



CENTRE FOR INNOVATION IN PEER SUPPORT

The Relationship to Lived Experience Spectrum

Support/
House

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Innovation in
Peer Support

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How to Use This Resource

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About the Centre

Recognized provincially for its award-winning services, Support House Centre for Innovation in Peer Support (the Centre) has evolved into a "Benchmark of Excellence" in peer support and experience-based engagement and co-design. The Centre is dedicated to implementing innovative best practices for meaningful and equitable engagement and partnerships with individuals who have lived/living experience, as well as their family/caregivers, across Ontario.

Our History

Originally established as a Consumer Survivor Initiative in 1999 under the name TEACH (Teach, Empower, Advocate for Community Health), the need for support and training for agencies providing authentic peer support was identified. As a result, in 2015, the Centre received new base funding from the legacy Mississauga Halton LHIN to offer regional and provincial system support for Health Service Providers (HSPs). This support includes hospital psychiatric inpatient units, addiction residential treatment, supportive housing programs, central access, employment support programs, justice, community mental health and addiction providers, and self-help education and support groups. This scope has since expanded to encompass regional, provincial, national, and international collaborations.

Supporting People Engaging in Services

Our service offerings include wellness-based, peer-led self-help and social connection programs for community members. These programs are designed, developed, implemented, and evaluated by individuals with lived/living experience. We work together to foster community and connection by creating safe spaces where people navigating mental health and substance use/addiction challenges, can heal and grow.

Supporting Provincial Systems & Partners

The Centre's Provincial, Systems & Partner stream is continually evolving to support organizations that provide peer support services and to foster meaningful, equitable engagement, co-design, and partnership with individuals who have lived/living experience, as well as family/caregivers for roles on advisory tables, working groups, committees, and government boards. We create learning opportunities through co-design, education and training, consultations, capacity building, collaborations and partnerships, and the development of resources and toolkits, drawing on our expertise in engagement stewardship.

Additional learning resources are available in our Virtual Learning Centre and Resource Hub, where you can explore information about our provincial communities of practice, toolkits, models, and other resources. The Centre is committed to enhancing the capacity of individuals with lived/living experience, family/caregivers, peer support workers, supervisors, health service providers, and regional and provincial healthcare systems. We aspire to co-design and co-create an inclusive and equitable healthcare response, regardless of complexity.

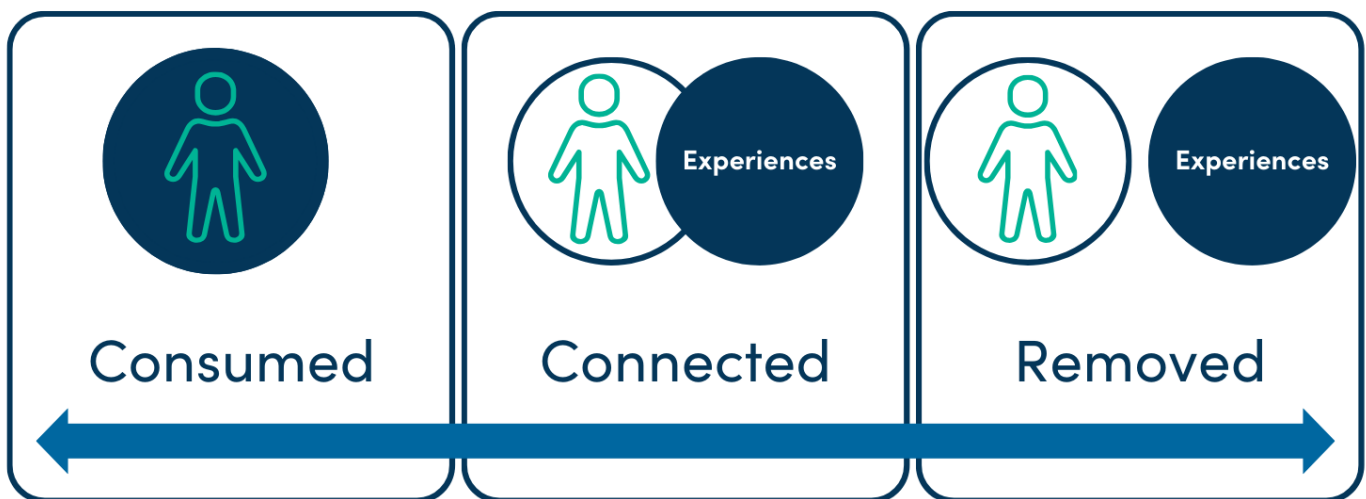
About Support House

Support House is guided by our core values, which shape our agency's decisions and actions, unite our staff, define our brand, and inspire our culture. We put people first—our supports are person-directed. We connect and engage, starting conversations to build and maintain relationships. We focus on health and wellness practices to inspire our culture. All employees are required to adhere to our values-based oath of conduct.

Relationship to Lived Experience Spectrum

Everyone has a unique relationship with their lived experiences. The relationship to these experiences includes how each person feels about and understands their wellness journey, which influences thoughts, actions, relationships with others and relationships to systems. These relationships inform engagement in peer support work and experience-based advisory work.

The *Relationship to Lived Experience Spectrum* is a reflection tool that facilitates a better understanding of the relationship between people and their experiences. When we are connected to our lived and living experience, the expertise that we gain can lend to supportive relationships with ourselves, others and systems to create positive change.



Relationship to Lived Experience Spectrum

In the visual representation of the Relationship to Lived Experience Spectrum above three descriptions of the relationship that people can have with their experiences have been identified:

- Consumed by experiences
- Connected to experiences
- Removed from experiences

In each distinct type of relationship, the ways in which people share from their experiences, engage with others and create change vary. In the following sections we will examine the practices that reflect each unique relationship to lived experience.

Sharing Experiences

Connected to Experiences

When we are connected to our experiences, we intentionally share parts of our personal lived/living experience in a way that is meaningful and of benefit to others. This means we share to support compassionate understanding, inspire hope, provide validation and support exploration of challenges and solutions. We refer to this type of sharing as sharing *Resilience Stories*.

Resilience Stories address the pain or struggle of an experience but focus on their impact, the learnings we have had, the actions we took and supports we found helpful. Resilience stories are brief as the interaction is not about us, but rather intended to be of support to others.

Consumed by Experiences

When we are consumed by our experiences we may overshare from our journey, rather than being selective and intentionally sharing parts of our journey that are of support to others. This is referred to as sharing *Misery Stories*.

Misery Stories are shared from a place of pain or struggle. Sharing misery stories may indicate that we are focused on difficult aspects of our journey, and we may overshare details of experiences in a way that causes harm to ourselves and/or others through vicarious trauma or re-traumatization. At times Misery Stories may also be shared for the purpose of receiving support.

Removed from Experiences

When we are removed from our experiences, we may be unable to meaningfully use our expertise in support of others. We may share very little or not know what to share at all. We may also share in a way that glorifies, only focusing on positives. Sharing in this way minimizes the opportunity to be vulnerable. This type of sharing is referred to as *Glory Stories*.

Sharing glory stories can create shame and comparison. They can also be dismissive and prescriptive, ultimately causing harm. Some of the underlying messages of these stories might sound like:

- “You just need to work hard”
- “If I can do it, so can you!”
- “Everything happens for a reason.”

Skillfully Sharing

In support of skillfully sharing from lived and living experience we invite you to review our recommendations for best practices and practices to avoid below. These considerations are accompanied by examples related to trauma & harm, medication and service providers. Though not an exhaustive list, these are topics that come up frequently in peer support relationships.

Trauma & Harm

AVOID: Sharing details about self-harm actions, suicide plans, violence, traumatic events, drug and substance use rituals and abuse. We also discourage glorifying, comparing or reminiscing on these topics.

DO: Acknowledge the different aspects of the experience, placing emphasis on impacts, learnings, feelings, thoughts and meanings.

Example: “I used to self-harm too, it helped me cope with things and gave me a sense of control, something I felt I had very little of at the time. In time I learned new coping strategies and slowly I was able to stop self-harming.”

Medication

AVOID: Sharing about specifics (e.g., dosages, names etc.), medical advice, encouraging or discouraging medications.

DO: Remain neutral. For some, medication is a part of their wellness journey and is of support; for others medication may not be something they wish to explore. Decisions about medication are personal. We can support people to bring questions to a medical professional should they want to know more about medication.

Example: “Medication and the process of finding the medications that work for you is personal. It’s about finding the best fit for you. I know for some people medication has been part of their journey and for others it has not. You have the right to be curious and ask questions about supportive options available to you.”

Service Providers

AVOID: Sharing about positive or negative experiences with specific service providers and encouraging or discouraging a service.

DO: Remain neutral. Experiences with services are personal. We can support people to explore options open to them and explore the different offerings of a service. Be sure to support their self-determination and honour the experiences people have with different providers. We can support people to share their needs, their gratitude and their concerns with services.

Example: I have had both positive and negative experiences with services. Sometimes you find a great fit, and sometimes it does not feel great. If a service is meeting your needs, that’s great! If there does not seem to be a fit we can explore other options.

Engaging with Others

Connected to Experiences

To support exploration of topics that we may consider difficult or triggering, it is important that we are connected to our experiences in a meaningful way. This necessitates that peer workers have coping tools and strategies to support themselves when these topics come up. The wellbeing of others is the primary focus in peer relationships.

Consumed by Experiences

When we are consumed by our experiences, we can become easily triggered or upset when others share about topics that intersect with our journey. We may find it difficult to support ourselves in these moments. It may also be challenging to remain focused on the wellbeing of others. We may find ourselves placing responsibility for our feelings on the person sharing those topics.

Removed from Experiences

When we are removed from our experiences, our ability to empathize with others may be reduced. Similar to when we are consumed by our experiences, we may also have challenges focusing on the wellbeing of others. Being removed from the impacts of challenges we once faced may result in shaming or blaming others, and impatience as they learn to navigate their circumstances and what is important to them.

Creating Change

Connected to Experiences

Making positive change can happen at multiple levels. When we are connected to our experiences, we are better able to collaborate with governments, organizations, institutions, communities, and teams. Conversations with these groups may include service offerings, policies and best practices, raising awareness of peer support and advocating for the needs of those with lived/living experiences in a way that is professional, assertive, and respectful.

Consumed by Experiences

When we are consumed by our experiences we may be unwilling or unable to collaborate with systems in a way that brings about positive change. We may find that the harm we have experienced within systems is still actively causing us distress, leaving us unable to hear different perspectives and creating a barrier to finding points of connection with others.

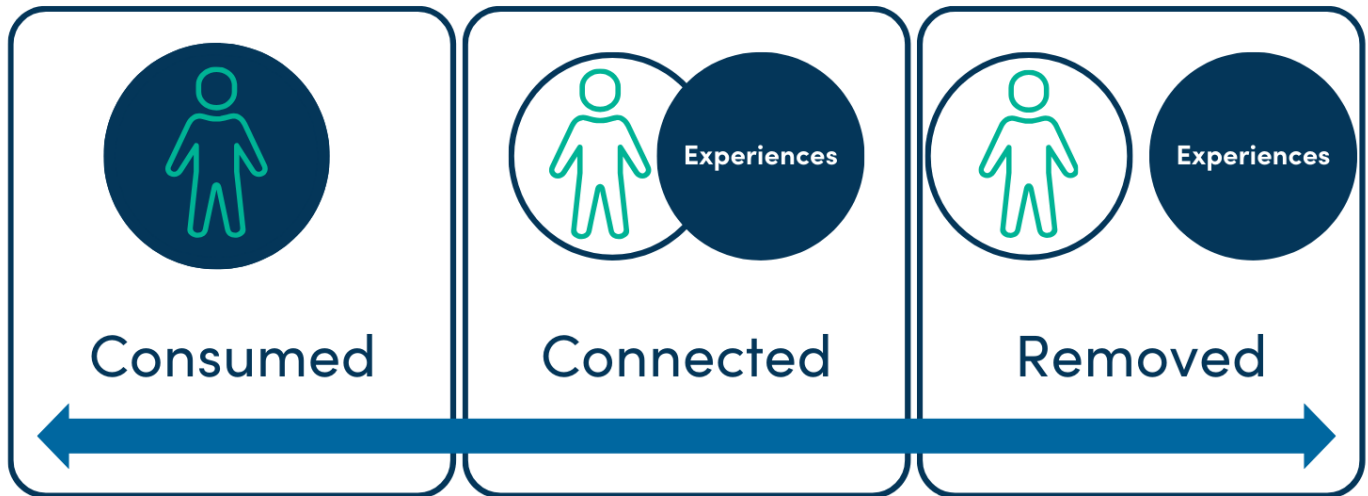
Removed from Experiences

When we are removed from our experiences, we may not see the need to advocate for change within current systems. We may disregard concerns from others, placing responsibility for wellness on individuals and discounting the impacts of the systems in which we exist on our health outcomes.

Examining Your Relationship to Your Experiences

Below you will see the Relationship to Lived Experience Spectrum aligned with the ways in which people share from their experiences, engage with others and create change as it relates to the different types of relationships we explored in this resource.

Relationship to Lived Experience Spectrum



Sharing Experiences		
<ul style="list-style-type: none"> • Oversharing from lived experiences • Sharing <i>Misery Stories</i> from a place of pain or struggle • Sharing for the purpose of receiving support 	<ul style="list-style-type: none"> • Selectively disclosing from lived experiences when it is of benefit to others • Sharing Resilience Stories that focus on impact, learning, actions and supports in a meaningful way 	<ul style="list-style-type: none"> • Minimal sharing from lived experiences • Sharing Glory Stories from a place of status or glorification • Unable to meaningfully use our expertise
Engaging With Others		
<ul style="list-style-type: none"> • Easily triggered or upset by difficult topics • Focusing on oneself instead of others • Placing responsibility for feelings on others 	<ul style="list-style-type: none"> • Supporting oneself through difficult conversations • Focusing on the wellbeing of others 	<ul style="list-style-type: none"> • Reduced ability to empathize with others • Focusing on oneself instead of others • Blaming or shaming others
Creating Change		
<ul style="list-style-type: none"> • Unwillingness to collaborate with systems 	<ul style="list-style-type: none"> • Collaborating with systems to bring about positive change 	<ul style="list-style-type: none"> • Unaware of the need to advocate for systemic change, attributing responsibility for wellness to individuals

To be an effective supporter, it is important to examine your relationship to your experiences. Being connected to our wellness journey ensures that we're better able to empathise with and meaningfully share in support of those engaging in services. As you explore your relationship with your lived experiences consider the following:

- Are you comfortable speaking about the barriers or challenges that you've navigated?
- How did you navigate these?
- What did you find supportive (e.g. personal practices or external supports)?
- What impact did/does your lived experience have on your life?
- What factors do you think contributed to your experiences?
- What meaning have you taken away from your experiences?
- What positive experiences happened in your journey?
- What are some of your current coping strategies?

If you feel that you're ready to begin developing your own Resilience Stories, we welcome you to explore our additional resources page below to explore next steps.

Additional Resources to Explore

All programming from Support House Centre for Innovation in Peer Support is delivered through our [Learning Centre & Resource Hub](#).

The **Learning Centre** provides a range of opportunities, including self-directed e-learning, facilitated learning programs, consultation services, and provincial communities of practice.

The **Resource Hub** houses our educational toolkits, documents, and videos. Together, these resources reflect current best practice in the delivery and implementation of Peer Support across Ontario.

Products on our Resource Hub:

- ***Developing Your Resilience Stories Toolkit***
- ***CHIME Recovery Processes***
- ***Guiding Standards of Peer Support*** (from Mental Health Commission of Canada, Peer Support Canada & Centre for Innovation in Peer Support)



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