

Best Practice in Teaching and Learning of: IGPB, Amsterdam, the Netherlands

1. What is your definition of experience based learning?

Experience based learning is a process of learning that is based on reflection on ones own experiences. These experiences may be experiences from the past, but can also be experiences in the present. The learning process in itself generates new experiences which should be hopeful and constructive for a better way of life. In the process of experience based learning reflections are related to real actions in the real world.

Most of the time experience based learning processes in the context of 'recovery', are communicative processes in which one relates ones own experiences to the experiences of others. In such contexts ones individual recovery has the potential of contributing to the recovery of others, to the building of a community and to reinforce the users' movement. Becoming a "we" (1ste person plural), and being able to recognize oneself in others can be important aspects of recovery.

Users knowledge can be grounded in users practices which are more or less well defined as a method or a way of action, like a WRAP or a self-help group. What is learned is 'held together' by the structure of such a method.

In connection to 'recovery' the experience of ones own crisis(es) and the ability to relate to the crisis(es) of others is essential. Crisis experiences are the ground for learning. In order to grow one needs to relate to that ground.

Experience based learning doesn't happen in isolation. One needs to relate to the knowledge and perspectives of others, peers as well as 'professionals'. Think, for example, of the need to relate to diagnostic knowledge or knowledge about medication. In relation to experience based learning the role of the 'professional' is crucial. He or she can disrupt the process of experience based learning by taking decisions for a client, influence the client by authority based on schooling and positions, or manipulate the clients by his or her function as gatekeeper. In order to support experience based learning it is very important that professionals are aware of their own choices and actions.

2. What do / would you call your best practice?

Best practices in relation to learning are practices which speed up learning processes in a specified time schedule. If they are courses, these courses encourage people to reflect on their own experiences, and share experiences with others. These experiences may be from the past, as well as current experiences and actions. They encourage communication that deals with topics which are essential for recovery.

From the Netherlands we will introduce the Friends houses. Interesting about a Friends house is that current experiences and actions are actually there; it is a house where people live. With our choice for the Friends houses we want to give the topic of the relation between the communication during a course in a 'class room', and the life that people live outside of such rooms a place in our conversations on the Empowerment College. We are not saying that Friends houses are necessarily better for the recovery people than a 'class room' where people come to do a course, but we do say that the relation between the communication during a course and the real lives of people is essential for recovery. We would like to invite all participants to look at this aspect of their respective best practices. Probably concepts like

'honesty' and 'thoroughness' (compare with the program of the AA), are keys in the relation between the communication during a course, and peoples real lives.

A best practice is something different from a best idea. In a best practice one is allowed to make mistakes and a crisis or conflict is seen as a chance for learning.

In many practices this does not happen. When for example the communication in a practice is organized in such a way that everything is running smooth, conflicts and tensions are avoided, and the practice gets isolated from real life (in a therapeutically context) it may be difficult to generate learning experiences that relate to life outside. A best practice is a practice where the participants try to act according to common and human values and norms, but also where it becomes clear that this is an endeavour, which asks for an effort.

3. Brief description / goal of your best practice

4. When did you start it?

What were the reasons / motives to introduce and continue your best practice?

What was your starting situation?

5. Please describe your best practice:

Which learning goal/targets does your best practice have?

Which (learning or teaching) methods are used?

Which themes are addressed?

Which resources are used?

What requirements do the participants have to fulfil?

What standards does your best practice have?

Friends Houses (Vriendenhuizen, VriendGGZ)

Friends Houses in The Netherlands started in 2010. At this moment (2017) we have 8 houses in different villages and cities. They are houses where 8 – 10 people can live for some time. The residents are supported in recovery. They run a household together. They are supported also in administration, getting social benefits, finding a house, etc.

The Friends Houses are all part of a co-op called Vriend GGZ. The goal of Vriend GGZ is to offer ambulant support to people who have psychiatric and social problems and who have to take effort to participate in society in a, according to themselves, acceptable way. In terms of the German sociologist Jürgen Habermas one could say that the Friends Houses are a lifeworld and not a system. The practices of the different Friends Houses develop in communication between the people that live and work in that house, and is not so much a system imposed from above. The Friends Houses are a lifeworld where you can put on your life on track, where you can feel safe and where you can work on your personal, social and societal recovery. In the Friends Houses people run, together with peer support workers, their own household. People make different steps to participate in society like doing voluntary work, social activities, recreation, sport, and healthy living. In a Friends House people get the chance to develop themselves towards peer support workers who can work in a Friends House on a payed or non-payad basis. If you are a peer-supporter you are expected to support others in their recovery. If you are not or not anymore a resident you can ask for ambulant support, which is also oriented on recovery.

Recovery: self examination

Basis for recovery in a Friend House is that you discover yourself by learning about yourself and examine yourself. People are stimulated to do so. Examining yourself means that you look

at yourself, and accept that others question you. Examining yourself also happens via recognition in others. Peer supporters are role models and give examples about how you can work on your recovery, how you can deal with conflicts and emotions and how to find solutions that fit you best. Experiences with psychiatric diagnostics, psychotherapy and medication are important sources of knowledge which are shared among each other. Exploring yourself may be deepened by psychotherapies or in conversations with other professional workers who are able to create insight in for example the relations between a vulnerability or a survival strategy and an earlier life experience or trauma. It is not only the individual recovery history which is important, but also experiences with for example broken families, or exclusion. Working through these experiences in a Friends House are a start towards new and positive experiences in building a community.

Recovery: new roles

Supporting recovery means that you try to bring hope that recovery is possible. It means f.e. that you can learn to take responsibility for your own decisions and for your share in doing the household in a Friends House. Support starts from our own capacities and strengths, and the capacity to be in control over your own life. Support is not directed towards illness or disturbance, but to deal with your vulnerabilities. Most of the times this means that you have to learn to change non-effective or destructive survival strategies and that you have to look for new ways to deal with conflicts and emotions. It is an aim in the Friends Houses to make use of everyone's ability to learn and to develop and change, not only the ability of the resident, but also the ability of the (peer) supporter, the mental health professional, the family and those who are connected from the broader society.

A fundamental point is that the roles of everybody are interchangeable: everybody can ask for support or give support, everybody has needs and everybody can play a role to fulfil these needs and give attention to others.

A Friends House is not organized as a system world but as a lifeworld where you can learn to fill in your own life. Friends Houses should be safe for the participants, safe enough to deal with your vulnerabilities, where you are accepted, where you can be yourself, where you find the time to recover in your own tempo and where you find the opportunities to connect to the others (to build a community). Taking care of the safety in the house is a responsibility for all people in the house, and in itself part of recovery.

Peer Experts

Peer experts in the Friends Houses make use of their experiences with personal, social and societal recovery, to generate hope en support each other. They are a role model for others and give examples how to support others, how to act as a peer expert, how to ask for support if necessary and how to accept support if you need that. All peer experts have their own self management plan in which they have written down what are their vulnerabilities, how they can be confronted with these vulnerabilities in their work as a peer expert, how they deal with that and how they want others to take account of it and deal with it in a supportive way.

Peer experts in Vriend GGZ donot have a strict and well described position and function which is laid down in their contracts. They work on the basis of what is asked from them by the residents. It is however important that they are present and generous, that they are able to communicate in an open way, and that they are aware of all opportunities to learn how to cope with problems, take responsibility for own choices and shared choices in the house.

Communication / Courses

Communication is supportive with a basic attitude of listening, and inviting to share experiences.

Not only experiences from the past, but also in the present, in the Friends House, in mental health care or in society. Communication is directed towards giving and receiving feedback. Techniques of non-violent communication and motivating communication are practised and peer experts are trained in an attitude to listen with an open mind, allow to take time, and understand others through recognition. A dialogue can be between two persons but also in

groups, for example in a house meeting where the state of affairs and the distribution of tasks in an Friends House is discussed.

Group meetings are also organized in training sessions or courses, like recovery courses. Examples are training programs on open dialogue, mutual support, and dealing with emotions.

Cooperation with other organizations

Friends Houses work closely together with other services in mental health care and addiction treatment programs, but Friends Houses do not offer treatments themselves. For offering treatments they are dependent on mental healthcare services. One of the endeavours of the Friends Houses is that residents who need special treatments, get a good access to these treatment programs and to take care that these treatments are supportive for recovery. Oftentimes one has doubts about this, especially when there is too much medical treatment or coercive treatment. Peer experts in the Friends Houses support residents to get access to good mental health care and they are discussing with residents what might be good care for them and how to discuss this with a doctor or therapist. If necessary a peer supporter joins a resident to a meeting where a treatment plan is discussed and decided. In practice it appears that different complications have to be confronted like limited accessibility of crisis help, use of coercion, too much orientation on medication and illness approaches while psychotherapy or trauma treatment would be more appropriate.

Friends Houses also cooperate closely with social services like those who deal with social benefits, insurances, housing, dealing with debts, etc. A lot of residents temporarily lack houses or income or have debts. When a person stays in a Friends House he or she is also responsible for paying rent, but this is of course impossible when there is no income. For those, first aid is dealing with getting social benefits. Residents with debts are supported to get access to a program on solving debts. People without housing are supported to get contact with housing companies. These are the first steps in societal recovery. Next steps are to take responsibility for the communal household in a Friends House. Living together often leads to some conflicts and everyone has to learn to deal with tensions or discontent in a constructive way, leaving behind old survival strategies. These are the main steps toward social recovery. For some it also leads to opportunities to work as a peer expert. This is possible in a Friends House but some may find a job as peer expert in another company.

Friends Houses and Society

Participating in society is a main goal for Vriend GGZ. The Friends Houses are get budgets of the local governments which are meant to stimulate participation in society. The Friends Houses give opportunity to make friends, overcome loneliness, become part of a community, create new and positive experiences, work as a volunteer or even in a paid position as a peer worker. A lot of residents do not, at the beginning, feel to be part of society, have withdrawn from society, feel excluded or exclude themselves. Through a Friends House they make the first steps back in society and get control over their life. By being active in a Friends House and outside they contribute to society and may feel good about that too. The democratic processes in a Friends House lead to involvement and engagement. They influence society by being both critical and by offering an alternative to hospitalization, sheltered housing, and stranded mental health care. In its own way Friends Houses are small scale, warm, home made and also fragile initiatives, innovative and critical to exclusive cultures.

6. What did you learn from your experiences with your best practice?

Staying in a Friends House is for the person part of a process of recovery. People in a Friends House stay there, often for a longer period, because they have a problem with their housing-situation and/or the capacity to live independently. The risk is that they consider the Friends House as a 'waiting room' before continuing their lives. With this attitude it is possible that their stay in the Friends House becomes damaging, instead of a contribution to their recovery. No focus on recovery, and lack of in depth communication, can make Friends Houses into unsafe places where people act out their problems.

What are the outcomes of your best practice?

In 2016 we made an outcome review on the basis of an effect study. It shows that people come to a FriendsHouse with goals and motives which cover the range of personal, social and societal recovery goals. These goals are all specified in a list of 20 concrete statements. When asked to the respondents whether and to what degree they reach their goals, the majority of responders is positive (++ or +) and a small minority negative (-). When you compare the group with a certain goal or motive (f.e. making more friends) to the group of respondents who did not mention this goal, the positive effects are larger in the first group but also in the second group respondents report positive outcomes. This is seen as positive side effect. The majority in the second group answers neutral (+/-) = no change

7. How might these experiences be useful to the Empowerment College?

The Friends Houses are a context where we could test the empowerment college. In that case it is important to define the starting conditions for a course as well as possible because these conditions differ from a Recovery College. It is especially interesting to discover how a constructive relation can be organized between a recovery practice like a Friends House and an Empowerment Course.

Of course it is also possible to use the evaluative method used in the Friends House (describe the learning effects only on the explicated goals and motives of the learners).

8. Is there anything else that is important in this context?

9. Research and Literature

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