Supported Education

2.2 Supporting and Communication Skills

A. Aspects of helping relationships

Any helping relationship presupposes a minimum of agreement between participants. A Supported Education role recovery-oriented process has as its central organizing theme a focus on the student's/client's own goals and aspirations. We have stated that unless the student/client has very specific needs, ones not essentially dependent on prolonged interpersonal contact, then the relationship itself functions as the vehicle for furthering empowerment—autonomy, freedom and self-authorization of own experience. Of course, we need not complicate matters and/or elevate ourselves to omnipotent partners in all cases, since many students/clients do perfectly well with temporally delimited services and specific and pragmatic interventions void of intimate personal needs. Nonetheless, an overwhelming percentage of students/clients articulate the importance of that accepting, non-judgmental important other as they embark upon the recovery process. Recovery processes on the whole necessitate time. At a minimum, then, a helping relationship must allocate enough time—as judged by the student/client—to allow for new growth and the necessary accommodation to new and desired functional levels.

If user and provider can agree on the most basic of consensual foundations, we can look more closely at what defines a good helping relationship. The concept of a working alliance is often central when identifying helpful relationships. Rogers (1951) outlined a half century ago factors that today stand as prerequisites for helping relationships. The following are deemed as minimum in our approach.

- Students/clients are free to determine their own agenda for their (educational) life and support and to describe their own subjective experience in their own way.
- They are in a relationship with someone who has faith in them, who listens empathetically and accurately for the deeper meanings of what they are communicating, and who deals with them honestly without roles or manipulation.
- The relationship is as egalitarian as possible without a "power-over" authoritarian posture.

A number of authors (e.g. Egan, 1975; Culley & Bond, 2004; Ross, 2003) choose to frame helping relationships as involving specific stages. For our purposes, it is enough to cite a bare minimum of general stages thought to derive from clients' perspectives (Egan, 2002):

(1) What is going on?—Helping students/clients to clarify and identify key issues calling for change.
(2) Which solutions make sense for me?—Helping students/clients see various possible outcomes from which to choose.
(3) What do I have to do to get what I want?—Helping students/clients develop strategies for accomplishing goals.

Although proponents of stage models often posit a linear progression moving from attending, exploration, understanding, and action, and culminating in termination, without underlining the ebb and flow of truly reciprocal helping relationships, we posit that recovery relationships are fluid, moving freely back and forth between presupposed stages. Keeping a focus on the three client-centered perspectives ensures fidelity to the student/client experience.

B. Interpersonal communication and fostering helping relationships

The field of interpersonal communication and interpersonal skills has wide-ranging applications. For our purposes, we need only emphasize those aspects pertaining to recovery-oriented helping relationships. Recovery-oriented helping relationships rest on "choosing, getting and keeping" reciprocally negotiated successful communication. We understand relationships in this context to be constituted by two equally valued participants, while accepting an asymmetry wherein focus is on the student's/client's goals. Staying close (by showing respect and understanding) to the student's/client's experience, thoughts and feelings, even and perhaps especially when they deviate from one's own, necessitates a decentering of one's own perspective, one that furthers respect and a sense of security in the face of inevitable tension.

Acknowledging that most students/clients have the capacity to help themselves is of equal importance to the practitioner's willingness to help. SEd counselors presumably enter into helping relationships with a genuine wish to assist the student in unlocking latent capacities. Wanting to help is a minimum, though we know that some people are naturally better helpers than others.

We should note that a recovery-oriented service should be able to offer at least one alternative helper if interpersonal communication breaks down beyond repair. We know that some people just can't seem to work together. It is also advisable to have both genders in staff so that users can choose accordingly. Furthermore, SEd services must regularly allow for internal evaluation and mutually reinforcing supervision for its staff, possibly from outside expertise when necessary. A safe and trusted arena for assessing both successful and unsuccessful experiences is an absolute minimum.

We cannot do justice to the topics of interpersonal communication and interpersonal skill in this toolkit. We can, however, recommend as a thorough reference text *Interpersonal Communication: Relating to Others* (Beebe, Beebe, & Redmond, 2010). The book breaks down communication into logical components and argues that skills can be learned and enhanced. What we want to point out here is that the maintenance of the helping relationship requires continual reevaluation of the working alliance with the student's/client's goals and aspirations as the guiding light. Any SEd service should, from its initiation, plan to allocate

both time and expertise to the dilemmas and intricacies inherent in communication wherein individuals must relate to one another over time and with a wide platform of reciprocal determination.

C. Supporting and communication skills

The most critical communication and supporting skills in the Supported Education process are detailed below.

Supported Education Task	**Relevant Practitioner Competencies**
Connecting	Orienting Demonstrating understanding Self-disclosing Inspiring hope Requesting information
Personal Support	Encouraging Advocating Inspiring hope Confronting Directing

Adapted from: Anthony et al. (2002). *Psychiatric Rehabilitation*. Boston, MA: Boston University, Center for Psychiatric Rehabilitation

Conclusion

Following the foundation of recovery outlined above, we do not make judgments about student choices; we are not “gate-keepers”. Students are expected to follow and pass normal educational institution demands, though we often assist students in collaborating with said institutions so that each student’s knowledge is best evaluated whether such knowledge is presented orally or written or as consequence of group presentations.

SEd counselors will experience the tensions surrounding the provision of role recovery (Supported Education) services and risk aversion. As an example, the following fictional anecdote is offered.

> A young man seeks inclusion in SEd services after many years of treatment at a large mental institution. At 19, as he is finishing his high school degree, he is stricken with a serious psychotic episode leading to a prolonged in-house

treatment regime assuming near total control over his life. Before this “life-threatening” experience, he harbored a dream to become a doctor and his academic achievements supported this dream. A well-meaning case-management team had throughout his time in the institution made decisions for him, and they advised strongly against his aspirations. In fact, as he reported on completion of his treatment, this advice took on the form of admonition wherein his dreams, if pursued, were framed as certain failure scenarios and even as a possible cause for regression into further psychosis. A confrontational relationship developed and his persistence in and of itself was considered evidence of a continued state of delusion.

This student nonetheless approaches SEd services with the hope that he will receive assistance in achieving his long-held dream of becoming a doctor. The initial interview leaves SEd counselors worried that his dreams may be unattainable. Nonetheless, and with the recovery model as a guiding force, SEd services are instigated to follow his plans. These entail helping to structure studies and skills-attainment of study techniques, gaining access to student welfare services, and ongoing discussions with medical school personnel. This student expresses gratitude for the help provided, citing specifically the respect and validation inherent in the relationship with the SEd counselor as an absolute necessary factor in furthering his own capacity to attempt a reintegration into what he defined as his natural place in society.

After three months of extensive exertion, and although his intellectual capacity was still capable of attaining knowledge as required by the institution, he approaches the SEd counselor with the wish to change his subject of study to “medical assistant”. His reasoning for this is that he has come to the conclusion that the total amount of work involved in combination with the future work and responsibility envisioned would tax his resources so much as to lower his long-term quality of life. He has now finished his degree and is in full employment.

He states in his final SEd session that he would never have been able to come to this conclusion without having had the support to try, and hence “own” his narrative and subsequent trajectory. Had we advised against medical school, he would not have accepted SEd services, nor experienced the personal development allowing for a new and for him more appropriate equilibrium. He explains that SEd support was like having a trusted accomplice walk beside him rather than in front of him. With this support, he was able to change direction without feeling shame or animosity and he was thus capable of accepting help from the same SEd counselor toward obtaining new goals.

His story is one of many supporting what we reported earlier from the independent national evaluation of SEd services in Norway and expressed here by Anthony et al. (2002):

> Seemingly universal in the recovery concept is the notion that critical to one's recovery is a person or persons in whom one can trust to "be there" in times of need.