Crestwood Recovery Resilience Solutions

The Power of Healing Relationships

by Dr. Lori Ashcraft

I miss Bill Anthony. He was a mentor to many of us, and I learned so much from him. He was a strong supporter of adding peers to the workforce, and since that was what I have been doing for the past 30 years, his intuition and insights were especially helpful to me.

Bill had a keen interest in the role of relationships in the healing process and intuitively knew that well trained peers would naturally be good at developing relationships that would support recovery. A fundamental point he often repeated over the past three decades was, "the most empirically supported principle of helping is that people who experience a positive relationship with a helper are more apt to achieve their goals." This has most certainly been true for me and I'm sure for many others as well. In fact, I recently found myself reliving this experience when I tried to make myself go back to the gym, AGAIN.

There I was, having the same conversation I've had with myself many times over the years. You know, the one where you tell yourself that exercise is good for you, and as you get older it's even more important to engage in regular activities, both cardiovascular and weight bearing? I kept putting off going and putting it off putting it off. Day after day, my intentions were laudable but my actions were nearly non-existent. I'm not sure what broke through my resistance, but I finally drug myself to the gym and signed up for an exercise program, resisting all the way.

A young woman in excellent form was assigned to me – "to get me started." She didn't seem to notice my resistance. Each time I completed one of the exercises, she praised me and told me how great I was doing. I didn't believe her, not for a minute. But by the time we were halfway through, she was beginning to rub off on me. I started feeling stronger and more agile. I even felt sort of proud of myself. When we finally finished, I may have even felt like I'd be willing to come back, but only if I could work with her. Over the next few weeks, I looked forward to seeing her; to having her cheer me on.

Then the gym reassigned her to mornings, and I had been coming in the afternoons. What was I going to do? My enthusiasm for going to the gym began to wane and I started feeling whinny. Desperate times call for desperate measures, so I changed my whole schedule around just so I could continue with her. Was this because she was an exceptional athlete? Was it because she knew all sorts of things about anatomy and physiology? Was she a brilliant "Tony Robbins" type of motivator? No, not especially. The thing was, she believed in me. She saw strengths in me that I had lost sight of. She reminded me of the progress we were making. But most of all, we had a relationship that floated me over the top of all my resistance, all my kicking and screaming, and all the stories I had made up about myself being too old, too out of shape, too unmotivated to do this important work. Oh, and let's not forget about " too fat" –which is my usual my go-to reason for everything. Most of all, she did not relate to me from the position of an expert, or even a coach. She related to me from a position of mutuality, as a peer.

I am reminded of a little research project undertaken by Dr. Bob Bohanske, who at the time was the chief of clinical services and clinical training at Southwest Behavioral Health in Arizona. Dr. Bob decided to put the effectiveness of a peer support workforce to the test. Since peers seem to have an inside track on recovery promoting relationships, he wanted to measure this. We'll skip all the research talk for now and will move on to outcomes. We already know that strength based relationships promote recovery better than a variety of modalities, but are peers really extra good at this? One of the tools Dr. Bob used was the core relationship index and ten item subscale of the recovery promoting relationship scale . This takes us back to Bill, since this scale was developed at Boston University by his colleague Zlatka Russinova.

Zlatka asked people receiving services to tell her what ingredients should be used to identify recovery promoting relationships. Now, listen to what they said and notice that they are all relationship based.

1. Having genuine respect for us
2. Helping us develop skills to cope and manage symptoms
3. Seeing us as persons apart from diagnosis and symptoms
4. Helping us accept and value ourselves
5. Listening to us without judgment
6. Believing in our potential to recover
7. Trusting the authenticity of our experience
8. Caring about us
9. Being accessible to us when we need help

10. Understanding us

As I read through this list, it becomes clear to me why my gym "Angel" was so effective in helping me become motivated to engage in self-care. She inadvertently used all ten of the above approaches. So as a "N of one" I can attest to these approaches being very effective.

Remember, Dr. Bob wanted to know if adding peers to the workforce really was a good idea. Knowing the power of strength-based relationships he thought this evaluation of peers would be a good test of their effectiveness. While Zlatka and her colleagues suggested a raw cutoff score of 72 for recovery promoting competencies, Dr. Bob used a more stringent raw score of 80 and even with that only four peers scored lower ranging from 49 to 78. Dr Bob's study demonstrated 3 interesting results:

Peers possess recovery promoting skills above those expected from traditional behavioral health staff.

Peers report that exercising recovery promoting skills with others enhanced their own recovery.

Individuals served by the peers improved or maintained their recovery over the four months of the study.

So thank you Dr. Bob and Dr. Zlatka!! Now we know that peer support is a viable approach to promoting recovery and when used appropriately can be perhaps even a little more effective than traditionally trained staff. This is not an attempt to throw traditionally trained providers under the bus. They can also achieve high levels of recovery promoting competencies when they use recovery prompting skills.

Let's finish up by getting back to the power of relationship. Why is relationship such a key component of the healing process, or maybe any process for that matter? Why is something that is so basic to our humanness -- we don't even have to go to school to learn it -- such a deal breaker? Why is it so often overlooked in the name of efficiency, which, based on the outcomes, is really very inefficient?

I often find my best answers deep inside myself and when I asked myself this question, memories of my mom's passing come to mind. Being with her throughout her dying process was the most painful and the most meaningful and touching moments of my life. My close relationship with her intensified the pain but I was also aware of the preciousness of each moment. The pain of losing my mom to brain cancer drew me to the pain of others in similar situations, leading me to become a volunteer hospice worker.

Learning from my own experience, I think the precious joy of experiencing the pain of another is life changing and growth producing, even though it hurts a lot. So maybe, just maybe, we avoid relationships with people who are vulnerable, who may, on the surface, be unappealing, who have

no status in our materialistic world, because, on a unconscious level, we don't want to feel their pain.

The truth is, Brene Brown (2018) so aptly puts it, "Love and belonging are irreducible needs of all men, women and children. We're hardwired for connection. It's what gives us purpose and meaning in our lives. The absence of love, belonging, and connection always leads to suffering."

So until we are willing to be in relationship with those we serve, our work will not produce the results we so desperately hope for. Also, as Rumi says, "We will not have anyone to walk us home."