of other therapeutic interventions and Recovery Support Services.
b. Provide formal training for RSSs to appropriately disclose to their audience while promoting wellness and recovery. Rehearse and use role-plays.
c. Hire more than one RSS. All staff need co-workers with whom they can discuss work-related challenges problem-solve together. RSS staff experience different things on the job than co-workers who have different titles and positions. If there is only one of them on your staff, they have no one with whom to dialogue about the types of challenges

they face that are unique to their role and to bringing self-disclosed lived experience to the workplace.

d. Train the RSS Supervisor on how to conduct self-disclosure role-plays.
e. Be sensitive to how self-disclosure may affect the RSS as well as the audience. Make sure resources are available to RSSs to develop a WRAP or similar wellness plan.

3. Agency Exercises

   a. What strengths do you currently have that will help the RSS staff succeed in fulfilling their roles and responsibilities?

      Examples of strengths relevant to this are:
      - The agency already has a WRAP facilitator.
      - The agency promotes self-disclosure.

      List some of your agency's strengths:

      _____

      _____

      _____

   b. What goals do you want to accomplish in this area?

      Examples of potential goals to consider:
      - The agency will promote a safe, comfortable atmosphere for RSS self-disclosure.
      - The agency will make specific training opportunities regarding self-disclosure available for RSS staff.

      What are your specific goals?

      _____

      _____

      _____

   c. What resources do you currently have that will help you reach your goals?

      Examples of relevant resources:
      - The RSS program has appointed a recovery-oriented program supervisor.
      - The agency promotes agency-wide acceptance of RSS staff and the principles of recovery.

What are some of your relevant resources?

_____

_____

_____

d. How do you/your staff feel about your goals?

Examples of feelings and attitudes that may be expressed about this are:

- Apprehension
- Fear
- Concern about roles and responsibilities
- Excitement about new resources

List your feelings and those of your staff about your goals:

_____

_____

_____

e. What challenges do you anticipate encountering as you work toward your goals?

Examples of potential challenges:

- Gaining staff buy-in about the value of self-disclosure.
- A general lack of acceptance for recovery support services.
- Concerns about dual relationships/fear of blurring boundaries.

List some anticipated challenges you anticipate encountering as you work towards your goals:

_____

_____

_____

f. What strategies can you use to overcome those challenges?

Examples of relevant strategies:

- Educate staff about contributions and benefits of self-disclosure.

- Openly communicate about the specific elements of your recovery program to the staff and persons served.
- Identify and communicate the supports that are available to RSSs.

What are some examples of relevant strategies you could implement?

_____

_____

_____

What are some of the specific supports that you will make available to your RSSs?

_____

_____

_____

g. How will you chart your progress along the way as you move toward your goals?

Examples of ways your progress can be charted:

- Consumer satisfaction surveys - specifically showing how RSS self-disclosure benefitted someone.
- Periodic reports of how often the RSS is telling their story as part of their work.
- Tracking number of referrals to the recovery support program.

How will you chart your progress?

_____

_____

_____

h. How will you celebrate when you reach your goals?

Examples of ways you might celebrate:

- Agency Wellness Day

- Kudos in the agency's newsletter
- Special page within agency's website recognizing milestones and accomplishments

Some ways our agency will celebrate:

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_____

_____

Self-disclosure is one of the most powerful but also most misunderstood tools available for assisting others with their own recovery. Because of the fears and misconceptions that surround self-disclosure, all agency employees should receive a focused training on why, when, and how RSSs use it in their work. Your regional RSDG member can provide assistance and valuable training resources, such as Steve Harrington's article, "To Tell the Truth," from *Recovery to Practice* (Exhibit 5B).

## EXHIBIT 5A

Self-Disclosure Supervisor and Self-Assessment Tool

| **Positive Self-Disclosure Best Practices** | | **1** | **2** | **3** |
|---|---|---|---|---|
| 1 | Carry a message of hope. | | | |
| 2 | Identify and describe the supports that promote your recovery and resilience. | | | |
| 3 | Share with a purpose. Self-disclose when the example makes a good point and benefits the person served. | | | |
| 4 | Briefly share challenges. | | | |
| 5 | Identify and describe "turning points" – when what seemed impossible became possible. | | | |
| 6 | Share success stories – your strengths, strategies, and tools used on your recovery journey. | | | |
| 7 | Avoid traumatic stories and graphic details of illness. | | | |
| 8 | Offer choices and options, not final answers – what is right for you is not necessarily right for the individual receiving services. | | | |
| 9 | Listen more than you share. Create plenty of space for the person to share about him/herself. | | | |
| 10 | Share with co-workers and/or at team meetings to bring understanding, insight and hope. | | | |
| 11 | Share your story in certain ways based on who is listening (an educational presentation on what it is like to live with a mental illness would be different than a hope story shared with an individual). | | | |
| 12 | Practice general sharing focused on providing hope and direction toward recovery. | | | |

Self-scoring:

1 = Not doing this well

2 = Doing ok but still room for improvement

3 = Doing this well

## EXHIBIT 5B

To Tell the Truth: Why and How Mental Health Professionals Can and Should Self-Disclose Personal Psychiatric Histories by Steve Harrington, MPA, J.D.

Among mental health professionals, self-disclosure of personal information has been a long-debated subject. Some believe this disclosure interferes with treatment. Other clinicians are open to the practice. Regardless of the preference, it is a controversial and complex issue that has potential benefits and potential dangers.

Over the last 10 years, people with lived experience of mental illness have entered the mental health workforce. Their success in quickly establishing meaningful therapeutic relationships has caught the attention of wary clinicians. As a result, more traditional mental health professionals are disclosing their psychiatric histories to the people they serve.

Barriers to widespread practice of self-disclosure include perceived ethical issues, self-perceptions about having a psychiatric condition, potential ramifications in the workplace and in social contexts, and uncertainty about why and how to disclose this information.

Why Disclose a Psychiatric History?

Mental health professionals are no different from the rest of the population. No one is immune to psychiatric conditions, and personal experience with such conditions may drive a considerable number of people to these professions.

Because psychiatric conditions are often "invisible" and there may be no obvious reason to disclose, a careful examination of the potential benefits and disadvantages is warranted. Corrigan and Lundin (2001) explained why practitioners may wish to self-disclose, including not having to worry about someone discovering a psychiatric history, finding people with a similar history who could help, promoting a sense of self-power, and providing living testimony that combats stigma.[1]

For mental health professionals, an additional and important reason for considering self-disclosure is the opportunity to foster a positive therapeutic relationship with those they serve. Self-disclosure can remove or reduce power differentials and create a peer-to-peer relationship that benefits mental health treatment. Power differentials in therapeutic relationships can be especially problematic when one is serving a person with a traumatic history.

Self-disclosure does not automatically cast clinicians in the role of peer specialist. The peer specialist's role is diverse and centered on the use of one's recovery experience to inspire hope, provide encouragement, explore barriers, and identify resources with and for those served. Peer specialists accomplish these tasks through individual support, facilitating support groups, expressing empathy,

building trusting relationships, and modeling recovery.

For peer specialists, self-disclosure is an expectation of employment. They are hired almost exclusively because of a past or current psychiatric condition. What is considered a detriment by most employers is thought to be an asset for peer specialists. Because they are expected to share their recovery experiences and related knowledge and skills, self-disclosure is vital and often incorporated into job descriptions. Peer specialist training addresses several points of consideration prior to self-disclosure: 1) Do not discuss specific medications, 2) Ensure the dialogue focuses more on the person served than on you as the peer specialist, 3) Tell your story of psychiatric challenges only when beneficial to the person served, 4) Explain the challenges you encountered early on, but focus heavily on the recovery process to inspire hope, and 5) Decide beforehand how much will be disclosed and what method will be used.

Despite roles distinct from other mental health professions, there is clear overlap of peer support with the potential benefits of self-disclosure. Mutuality can be the foundation for a trusting, supportive relationship. One study reported that supportive relationships were identified as "most helpful" for 90 percent of people with psychiatric conditions, outpacing traditional talk therapies (7 percent) and medications (3 percent).

Although self-disclosure has many potential benefits, it also has potential disadvantages. Corrigan and Lundin (2001) compiled a list of general concerns that included disapproval of the condition and/or disclosure, potential for gossip, and social exclusion. Other potential disadvantages are the loss of educational or recreational opportunities, personal attacks by others, lack of credibility, and anxiety related to hiding one's psychiatric history or current mental health status.

A leading barrier is the fact that self-disclosure may have serious employment ramifications and cause negative reactions among employers and coworkers. One psychologist employed by a federal medical facility reported he had dealt with major depression in his adult life, an experience that helped him empathize with those he served. But he could not disclose this psychiatric condition, as he believed it would result in his termination. The federal government is exempt from the Americans with Disabilities Act of 1990, and employees may be discriminated against due to a psychiatric condition.

Additionally, clinicians often interpret their respective professions' codes of ethics as barriers to self-disclosure, especially when disclosure involves sensitive information such as personal psychiatric experiences. An author who conducted a comprehensive review of ethical codes for mental health professionals found that although such codes include standards related to intimacy, there are no codified barriers to self-disclosing one's personal psychiatric history and/or status in a therapeutic relationship.

The "rules" of self-disclosure have changed with changing times. Two changes that make self-disclosure among mental health professionals more appropriate are extensive reporting by news media on the true nature of psychiatric conditions and recovery, and the emergence of new treatment models that are not constrained by anonymity.

Although psychiatric nursing, psychology, and psychiatry professions have engaged in the debate

regarding how and why to self-disclose psychiatric histories, the social work profession appears to struggle with this issue in professional literature. Whether people with such histories are capable of providing quality social work services remains a concern, despite a growing body of evidence that social workers experience clinical depression more often than the general population. The profession's discrimination of social work students based on their psychiatric histories is well-documented.

## When Is Self-Disclosure Appropriate?

Even the most ardent advocates of self-disclosure concede there are times when it is inappropriate to do so.

Because self-disclosure is very personal, no particular set of guidelines can determine when it is universally appropriate. Advice from other mental health professionals with considerable self-disclosure experience reveals a consistent theme: always consider the environment before disclosing. By "environment," they mean the attitude of employers, coworkers, and those they serve. Disclosing in an unfriendly and potentially hostile environment can have devastating effects on the individual.

One case manager said she often discloses her psychiatric history spontaneously. For her, disclosure is dependent upon the apparent needs of those she serves, and most often arises in conversation about medication side effects. Disclosure occurs with the full knowledge and support of her employer and helps her establish credibility, especially regarding medication issues.

Psychiatrist Dan Fisher, Executive Director of the National Empowerment Center, readily discloses his experience with schizophrenia to a wide audience. As a public speaker, advocate, and writer, Dr. Fisher uses self-disclosure to combat the ignorance, prejudice, and discrimination often associated with psychiatric disorders.

I have been diagnosed with schizophrenia and major clinical depression. Through public speaking engagements, books, articles, and personal communication, I freely disclose my psychiatric history to encourage and inspire others on recovery journeys.

## How Can and Should One Disclose?

Just as the decision to disclose is very personal, so is the chosen extent and method of disclosure.

One peer specialist instructor and program administrator emphasized the importance of practice through role plays or "rehearsing" with friends and family. She said it is often a matter of finding the right words when self-disclosing, and that trial and error is an effective way to refine one's method for communicating a psychiatric history.

The use of humor can also be effective depending on the individual's comfort level and personality. In the curricula reviewed, students were advised that humor must be used carefully and in a manner that does not denigrate, embarrass, or discomfit the person served. Self-deprecating humor seems to help initiate

the practice.

Self-disclosure must be appropriately timed and evolve naturally in the relationship—often, the earlier the better. In several curricula, peer specialists are encouraged to consciously look for an appropriate opportunity to begin the self-disclosure process.

When initiated by a mental health professional at the appropriate time and in the right way, self-disclosure can reduce power differentials, validate others' thoughts and feelings about a psychiatric condition, and inspire hope and motivation. It is a key element of the peer specialist practice and can play an important therapeutic role for other mental health professionals.

*Steve Harrington is the Executive Director of the National Association of Peer Specialists and a postdoctoral fellow at Boston University's Center for Psychiatric Rehabilitation. He is a person in recovery from schizophrenia and major depression.*

[1]Although Corrigan and Lundin use the term "stigma," the author acknowledges that other terms, including ignorance, prejudice, and discrimination, may be more accurate and acceptable to describe negative feelings, thoughts, and behaviors expressed by people who fail to understand the true nature of psychiatric conditions and recovery.

Recovery to Practice Weekly Highlights, July 19, 2012, accessible online at http://www.dsgonline.com/rtp/wh/2012/2012.07.19/WH.2012.07.19.html