

The Human Connection

The Important Things

What do we value most in life? Most of us wish to be surrounded by affection and understanding, with people who recognize and celebrate our individuality and forgive us our faults. Feeling respected and loved, the feeling of belonging, is essential to our growth and happiness. Psychologist Abraham Maslow recognized these human needs in his famous “Hierarchy of Needs” in 1954.

With very few exceptions, humans deeply desire meaningful connections with others. For people coping with trauma and mental health challenges, this need is even greater. There’s no telling who that special someone might be; everyone can be involved in recovery. Beyond the nurses and doctors, social workers and care aides and peer advocates, look to the cleaning crew... the food service staff... the administrative assistant.

*“Shared joy is a double joy; shared sorrow is half a sorrow.”
Swedish Proverb*

It is crucial to remember that the human connection is among the most important work mental health program staff can provide. When asked what has made the most difference in their recovery, most people point to a personal connection with a staff member, with family, with a friend, with a peer.

“Basically, the only thing we need is a hand that rests on our own, that wishes it well, that sometimes guides us.” Hector Bianciotti

The acceptance, openness and ready ear of another human being is paramount. For many, it is even more important than medication and formal therapy. It is every program’s mission to recognize opportunities to make a connection.

“When something is missing in your life, it usually turns out to be someone.” Robert Brault

How do we start?

The following questions may be helpful as you consider how to empower your staff:

1. How do we find someone within our organization whose language or cultural background is similar to a recipient's? How can we help that employee make a connection?
2. How do we encourage non-professional, non-direct care staff who enter the unit to say hi and engage people in conversation? How do we train these staff members?
3. What can we do at the beginning of each shift to motivate our staff and start them off with a positive feeling about their work and their mission? What can we offer at the end of each shift?
4. How do we encourage staff to explore their own family history and consider how it impacts their approach to mental health work?
5. How do we provide a sense of family and community, instead of an atmosphere of control and limit-setting? How can we empower our staff to break non-essential rules if they see an opportunity and a need?
6. How do we encourage staff to share their skills and hobbies (music, cooking, baking, crafts, games, reading, yoga, physical fitness, etc.) at the program? How do we make time and space for joyful activities, for unexpected, unplanned fun? Do our staff know how to help recipients combat feelings of loneliness, helplessness and boredom?
7. How do we make sure families, friends, and pets are welcomed as an essential part of recovery?
8. How do we include recipients in decision-making? How do we recognize staff and recipients for positive actions?
9. How do we train staff in understanding the science of trauma, and how to deliver trauma-informed care?
10. Do our staff love what they do? If not, why not? How can we help them?
11. How do we help our staff members calm down when they are irritated, upset or angry? How do we take care of our staff? How do we let them know they are valued? Do we treat our staff members with respect, knowing that they will treat others as they have been treated?
12. Does our program have a Comfort Room or comforting items to help provide relaxation? Do our staff know how and when to offer their use? Do we know how to create individualized comfort boxes? How do our staff view the use of these tools?

*"Someone to tell it to is one of the fundamental needs of human beings."
Miles Franklin*

Tools

Another strategy a provider can use to raise self-awareness is to have staff rate their own Adverse Childhood Experiences (ACE) score. This can be done in collaboration with an adult peer-partner.

It clearly shows the link between adverse childhood experiences and health challenges, and informs staff of their own risk, often motivating them to look at their own issues and pursue further personal and professional development.

The ACE Study website:

<http://www.acestudy.org/> 

ACE Self-Test:

http://www.acestudy.org/files/ACE_Score_Calculator.pdf 

“The healing, it seems, depends on a mystery: not the mystery of causes and cures, but the mystery of what happens when two people make a connection that promises to endure.”

**From “Crazy Enough to Care”
by Brad Edmonson
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