Characteristics of Peer Facilitation That Impact Recovery: How One Family Member’s Experience Leading Groups Changed Her Life

Anonymous¹
Martin, Krystle², ³

¹ Family Peer Facilitator
² Research & Academics, Ontario Shores Centre for Mental Health Sciences, Whitby, Ontario Canada
³ Faculties of Health Sciences and Social Science and Humanities, Ontario Tech University, Oshawa Ontario Canada

This work is licensed under a Creative Commons Attribution 4.0 International License.

KEYWORDS
Peer Facilitation, Mental Health, Lived Experience

Introduction

“Life is as it should be”. This is what I felt four years ago while living my version of an ideal life. I was blissfully unaware that I was about to embark upon a journey of supporting my loved one through mental health and addiction challenges. I didn’t see this coming, and it undoubtedly changed my life…for the better.

In this paper we will discuss how my experience as a family peer facilitator profoundly benefited my personal recovery as a family member supporting a loved one with a mental health challenge. I describe how participating on the opposite side of mental health service – as a support provider rather than receiver – perhaps paradoxically facilitated my own mental health recovery. My own example will be used to support our preposition that the opportunity to engage the mental health system as a peer supporter and/or facilitator has benefits to one’s mental wellness and promotes the recovery process.

Background – My Story

In order to give context to the perspectives shared here, I will first provide some history
about myself. I was a toddler when we arrived in Canada and, although I was well cared for, my parents had to cope with the reality of establishing a new life in a foreign land without possessions or extended family on the continent. As the youngest, I often felt in the shadow of a sibling whom I adored and whose achievements were highly revered: I was a shy and sensitive child. Overall though, my childhood was happy and loving.

In my early adolescence I experienced a series of traumatic events that occurred over a relatively short period of time. These events had a profound impact on my sense of trust, safety, and self-esteem. With the exception of one incident, I did not tell my family. I carried a sense of shame and fear, and suffered recurring nightmares. The nightmares and rumination finally stopped when I became a mother with the demands of motherhood diverting my attention. However, I knew deep down these experiences shaped my mothering practices: I was on high alert for lurking danger, anxious about trusting others with my children, and risk avoidant. At the same time, I was aware of the many gifts in my life and I had a compelling sense to be a good mother, daughter, and wife.

I also carried an undercurrent of simmering anger. This revelation would surprise people who know me because my outward demeanor was probably described as happy, friendly, and helpful. This anger would show itself in outbursts when I felt overwhelmed, unheard, or threatened in some way. Although I would initially feel relief, I also felt a sense of shame and regret that I lost my composure, and over time, this reactive pattern exhausted me. Despite decades of reading self-help books to find an inner peace, my baseline of anger would not abate until I later embarked on my recovery journey with my loved one.

Despite my occasional inner turmoil, I loved being a mother and so I felt on top of the world when I made my decision to leave a professional job and focus my attention on my family as a stay at home parent. My children were well into their primary school years as I embarked upon this happiest decade of my life. My job, identity, and interests revolved around taking care of my family and home, and the results were fruitful. We were all in good health, happy, and thriving. I felt very proud of my family.

Then one day an unsettling phone call arrived from the parent of one of my child’s friends. “Is everything okay with your adolescent? There has been talk of suicidal ideation.” Surely a huge misunderstanding, I thought, not my seemingly happy, well-adjusted kid. Bewildered and numb, eventually I threaded together pieces of evidence that indicated something was indeed amiss. How was this possible? How could I miss this? I could not make sense of it and I began to blame myself.

As a result, my self-esteem plummeted. I oscillated between fear, anger, urgency, and helplessness. I did not know what to do. How and where would I get help? And, who could I even tell? These thoughts heightened my sense of urgency and dually paralyzed me to act at times. Then there was my anger. My loved one’s experience felt like a betrayal against all the sacrifices my partner and I made to provide a good life. How could my loved one even think like this? I felt like a failure and shameful about all of it.
We continued to spin in a downward vortex. Soon our loved one shifted towards new friends, pulled away from previously enjoyed areas of interest, school performance declined, and a penchant towards self-medicating budded into addiction. This tested our parental boundaries and collective familial relationships. Despite our most loving intentions to help, the relationship cracks inadvertently widened and trust was lost. Pain now manifested into suffering as judgments, blame, criticism, non-acceptance, and invalidation took hold.

Social isolation ensued. The isolation had two dimensions: first, I endured isolation from the distancing of people in my social circles. I had held an expectation that some individuals from my social circle would support us in some way. I hoped for a knock on the door, a thinking of you card, a casserole maybe. With the exception of a single friend and our immediate family, this support did not materialize. I developed deep resentments toward those that I perceived to have abandoned me and my family in our time of need. [I now know that these experiences of rejection and isolation are a common theme among other families that I have met through my recovery journey. I had to work hard to build my skills to work through these resentments and losses]. Second, I created my self-imposed isolation: my energy was depleted and I had no more to give to engage with others.

As a family member, navigating the mental health system was stressful. Hours per day could be spent on phone calls, internet research, and waiting for responses. Evident to my partner and I was the fact that it was primarily us (not our loved one) who were engaged with attending appointments and navigating the system. It was also very difficult to be left out of the conversation of care regarding our adolescent given confidentiality policies of personal health information. I understood that it was important to protect the privacy of young family members in certain contexts; however some common sense seemed warranted. I couldn’t imagine a situation in which parents would be shut out of communication to the same degree for a physical ailment.

We spent a year trying to find help for our loved one. We engaged with blocks of counselling services, were waitlisted with several agencies, and signed up for various programs to help parents cope with “troubled” or addicted youth. I resented the label of “troubled” because I knew my loved one was inherently good; they were feeling unwell and in need of assistance. Although the information presented in these programs was useful, in my view it wasn’t as effective as it could have been. A common thread of all the classes we attended was the focus on problem solving, which we needed. However, the material failed to teach the skills of understanding our own emotional vulnerability and reactivity as caregivers and how it can interfere with our ability to problem solve. Additionally, sometimes we received excellent instruction but it was delivered by a clinician who did not share our lived experience, and it made it difficult to envision how to best incorporate their advice.

At the end of our spiraling year, we had a few breakthrough moments. The first was a respite to our situation through a voluntary hospitalization on a concurrent disorders inpatient unit. This combined focus on youth and concurrent disorders was a notable improvement over the siloed treatment we had encountered to date. This intervention also
finally yielded a diagnosis. However, the hospitalization was shorter than we planned and, as parents, we were terrified about how we would manage on our own. Wondering how we would navigate the system should things go south, we were told to “cycle through the standard emergency room protocol” if needed. It felt defeating. Of note, a discharging physician said, “Put all your effort into the relationship” and these wise words would soon become my mantra.

The second pivotal moment occurred one week after discharge. The hospital scheduled my partner and me to begin a new family psychoeducational program. The program was a twelve-week evidenced-based skills group that was facilitated by both a clinician and people with experience supporting a loved one with mental health challenges.

I vividly remember my first class: immediately upon hearing the peer facilitator’s story I felt a surge of hope – their family was similar to mine. This was extremely encouraging and it resonated with its authenticity as it came not from a clinician looking out from the mental health system but someone who had endured the challenges we had experienced and whom restored their relationship with their loved one!

The program taught us about emotional dysregulation – that of our loved one and our own. It wasn’t long before I began to see that I needed to shift my focus from “fixing” my loved one to fixing myself. I was one half of this relationship – the half that I could control. I flourished in this program and learned so much: I learned to be compassionate about my loved one’s suffering; I educated myself about my loved one’s condition; and I learned about my own emotional vulnerabilities and patterns. I began to see how my judgments and ruminations of the past and future were interfering with my effectiveness and creating undue suffering for myself. I worked on noticing my reactions and building awareness of my primary emotions. I began to understand how I would express myself in anger when I was really feeling sadness or fear. I learned how to ride out and tolerate my distress. I practiced radical acceptance and began to grieve my losses. I practiced daily mindfulness, self-compassion, and gratitude. I made a self-care plan and stuck with it. I noticed how these skills were building on each other and how they were the prerequisite skills to validation and problem solving. I also noticed how my actions were increasing the trust with my loved one and repairing our relationship.

In addition to the above, I intentionally connected with people who experienced addictions and mental health issues to learn from their experiences. I found them to be some of the most resilient and insightful individuals I have ever met. I also engaged with a wonderful therapist who helped me weave these skills into my life and helped me with my early life experiences that had impacted my ability to cope with my emotions and respond effectively to my family. The practice of these skills is an ongoing process and it represents the hardest and most transformative work I have done.

Despite the many gains I could acknowledge as a result of my participation in the program, as the group came to an end, I also felt a sudden resurgence of anxiety, fear, and loss. During our 12 week class, we developed a wonderful cohesion among the participants and now that support and safe space was coming to an end. I had great respect for the facilitators and their knowledge, and I didn’t want it to stop. On my last day
of the program a facilitator approached me expressing confidence in my understanding of the material, and asked if I was interested in training to become a peer facilitator. This was a pivotal moment in my recovery to be viewed as a potential service contributor rather than merely just a service user. This elevated my confidence and complimented the steady gains I was making with my loved one and my own self-care. It also scared me and I was apprehensive. How could I find the time to commit to another twelve weeks? There was still a lot going on in our family situation. However, I agreed and a few weeks later there I was on the other side, observing the next group in preparation to lead my own group.

At the end of my observer training, I was invited to be a peer facilitator in the next scheduled group a few months later. In preparation, I spent this time consolidating my notes, practicing my skills, and reading extensively about mental health and addictions. I noticed as I engaged in these new activities of learning, my internal dialogue began to shift. I was less critical of myself and our situation, and I noticed that my acceptance of the situation provided the space and energy for me to carry on these new these pursuits. I was gaining confidence with my new skills and I could untangle my emotions a bit more. I could see I was experiencing grief in the loss of what was and began letting go my belief of what “should be” to instead accept that my perception of what I had control over was an illusion. I believed my exposure to more families as a peer facilitator would continue to help me process this grief because I would witness their processing too. This anticipation served to lift my sense of isolation and I was grateful for the opportunity.

Not only did I lead that group but I continued leading more groups and my partner later joined me as a peer facilitator. Facilitating together has been healing and beneficial for our relationship as it was an activity that brought us together: in preparing for our class we would study and discuss the material. We would share what we knew, how we interpreted the information, and our own ways of practicing the skills. For example, my partner tended to be better with observing his limits and I was better with interpersonal communication; we influenced each other to improve ourselves in these areas. Often I have felt an outpouring of love towards my partner when he was facilitating because we were now on the same page and I was so proud of how far we had come. Our efforts were rewarded by our renewed connection to each other and the gratitude of the participants who appreciated our perspective as a couple.

I have now co-facilitated 15 groups. As part of this experience, I have also started sharing my story at conferences and was part of a research study. This has allowed me to truly reflect on how my involvement as a peer facilitator has impacted my life and my own recovery journey. While I have touched on a few of these reflections above, the remainder of this manuscript will more specifically highlight these impacts.

**Characteristics of Peer Facilitation and Recovery**

Upon reflection of my experience co-facilitating groups and in consultation with my co-author, a scientist who researches recovery, I have been able to identify nine
characteristics of the peer facilitation process that I believe impact my own recovery journey in specific ways.

1. **Sharing My Story**

One inherent component of peer facilitation is that it requires you to share your story. This helped my healing because, even though it was perhaps encouraging to the participants to hear that I experienced the same or similar difficulties they had experienced, it forced me to face my shame. I was able to reframe my responses as well-intentioned and normative. Also, by processing my story out loud in front of an understanding audience, this new perspective allowed me to see that I was stronger than I thought and that I have a lot of willingness to keep trying my best.

2. **Continual Learning**

Peer facilitating requires that I keep up with the latest information and new research findings. I regularly review the material I am providing and ensure that I update it to keep up with new information. During co-facilitation, group members also bring their own expertise and I am able to learn from them. As a result, there is always something to reflect on and consider. This continual learning process is invigorating to me personally as someone who enjoys lifelong learning. It also helps me grow and change in a way that is thoughtful and considerate.

3. **Exposure to Others’ Journeys**

Since I have experienced so many positives in my personal life as a result of the program, I am excited for new participants knowing how their lives could be improved. One of my favourite rewards as a peer facilitator comes from witnessing the transformations of the participants over the course of the program. Participants often begin the course from a place of despair, sadness, anger, guilt, and burden. Over time, however, and with each successful interaction, hope, trust and a willingness to keep on this journey flourishes for both the family member and their loved one. Bearing witness to this as a peer facilitator is extraordinarily powerful because I am able to share in the joy they experience.

4. **Teaching and Helping Others**

It is such a good feeling to help and teach others. As I mentioned, I had stopped working in favour of focusing on being a mother and then later abandoned my first career following my experience with my child and volunteering as a peer facilitator. I realized just how much I loved teaching and how I wanted to commit myself to supporting people in the field of mental health. My experience as a facilitator provided me an opportunity that has positively impacted my vocational goals and gave me the experience that supported me to pursue this new avenue.
5. **Authenticity**

It is very important to me to be authentic in my facilitating. I feel very strongly that as a peer facilitator, my personal skills practice needs to match what I teach. I cannot just “speak” to the skills; I need to understand them by incorporating them into my daily life in order to appreciate and convey how they work and how hard they are. This has led me to become more competent in my own use of skills. Moreover, watching my peers work with their own issues and report back on a weekly basis how they were utilizing and implementing their skills gives me the strength and commitment to carry on with my own: if they are doing it, I have to keep up and be skillful. Therefore the group acts as a positive social accountability network as well.

6. **Position of Authority and Leadership**

I need to share that initially I also felt intimidated as a facilitator because I am not a clinician and my professional background is not related to mental health or addictions. I found that at times, I would doubt myself. Who was I to help other families, especially if they were facing predicaments far more complicated than mine? My intimidation abated when I realized that I do have something valuable to share with participants, which is my own lived experience. That, in fact, I have knowledge, am worthy, and have expertise.

This position of leadership also gave me the forum to be in charge and in control—feelings that I had lost in my personal life. This felt very empowering as I healed my way through the doubts, criticism, and blame I placed on myself for my own situation. Through my involvement in peer facilitation I was validated as being the committed parent I knew I had been all along.

7. **Exposure to Difficult Participants**

Sometimes peer facilitating can be painful and triggering for me. A comment from a participant can trigger me as it reminds me of similar circumstances I have encountered and hadn’t thought of for a while. Sometimes it makes me realize how close we had come to other potential dangers and the relief that that didn’t happen. When a participant is difficult in group, I may have negative judgments—sometimes I have more compassion for the loved one and less patience for the family member. Once in a while I encounter a participant with a challenging communication style that is disruptive to the group. In the face of these hazards, however, I am able to practice my skills in real time. These struggles turn into ongoing practice for me to hone and maintain my skills.

8. **Emotional Labour**

I find that peer facilitating takes up a lot of my mind’s resources. I think about my participants through the week. I feel obligated to deliver something worth their time as some participants travel a long distance for the class. I make great efforts to remember their stories or think of ways that I can connect with them emotionally, and try to weave it into my teaching. Perhaps I use peer facilitation as a way to transfer my propensity to
ruminate away from myself and toward something more productive. There have been times where I have experienced compassion fatigue and I simply didn’t have the capacity to offer empathy in a particular moment. I try to send myself some kindness for the guilty feelings I experience with this — again, another opportunity to use skills.

9. Supportive Group Environment

Lastly, peer facilitation has given me the forum — a safe space where I am accepted, understood, and not judged — to grow myself with an audience that I am respected by and accountable to. The groups surround me with comfort and safety that allow me to keep on this journey: they have become an integral part of my therapeutic process.

Final Thoughts

All of this has been hard work. Initially I thought the real motivator for me to continue to involve myself with peer facilitation was to give back. Given the unbearable feelings I experienced in the depths of our situation, I wanted to connect with others to let them know that there is hope; there is a way forward to feel better.

I now see that the real motivators are the benefits to me. It’s my self-care. Facilitation pulled me from my isolation and into the embrace of accepting and nonjudgmental peers, who drive my desire to keep learning and reward me with meaningful connection. And even better is that all of this is ultimately benefits my loved one through our relationship. Plus, my loved one is proud of me and my husband for facilitating these groups and appreciates our willingness to change ourselves. Our commitment to the skills through co-facilitating these groups has validated to our loved one that they are important enough for us to make these changes in ourselves.

An unexpected dividend of peer facilitation is that I found a new passion. I want to use my voice to reduce the stigma of mental health challenges, promote skills which bring greater mental resiliency to individuals, and increase compassion towards those who endure challenges and their families. This has inspired me to formally pursue studies in mental health and addictions. My lived experience and exposure to other families has been the foundation on which I am building my formal studies.

Truly the source of my greatest learning is my kind, loving, smart, creative and perceptive loved one who, in the face of adversity, overcame so many challenges. Sustaining me through that journey has been my involvement in peer facilitation and therapy. Through connection and reciprocity, we are healing and building our relationships collectively. I am still on this journey. And indeed, life is as it should be.

Acknowledgements

The authors have no conflicts of interest to disclose.