



Canadian Mental
Health Association
Waterloo Wellington



SELF HELP &
PEER SUPPORT

REFLEXIVE PRACTICE TOOLS FOR PEER SUPPORTERS

Julia Read, 2020

CENTRE FOR EXCELLENCE IN PEER SUPPORT, CMHA WATERLOO WELLINGTON

The Centre for Excellence in Peer Support

The Centre for Excellence in Peer Support is a service provided by Self Help of CMHA Waterloo Wellington. Self Help, formerly known as the Self Help Alliance, is a peer-driven service. We are experts in peer support and in supporting and training peer staff. We envision that peer staff roles will exist within every juncture of the addictions and mental health system. There are two pillars to the Centre's work: supporting peer workers and peer support research and evaluation.

The research and evaluation activities of the Centre for Excellence contribute to a body of knowledge within the recovery-oriented and person-centered mental health & addictions system. The Centre's aim is to informing peer support practice through the values of empowerment, equality, recovery, emancipation, participation, and anti-discrimination. The objectives of this second pillar are to be part of a broader process of making social and political change and to ensure equitable relations between those producing the research and those who are the subjects of research.

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About the project

From the beginning of this project, the priority was to create a user friendly, accessible for all, practical guide to becoming a reflexive practitioner for peer support workers. The Centre for Excellence in Peer Support recognizes that peer support, although holding a rich history, is dawning a new era where building innovative practices and skills are vital. The Centre strives to produce resources unique to peer support that contribute to the continued efforts to building peer support as an emerging practice.

The Centre's previous peer-led research project involved searching for answers to the implementation issues that peers were experiencing with the melding of peers into multi-disciplinary teams within the addiction and mental health system. The changing landscape gave birth to new challenges of re-stigmatization, isolation, and co-optation, to name a few (Harrison and Read, 2015). It was during this project that a suggestion emerged to develop a reflexive practice guideline for peer support workers so that peers can have a framework to guide engaging with knowledge building about broader contextual issues such as power relations, oppression, and ethics.

This project was divided into four phases. The first phase involved reviewing the seminal literature on reflexive practice by authors such as Jane Fook (1999) and Deena Mandel (2007). From the literature, key concepts and practices emerged that were relevant and applicable to peer support work. These concepts were the guiding principle in creating an outline containing definitions and a potential application to peer support. This outline was presented at the National Conference on Peer Support for feedback.

The outline also served as the basis for the needs assessment which comprised the second phase of this project. The needs assessment was to ensure that this project was designed in collaboration with peer staff and was useful and relevant to the work that they are performing, as its purpose is to build capacity and accountability among the peer support profession. The outline was presented to eight teams of peer workers across the Guelph, Kitchener, and Cambridge area, totaling 38 peer staff who receive support through the Centre for Excellence in Peer Support. Each peer staff was given the opportunity to ask questions, ask for additional resources, and provide verbal and written feedback.

The third phase incorporates the literature review along with the feedback from the consultations into a user-accessible guide. This includes further developing the three reflexive practice tools. A written draft

was submitted to management for review before moving into the fourth phase. The fourth phase included piloting the guide along with the tools before producing the revised guideline.

Who

During the peer consultation process, it became apparent that this project needed to be accessible for the diversity of paid peer roles supported by the Centre For Excellence, including those whose role require graduate degrees and represent a hybrid of professional practice and lived experience, to those whose requirement is lived experience with their particular service. This also translated into this project being meaningful and practical for a wide range of practice settings that included hospitals, outreach, Self Help sites, and housing programs.

What

Peer values are at the heart of all peer work; it is the sharing of mutual experiences that build meaningful peer relationships. But, how peers go about doing peer work is often complex and sometimes overlooked. Engaging in reflexive practices provides opportunities to explore this vital element of peer work in a way that fosters self-exploration and growth among peers. This approach to peer work can create spaces to engage in dialogue concerning social location, stigma, conflict, and power dynamics.

This reflexive practice 'how to' guide for peers focusing on three themes of reflexivity: journey to self-exploration, exploration of power relations, and understanding the role that emotions play in interactions with others (Cruz, 2007). This guide highlights the many benefits that reflexive practice has to offer peer support and how it can contribute to developing peer support skills. Most importantly, this guide details how reflexive practices fit within peer supervision models as well as how organizations can implement reflexive practices amongst peer work through using the three reflexive practice tools.

The hope is that this reflexive practice guideline can become a key component of peer worker practice. This guide contains reflexive practice tools designed for peer workers working in a variety of settings such as clinical, community, and peer-led services.

Objective: Purpose of the guidelines

As the landscape of peer work shifts from peer led organizations to peer roles being embedded in mainstream organizations, challenges for peer staff are evolving. The Centre for Excellence in Peer Support aspires to continuously and actively search for ways to stay informed of the current climate that shapes the ever-changing peer landscape.

From a review of peer support literature, many implementation challenges were identified as peer roles are being developed and positioned among multidisciplinary teams. Some of these challenges include experiences of stigma from their team members, feelings of isolation, bearing the brunt of being an innovative disruptor, pressure to take up clinical work and clinical language, and identity conflict (as in some situations where peers belong to both service user and service provider identities) (Harrison & Read, 2015).

The Centre for Excellence in Peer Support has learned that recovery model-oriented agencies that embrace 'professional artistry' are the best ideological fit for peer support workers, where lived experience and person-centered services are fundamental (Mandell, 2007). In fact, medical model oriented agencies where professional credentials are privileged are some of the more challenging environments for peers to work in (Harrison & Read, 2016).

This literature review was the first phase of a larger project where we created a reflective practice tool to support agencies in unpacking the process of hiring peer workers. It was from this project that the idea of a reflexive practice guideline for peers was suggested as a future project. The Centre for Excellence in Peer Support wanted to find out how these issues can best be addressed while endeavoring to further develop peer support practices.

Reflexive Practice

The following is a brief review of the reflexive practice literature. Included in this review are key concepts drawn from scholars such as Fook (2000) and Mandell (2007) who have written extensively on the relationship between reflexivity and professional practice. This review is intended to provide a summary of key concepts and their definitions, and how they may prove useful to peer support. When

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reviewing the literature, special attention was paid to scholarship that focused on explaining the complex concepts that encompass reflexivity and reflexive practices.

The premise that guided the literature search was narrowed down to focus on nuanced definitions of reflexive practice. Later, the search included practical applications and usefulness to peer support work. The most useful article to this project was a critical review of social work literature since it provides an overview of the literature on reflexive practice and summarized three emergent themes used to define reflexivity (D’Cruz, Gillingham, Melendez, 2007):

1. The journey to self-exploration and self-awareness, including how one makes meaning of the world and how one’s lived experience is intentionally used to support others.
2. The exploration of power relations and power structures. This variation encourages practitioners to understand their own narratives about knowledge which in turn, will help them understand how meaning is created. The reflexive practitioner is aware of the assumptions that underlie how they make sense of practice situations.
3. Understanding the role that emotions play when responding in a particular way to a situation. There is a need in order to maintain a reflexive stance that peers need to develop an awareness of how their emotional reaction may impact the people they are supporting.

Also noted by D’Cruz, Gillingham and Melendez (2007) and proves important for peer support work, is that reflexive practice has been used as a way to increase accountability and improve professional practices. More relevantly to peer support work, it can be used as a framework to have discussions about broader contextual issues that include diversity, marginalization, historical oppression and resistance. The early days of peer support were rooted in advocacy, resisting medicalized/psychiatrized paradigms by sharing lived experience from inside the mental health system which was paramount in building the recovery model (Costa, Veronka, Landry, Reid, Macfaland, Reville & Church, 2012).

During the peer support consultation process a common theme that arose was the confusion between reflexive practice and reflective practice. Throughout the literature, these two concepts were found to be used interchangeably with some melding amid the two concepts (D’Cruz, Gillingham, Melendez, 2007). Mandell (2007) offers an explanation of the difference by contextualizing the historical evolution of the ‘use of self’ in professional practice. Mandell begins with the early days of countertransference

from the psychotherapy field which situated the therapist at the centre of the encounter. This was problematic as it assumed the relationship to self, superseded the therapeutic relationship. The next iteration of 'use of self', known as inter-subjectivity, focused on the space created between the therapist and the client. However, broader contextual issues including power relations and systemic oppression were negated. 'Use of self' then became 'reflection' and 'critical reflection' (Fook, 2000). With an emphasis on turning reflections into actions that can be embodied within practitioners future practices, the present day 'use of self' became known as reflexivity. Each time the practice evolved, it included critical elements influenced by the broadening of fields and professions that adopted and developing the practice.

While reflective practice focused on the use of self, it neglects to take into consideration the social structures or relations of power that are intrinsic in each encounter. Peer support's emphasis is on building rapport and meaningful relationships based on equity. Power relations can never really be equalized in professional fields; however they are challenged due to the reciprocity and sharing of lived experiences. For this reason, this project focuses on the present day reflexive practice.

The three themes of Reflexive Practice

As we further explore reflexive practice, let's take a look at the three emergent themes used to define reflexivity.

Journey to Self-Exploration

The first theme can be described as the journey to self-exploration and self-awareness, including how one makes meaning of the world and how one's lived experience is intentionally used to support others. A definition offered by Elliot (2001) that serves useful for this theme is that "Reflexivity...is a self-defining process that depends on monitoring of and reflection upon, psychological and social information about possible trajectories of life" (as cited in Cruz, 2007, p.75). In many ways, this understanding of reflexivity becomes "...the project of self" (Cruz, 2007, p.75).

Another way that the process of reflection can be understood is through the peer to peer relationship. For peer work, this can mean a process of reciprocity or a process where by both peer and person

supported reflect, grow, and learn together. Cruz (2007) offers the term 'creative reflexive citizens' (75) to describe this practice.

The limitation in this variation is that it eschews structural oppression and issues of systemic marginalization, especially for people who have a historical relationship with an oppressive and violent system such as psychiatry. Kondrat (1999) highlights the issue of reflexivity's focus on the individual's process of introspection while discounting the context to which the individual is subjected to (Cruz, 2007). This was the reasoning behind the inclusion of the word 'critical' as it calls into view the awareness of the "sociohistorical reality" of that the individuals occupied (Cruz, 2007, p 77). This variation assumes that reflexivity is a skill one can hone by introspection, while negating the structures and systems which govern identity.

The Exploration of Power Relations

The limitations of the first theme are what makes the second theme a vital element of a reflexive practice: The exploration of power relations and power structures. This variation encourages practitioners to understand their own narratives about knowledge which in turn, will help them understand how meaning is created. The reflexive practitioner is aware of the assumptions that underlie how they make sense of practice situations (D'Cruz, Gillingham, Melendez, 2007).

From this understanding of reflexivity, peer practitioners are asked to explore their social locations and gain insight from the spaces of privilege and/or marginalization that comprise their identity. As people with lived experience from inside the system of care (either mental health or addiction), it is common that peers have experienced stigma and oppression. A reflexive stance encourages peers to embrace these experiences as sources of knowledge which can be translated into practice wisdom.

Often, the systems to which peers operate from, for example the mental health system, can hold spaces of deeply rooted stigma. Part of the reflexive process is to be aware of these spaces and to understand the relationship between these spaces and the peer staff. A broader understanding of the system reveals that "relations of power influence the process of knowledge generation" (Cruz, Gillingham, Melendez, 2007, p76). However, it is not enough to only be aware of systemic stigma and oppression, peers must also know their own assumptions and biases.

Specific to peer practices are the privileging of knowledge gained through lived experience. This privileging is paramount when practicing within systems which historically subjugate experiential knowledge. With the development of peer practices emerging as a recognized professional practice, tension lies within the fear of the lived experience element becoming over shadowed by overly prescriptive practices and theory. Reflexive practice offers a way to delve into the grey areas that rest in between whether peer support can retain its freedom of interpretation or whether it needs to be validated by a standardized and accredited process.

Understanding the Role that Emotions Play

In the third definition of reflexive practice, we take into consideration our self-awareness to include not only our thought processes, but also the connection between thought and emotions and “how thought can influence feelings and vice versa” (D’Cruz, Gillingham, Melendez, 2007, p80). An exploration of the role that emotions play when responding in a particular way to a situation can aid in the process to further uncover assumptions, values and biases.

Embracing our emotions as a potential embodiment of knowledge challenges notions of objectivity. Objectivity has been taught as something that one can attain if they process their emotions and lived experiences then distance themselves from it. Objectivity means the absence of biases, values and experiences. However, this approach to reflexivity places importance on emotion as a site of professional knowledge and professional power “to be recognized rather than avoided or repressed” (D’Cruz, Gillingham, Melendez, 2007, p80).

Peers aspire to create a non-judgemental environment, it is through reflecting on our emotions that we can really call into question whether this is actually achievable. Honest reflection about our gut reactions can lead us to a place where hidden assumptions can be revealed. Listening to bodily reactions can guide a pathway to identifying our emotions. Emotions represent our embodied knowing. This may prove to be an uncomfortable, or even an excruciating experience, however, it is only when we get outside of our comfort zones that we can truly grow and evolve. This process is truly important and will help peer support stand out as a practice.

Bringing the concepts together

Reflexivity is an aspect of critical self-reflection. It is a deep critical awareness of the diversities of our identities, biases and our embodied knowing. It is about looking outward while simultaneously looking inward. Looking outward at societal structures and social constructions while looking inward to understand our own interpretation of what this all means from where we are situated. As Rossiter (2006) discussed, social workers cannot possibly know all there is to know about the 'client', in this case the 'other'. Coming to know the 'other' is a process of committing violence by erasing the infiniteness about the 'other's' existence/being.

The three fingers pointing back at me, reminds me that I am complicit in this action in every encounter that I take part in. Some helpful questions to ask are: "What are my assumptions about the 'other'? What judgements have I made? What knowledge have I created about this person? What knowledge have I erased about this person? What violence have I committed?"

This can leave me feeling quite paralyzed. Where do I go from here? I really liked Rossiter's (2006) ending paragraph that talks about ethics as a moment to pause – a "hesitation in front of our constructed consciousness" (p. 144).

Ethics and reflexivity are intrinsically bound together, but as soon as the focus is shifted outward, the reflexive stance is lost. We must acknowledge that we are a part of society and society is a part of us. We embody our social identity and cannot escape what we represent to 'others'.

It is our critical awareness of being part of the webs of societal power relations. Of importance here is the notion that these societal power relations are inequitable and that we are inseparably tangled up in the tangled webs of their inequities. This critical self-awareness is particularly important in the decisions we make in our ethical practice (Kondrat, 1999; Luxon, 2008; Pillow, 2003).

To summarize the key concepts in maintaining a reflexive stance (Heron, 2008)

1. Identifying issues of power and subjectivity
2. Recognizing unnamed assumptions and biases
3. Identifying the discourses shaping interpretations or narratives
4. Explore emotional responses, selective awareness, interactions, values, and belief systems

5. Understand social location/social identities in interaction with service users (subjectivity)

Application to Peer Support

At the end of consultation, peer support staff were given the opportunity to provide either written or verbal feedback. The following quotes are contributions from peer support staff and includes their understanding of reflexive practice and how this practice can contribute to their peer support work.

“My understanding of Reflexive Practice is about how I see myself; how I interact with the world around me; how and why I view the world around me, being aware of power differentials and the role my emotions play in this process.”

“That there are power differentials among the interdisciplinary team in which I work and the importance of not only being aware of these differentials but also about the importance of being aware of the impact they can have on my emotions, which may in turn impact my ability to perform my job, thus ultimately impacting the people I serve.”

“ I see reflexive practice as the exploration and questioning for deeper understanding of how my past life experiences, beliefs, biases, and social location, both consciously and unconsciously, impact my interactions and communications with others (and myself as well). These interactions may be affecting my personal and professional relationships in both a positive and a negative manner.”

“Exploration of specific parts of my past history, (for example, something that has altered a particular belief or action) by using critical thinking to question how to use or change this belief in my professional life to help improve my interactions with others; then use this newly learned information or skill and continue to make changes in an ongoing process.”

Who this guideline is for and how it can be implemented

This guide was created for peer workers providing mental health and addiction services and are using their lived experience as their modality of helping. This guideline and the tools can be used both individually and as a group or in a team setting. It is up to the peer worker and how comfortable they feel in a group setting about how much they want to share. Ideally the peer worker will be encouraged

to dive deeply into their worldview, values, and philosophies in order to develop their critical reflexivity and self-awareness.

Tools to Engage in Reflexive Practice

Included in this section are three tools that are intended to help peer workers develop a greater sense of self-awareness as well as their reflexivity. This section is where theory meets practice. Reflexive practice helps uncover biases, values, and assumptions. It also provides a platform for critical discussions about power, intersectionality, and social location; all of which inform our decision-making processes.

The reflexive practice tools are:

1. The Power Flower
2. Reflexive Writing
3. Reflexive Decision-Making

Each of these tools are intended to aid in the process of connecting the three themes of reflexivity identified in the literature.

- Journey to self-exploration
- Power relations
- Understanding the role of our emotions

The power flower tool is designed to help understand one's social location. By knowing your own social location, you can better understand your spaces of privilege and spaces of marginalization in relation to the people you support as well as navigating the healthcare system within which you are situated. The reflexive writing tool helps peer workers to uncover their hidden or unspoken beliefs within their lives and their work. By reflecting on your beliefs, you can gain an in depth understanding of why you do the work that you do. The final tool, the reflexive decision-making model, is a guide to help peer workers make informed ethical decisions by developing a greater sense of self-awareness.

These tools are meant to be used as a guide to support peer workers as they develop their understanding of both micro and macro perspectives of the helping profession and the broader healthcare system to which they are situated. We must continue our own personal journey of growth in

order to be able to fully engage with reflexivity; more importantly, we must understand our own healing journey to be effective peer workers.



Tool 1: Power Flower for Peer Support

The purpose of this tool is to explore which domains of dominance and marginalization comprise your identity.

The key concept for the power flower is grounded in Anti-oppressive Practice (AOP). AOP is rooted in the awareness that relationships in society are intertwined by power and privilege which perpetuates systemic oppression. According to Clifford (1995), "AOP is a perspective that views social divisions such as race, class, gender, ability, sexual orientation, age, etc. as matters of broad social structures".

In the power flower tool, each petal highlights a domain of society in which there is a dominant norm (outer petal), other identities within this domain are marginalized and have less power/privilege.

Norms are embedded with our culture and are often so familiar that they become a taken for granted truth about society. When this happens, the norms often go unquestioned and become assumptions. Assumptions then become stereotypes.

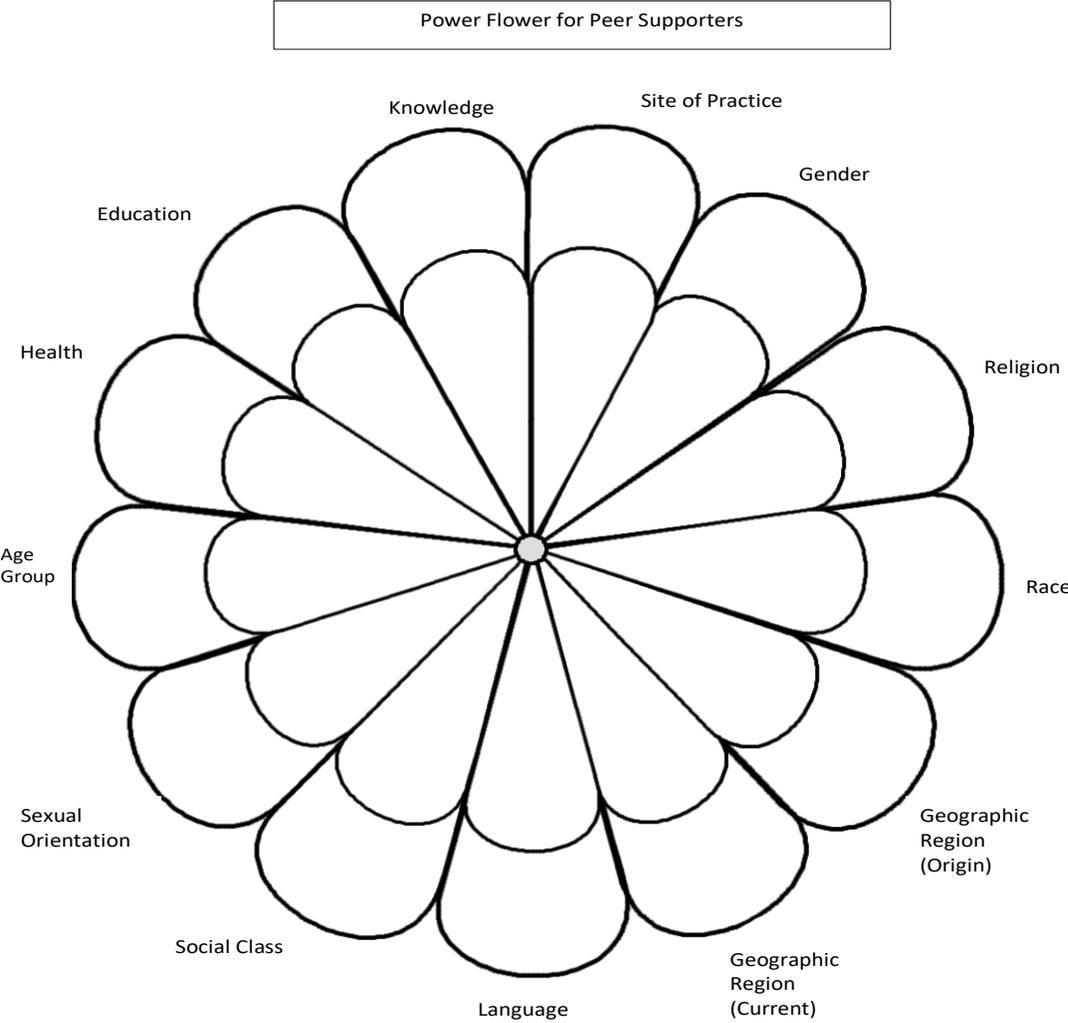
Some examples of this are:

- Ablism- the assumption that everyone should be able bodied. The assumption that those who are not able bodied should not receive the same rights and privileges as able-bodied people.
- Sanism- the assumption that everyone should be sane and that sane is normal. The assumption that anyone who is not sane should be excluded from society.
- Sobernornative- the assumption that anyone who uses substances should be excluded from society

Objective:

Social Location; who's knowledge is oppressed/privileged; Ensure peers are fostering diversity and inclusion; Engage in the process of identifying assumptions and unpacking them

- Inner petal = more oppressed / less power
- Outer petal = more power and privilege



Adapted from (Racism for Reel, 2002)

Flower of Power Worksheet

Guidelines:

Determine and write about your position and reflections on each Petal in the Flower of Power

Petal	My Position Are you part of the outer petal (dominant) group of people? Or the inner (marginalized) group of people?	My reflections on my position. Has this position always been the same? What do I need to keep in mind when providing peer support if I have a position of power in this area?
<i>Example: health</i>	<i>I am not currently impacted by my mental health issues – I am currently in a position of power with my health status.</i>	<i>This can (and has) changed. I have lived with less privilege around my health. I need to remember what the impacts were for me of having poor mental health. Things such as having my decisions made for me or people assuming I can't do something were common when I was experiencing mental health challenges. I keep this in mind when providing peer support.</i>
Knowledge <i>Professionalized (university learned) knowledge is more privileged / given more power than lived experience knowledge.</i>		
Site of Practice <i>Professionalized / medicalized settings are more privileged / powerful than community based (especially addictions) agencies.</i>		
Gender <i>Men have more power / privilege than women. And trans and/or non-binary people have less</i>		

<p><i>power/privilege than women or men.</i></p>		
<p>Religion <i>Christianity is the most privileged / powerful religion in our society. Other religions and/or being atheist are less privileged. Some religions are highly stigmatized. (Note: If you were raised Christian but no longer practice you likely still receive the privileges and power).</i></p>		
<p>Race <i>White people have more power / privilege than non-white people.</i></p>		
<p>Geographic Region (origin) <i>Some neighborhoods and communities have more power/privilege than others. If you migrated to Canada you have less power/privilege than most people born in Canada.</i></p>		
<p>Geographic Region (current) <i>Some neighborhoods and communities have more power/privilege than others.</i></p>		
<p>Language <i>If your first language is Canadian English you have more power/privilege.</i></p>		
<p>Social Class <i>If you are middle (or upper) class you have more power/privilege than working class / poor.</i></p>		
<p>Sexual Orientation <i>If you are heterosexual you have more power/privilege than people who are lesbian,</i></p>		

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<i>gay, bi-sexual, or other forms of sexuality.</i>		
Age Group <i>People age 35 to 60 have more power/privilege than people younger or older.</i>		
Health <i>People in good health have more power / privilege than people living with any disability or health ailment.</i>		
Education <i>People who have completed college and/or university have more power/privilege than those who did not.</i>		



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Tool 2: Reflexive Writing

Objective:

The objective of the Reflexive Writing tool is to support staff in processing their unspoken values and beliefs that they may experience after providing peer support services. Reflexive writing practices, according to Linda Finlay (2012) in her journal article *'Writing the Pain': Engaging First-Person Phenomenological Accounts*, helps us to work through our thoughts in a profound way that encourages us to uncover the implicit meanings that can be found beneath the surface of our thoughts. This can also help bring clarity to our thoughts and feelings by connecting them to our underlying values and biases.

This tool is meant to aid in the process of questioning one's own assumptions. Often an important part of practicing self-care is to understand why we became helpers in the first place. When we are helping others, self-care can often be put on the back burner. Negating the value of self-care can mean that we lose our sense of self and being grounded in the values of our peer practice. When we take a step back, we can explore our understanding of our own values as well as our peer support values. As peer workers, we need to have an in-depth understanding of our own values and beliefs which is important to the process of self-exploration.

Guidelines:

The practice of reflexive writing is to take a moment to think about our thoughts in a more critical light. It will be helpful to keep a journal specifically for your reflexive writing, either paper or digital journal is up to you. After experiencing a challenging moment providing peer services, it will be important to choose at least one of the prompts listed below and answer it as thoroughly as you can.

Keeping up with this practice is important to keep yourself grounded in peer support values and principles. This practice can help you to hone in on your peer practice skills.

Ensure you keep this journal safe and private for the safety of yourself and those who you are supporting. Be sure not to break any confidentiality policies. Also, make sure to be as open and honest in your reflexive writing as possible. Your honesty will help you grow as a person and as a facilitator.

Writing Prompts

Here are some different prompts that you can use when journaling after providing peer support services to dive deep and uncover your personal values, assumptions, and biases.

- Why do you want to help others?
- What nurtures you when you help others?
- Although you support others, how do you take care of your own mental health? Do you take your own advice?
- Is this person you're supporting triggering any past experiences?
- When you get triggered, what do you do?
- What beliefs do you have that get in your way when you are helping someone?
- What are your motives or intentions for helping others?
- What does it mean to you to be a helper?
- In what ways have you grown as a person by helping others?
- What scares you about peer support?
- What inspires you about the work that you do?
- What was your defining moment in your career?

Note: Some of these prompts are from Janine Ripper's website *105 Writing Prompts for Self-Reflection and Self-Discovery*. The link to this list is below if you would like to take a look at it for more self-reflection writing prompts.

Reflexive Writing Chart

This template helps to identify you underlying assumptions, values, or biases that may be hindering you peer practice.

Situation	Writing Prompts or Questions	Identify Underlying bias
Example: A peer (person you support) requests to stop meeting because they state they do not find the meetings helpful.	Is this person you're supporting triggering any past experiences? What values in Action/Values do we need to consider?	Yes, I feel triggered because I have a difficult time not taking this situation personally – my bias is that I should be able to help everyone The values that need to be considered are the right to self-determination

<https://reflectionsfromaredhead.com/writing-prompts-for-self-reflection/>



Tool 3: Reflexive Decision-Making

Objective:

This objective of the Reflexive Decision-Making tool is to provide guidance to peer workers as they make ethical decisions within their practice. The below diagram is a conceptual map of the various sources of knowledge that need to be taken into consideration. In addition to these sources of knowledge, peer workers are encouraged to identify their values, beliefs, and biases that are embedded in their lived experiences. These aspects are a vital component in reflexive decision-making.

Many ethical dilemmas are value-laden. Ethical dilemmas in the peer support field typically appear when there are two or more competing values at play. For example, there could be a dilemma between support and control in a peer support setting. A peer worker may be asked to supervise a urine analysis which is outside of the peer work scope of practice. However, a reflexive process is beneficial so that the peer worker can identify the conflicting values on both a micro and macro lens along with the power dynamics between peer worker, person supported and the larger health care system that are involved with supervising a urine analysis. The ethical decision making model is meant to provide a road map for peer workers to navigate power dynamics within the healthcare system.

Guidelines:

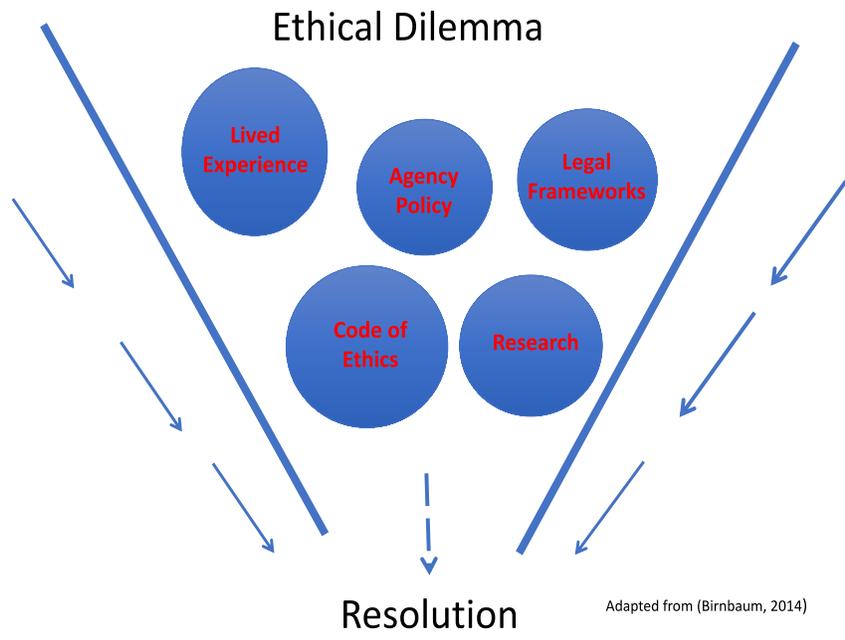
Each of these knowledge sources need to be integrated into the process of reflexive decision-making to come to a resolution. Peers can benefit from learning how to integrate knowledge derived from these sources:

- Code of ethics, if affiliated with a college
- Research, if involved in evidence based practices
- Legal frameworks, for example PHIPA or Mental Health Act
- Agency policy or other sites of practice policy, for example hospital policy
- Lived experience, for example values, beliefs, biases, experiences with the system

Exploring all of these knowledge sources can help a peer worker come to an ethical decision that has been carefully considered. When looking at any ethical dilemma, a reflexive process will purposefully consider all of these knowledge sources to come to the best resolution; although, sometimes it is about choosing the option that causes the least amount of harm for both the person supported and the peer worker.



Diagram:



Resource List:

Exploring my Power and Privilege, Centre for Diversity and Inclusion

Reel2Reel

[Personal Empowerment through Reflection and Learning | Dr. Craig Mertler | TEDxLakelandUniversity - YouTube](#)

[A Reflective Mindset – The Secret to a Better and Longer Life | Ali Fenwick | TEDxHultAshridge - YouTube](#)

https://www.youtube.com/watch?v=YM1yPq0Q_MM

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