

Do You See What I See? Peer Culture & the Peer Perspective

*Presented by
Robyn Gantsweg, PhD
Peer Self-Advocacy Program*

Slide 2

TRAINING AGENDA

- Introduction: Peer Culture & the Peer Perspective
- Stereotypes, Stigma & Their Effects
- Implicit Bias & Our Interactions
- Reducing Stigma & Discrimination
- Interactive Scenarios

Slide 3

Peer Culture: What Defines a Cultural Group?

Content of slide

Slide 4

Content heading

A group of people who share similar values, beliefs, underlying assumptions, attitudes, behaviors,..

Slide 5

The Peer Perspective – In an Institution

Values: I want to live independently - I want to make my own decisions

Beliefs: I don't belong here - others are trying to control me

Assumptions: This place isn't for people like me

Attitudes: Only "crazy" people need to be locked up

Behaviors: Controlled, or "out of control?"

Slide 6

Content heading

Behaviors: Misinterpreted?

Living Situation: Confinement

Language: Institutional "Lingo"

Religion: A Place of San(e)ctity?

Food: "Family" Style or Army Mess Hall?

Slide 7

Content heading

Social habits: Regimented, Isolated

Arts: Limited, Often Analyzed

Entertainment: Majority Rules?

Role of Staff: Us vs. Them

Clothing: Standard Issue

Other Factors?

Slide 8

What Does a Person with a Mental Health Disability “Look” Like?

Content of slide

Slide 9

STEREOTYPES

Negative attitudes about groups of people - generally based on myths, untruths, ignorance or grossly exaggerated statements of fact.

Slide 10

What are some common stereotypes about people with mental health disabilities?

Content of slide

Slide 11

COMMON STEREOTYPES

- Dangerous and violent
- Unpredictable
- Incompetent and incapable
- Unable to care for themselves

- Lack insight

Slide 12

COMMON STEREOTYPES

A Person who:

- Insists on living on the streets
- Acts erratically
- Talks to themselves
- Has wrinkled clothes that don't fit well

Slide 13

COMMON STEREOTYPES

A Person who:

- Doesn't know what's best for them
- Is out of touch with reality
- Is socially awkward
- Is responsible for their disability
- Will never recover

Slide 14

COMMON STEREOTYPES

A Person who:

- Yells incomprehensibly

- Stares into space and is unresponsive
- Cuts themselves
- Has 20 cats
- Does the “Thorazine Shuffle”

Slide 15

ARE THESE STEREOTYPES ACCURATE?

- Might they be true of the general population?
- Do you feel any of these stereotypes describe you?
- What might be an alternate explanation for their behavior and situation?

Slide 16

Content heading

If some of these are “accurate” descriptions, might they be a result of being institutionalized?

Slide 17

EFFECTS OF LIVING IN AN INSTITUTION

- Learned helplessness
- Isolation
- Segregation
- Unfamiliarity
- Removal of belongings and usual comforts

- Lack control of body and environment
- Powerlessness
- Hopelessness

Slide 18

Stereotypes = Stigma

Slide 19

WHAT IS STIGMA?

Attitudes and beliefs, based on stereotypes, that lead people to reject, avoid or fear those they perceive as being different.

Slide 20

SOURCES OF STIGMA: WHERE DO WE SEE IT?

- Media
- The general public
- Institutions
- Family
- Service providers
- People with mental health disabilities

Slide 21

Content heading

What are some Effects of Stigma?

Slide 22

EFFECTS OF STIGMA

- Low self-esteem
- Isolation
- Feeling Devalued and Rejected
- Shame and Self-stigma
- Hopelessness
- Avoid seeking help

Slide 23

STIGMATIZING ATTITUDES: DO WE SEE THEM?

- If we see them, do we express them?
- We may be aware of these attitudes but reluctant to openly acknowledge them, because they conflict with social norms and values that are important to us.

Slide 24

STIGMATIZING ATTITUDES: DO WE SEE THEM?

- If we see them, do we know how they may affect others?
- Most people are aware they have some prejudiced and stereotypical thinking, but are not aware of the powerful influence it has on their behavior and on others.

Slide 25

What if we Don't See or Aren't Aware of our stigmatizing beliefs and attitudes?

Slide 26

IMPLICIT BIAS

Unconscious negative attitudes that reside outside our awareness and beyond our control. We may not “see” them.

Slide 27

Do You See What I See?

Slide 28

HOW DO YOU KNOW IF IT'S IMPLICIT?

- Would you be friends with them?
- Would you hire them?
- Would you live next to them?
- Would you be in a relationship with them?
- Would you treat them differently than you treat other people?

Slide 29

IMPLICIT BIAS & ITS EFFECTS

We might feel:

- Fear
- Anger
- Pity
- Disgust
- Blame
- Hopelessness

Slide 30

IMPLICIT BIAS: HOW IT AFFECTS OUR INTERACTIONS

- Lack respect for a person and ignore their opinions
- Patronize or talk down to them
- Don't believe them or doubt what they say
- Avoid contact or communication

Slide 31

IMPLICIT BIAS AND OUR INTERACTIONS WITH OTHERS

- Ignore what a person wants
- Don't give them responsibility
- Misinterpret or over-interpret a person's behavior
- Make decisions for them rather than help them make their own

Slide 32

IMPLICIT BIAS AND INTERACTING WITH OTHERS

- Use force before cooperation and collaboration, rather than encourage a person to get help voluntarily
- Control people with medications, treatment, isolation, restraint and limitations on freedom
- Believe they are beyond hope

Slide 33

IMPLICIT BIAS AND DISCRIMINATION

Discrimination occurs when people act on stigma in ways that deprive others of their rights and life opportunities

- * What rights are being taken away from people in facilities?

Slide 34

EXAMPLES OF DISCRIMINATION

- Taking away a person's freedom of movement
- Excluding a person from decision-making
- Taking away their privacy
- Taking away their autonomy and independence (i.e., control of finances, living situation, daily activities, etc.)
- Not providing choices or options

Slide 35

Ways to Reduce or Eliminate Stigma & Discrimination

Slide 36

HOW TO REDUCE STIGMA AND DISCRIMINATION

- Explore your Implicit Bias
- Use Plain language
- Use “People First” language
- Listen to what people have to say
- Be aware of the power of diagnosis and the labeling process

Slide 37

HOW TO REDUCE STIGMA AND DISCRIMINATION

- Provide information, guidance & support
- Help them come to their own decision
- Focus on their strengths and what they can do
- Empathize with them, but don't tell them what they think or feel

Slide 38

HOW TO REDUCE STIGMA AND DISCRIMINATION

- Try to understand their experience
- Realize and respect their reality might not be your reality
- Respect their own definition of recovery

- Identify, acknowledge and explore their self-stigma

Slide 39

REDUCING STIGMA AND DISCRIMINATION

- Teach Self-Advocacy: Help people help themselves
- Contact a Peer Organization or Peer Advocate for guidance
- Give them a Voice & Give them Hope
- Know that people Can and Do recover!

Slide 40

RESOURCES

- Peer Self-Advocacy Program (PSA) of Disability Rights California:
www.disabilityrightsca.org
- RI International: www.riinternational.com
- P.E.E.R.S. (Peers Envisioning and Engaging in Recovery Services):
www.peersnet.org
- Mental Health Association – San Francisco: www.mentalhealthsf.org

Slide 41

RESOURCES

- Mental Health America – Northern California: www.mhanca.org
- Project Return – Peer Support Network: www.prpsn.org
- S.H.A.R.E. (Self-Help and Recovery Exchange): www.shareselfhelp.org
- National Empowerment Center: www.power2u.org

Slide 42

SCENARIO 1

Lupe lives at Shangri-la Psychiatric Hospital. She complains staff don't allow her to practice her religion because they won't let her go outside unsupervised to worship the sun at sunrise, noon and sunset. Staff feel it's not a real religion and she's just making this up because she wants more opportunities to try to escape.

Slide 43

DISCUSSION

1. What are your first thoughts about the situation?
2. Who do you believe?
3. How would you approach the situation? What are your first steps?
4. What would you ask staff? Ask her?

Slide 44

DISCUSSION

5. What would you say to staff if they said Lupe is delusional and out of touch?
6. What if you agree with Lupe that she doesn't belong there?
7. What if you don't agree with her?
8. How might your implicit bias affect your ability to effectively communicate with, understand and help Lupe?

Slide 45

SCENARIO 2

Henry tells you staff abuse and restrain him because he refuses to take his medications. You observe bruises on his body. Staff say they are self-inflicted, claiming Henry pounds his arms and legs with his fists when he gets upset because he's "not getting what he wants."

Slide 46

DISCUSSION

1. Do you have any initial assumptions?
2. What would you ask Henry?
3. What would you ask staff?
4. How might your implicit bias affect your ability to effectively communicate with, understand and help Henry in this situation?

Slide 47

DISCUSSION

5. You agree with staff that Henry is a danger to himself. What would you say to Henry? How would you effectively advocate for him?
6. You agree with Henry's perspective – what would you say to staff? How would you best advocate for him?

Slide 48

THANK YOU FOR YOUR PARTICIPATION

ANY QUESTIONS OR COMMENTS?