

# *'Survive To Thrive'*

## Peer Support Handbook



**AIDS Bereavement Project of Ontario**

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# *'Survive To Thrive'*

# Peer Support Handbook

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Toronto, Ontario  
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\*Peer support training material adapted, with permission, from  
A. Kracen (ed), (2003) and N. Mullins (ed), 2004.  
*Student Counselling Service*, Trinity College, Dublin, Ireland

# Peer Support Handbook

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# CHAPTER ONE

## What Is Peer Support?

*Adapted from Tindall (1995).*

A peer group is defined as a collective unit in which the members share some common characteristics. **The individuals usually share related values, experiences and lifestyles and are approximately the same age.** As PHAs often share a distinctive history and a particular social context, they are often the first point of contact in times of distress and therefore play a valuable role in support. Frequently, when a crisis arises, peers are willing to give their time and to offer themselves in the role of listener when professional help is not perceived to be available, accessible, or advantageous.

Peer support is defined as a variety of interpersonal helping behaviours assumed by non-professionals who undertake a helping role with others. It includes one-to-one helping relationships, group leadership, discussion leadership, advisement, tutoring, mentoring, and all activities of an interpersonal helping or assisting nature.

The term 'peer supporter' refers to a person who assumes the role of a helping person with contemporaries. **The most obvious role of peer supporters in AIDS-impacted communities is meeting fellow PHAs individually to listen, advise, refer and provide general support.** Some of the types of assistance given by peer supporters on an individual basis include:

- Talking about their personal problems related to life with HIV/AIDS
- Exploring solutions for some problems
- Finding and giving information
- Referring peers to other sources of help in the community.

Peer supporters are not responsible for providing solutions to problems, nor should this be the focus of peer conversations. Instead, the role (whether formal or informal) is to be there as a listener and to help *explore* problems, thereby allowing a person to realize alternative actions or solutions. Often people think they must help a peer solve a problem; however most of the time, we can best assist by dissecting and understanding the issues at hand (questions are key to this process!). People tend to come to their own conclusions and resolve the problems themselves.

**Peer supporters can also be effective in group settings.** Their training enables them to be used as group leaders, assistants in support groups, presenters, or as communication skills trainers in workshops. They can also help to train new groups of peer supporters.

## A Framework for Stages of Peer Support, Self-Help/Mutual Aid

(Some valuable lessons learned from T.J. Borkman (1999) *Understanding Self-Help/Mutual Aid*)

**1. A Framework:** (*chart on page 7*) This framework of peer support/mutual aid incorporates stages of transformation in people who are making changes. It considers human agency, taking responsibility for one's actions, and the changes in identity from being a victim to a survivor.

**2. Defining Peer:** Peer encompasses the notion of sharing '**experiential knowledge**'. The person experiencing the 'problem' firsthand has a different set of interests in the way the situation is defined and the strategies developed to live with it. He/she is personally experiencing the 'problem': physically, emotionally, mentally and spiritually, with his or her social networks and with various aspects of identity and material interests involved. This lived reality becomes a source of experiential knowledge and wisdom.

**3. A whole person:** In peer/mutual aid settings, individuals participate as whole persons, as a unity: a physical body with mental capacities, emotions and feelings, a social identity, a spirit (which encompasses meaning and hope). This is in contrast with the segmented roles of being the patient with a physician or the client with professional staff. In peer/mutual aid settings, an individual's personality is known to others, public facades can be dropped, the vulnerability, sharing and intimate exposure takes places within a situation of reciprocal and mutual exchange.

**4. The type of knowledge:** A central distinguishing feature of peer/mutual aid support is the reliance on information and wisdom gained from working through one's personal experience of the 'problem' in a network of experientially similar peers. This **experientially grounded knowledge** becomes a major basis of authority in the group. Experiential knowledge is truth based on personal experience with a phenomenon rather than information gained by hearsay, lay knowledge or professional knowledge.

**5. Limitations:** However, not all people who undergo an experience become knowledgeable about it. They do not develop a coherent sense of the experience, cannot use what they have learned from it, and cannot articulate what they know having lived through the experience. A reflective process is necessary to convert 'raw experience' into meaningful knowledge, which implies some form, coherence and meaning. A reflective process can be experienced by oneself or with others.

**6. Reflective process:** A key aspect of peer/mutual aid is that the reflective process occurs with others who share the same experience and thus have specialized knowledge about it and a personal stake in its interpretations. This communal learning can produce '**collective experiential knowledge**' which is qualitatively different from one's personal interpretation of experience. The voluntary context of peers attending to one another's problems for mutual benefit provides significantly different dynamics than those created by political advocacy groups or the promotion of one's career or financial position.

**7. Understanding the stages of peer support:** A useful analogy for understanding **the stages** of peer support is the learning stages through which crafts-people, or trades people, progress:

- **Stage 1: Victim** = an apprentice who needs instruction and guidance while learning basic skills.
- **Stage 2: Survivor** = a more seasoned crafts-person who can work independently on routine issues.
- **Stage 3: "Elder"** = a master crafts-person who handles specialized and routine aspects of the work and can instruct an apprentice and guide others in the field.

**8. Transformation:** For transformation to be part of these cycles of learning, a **liberating meaning-perspective** is essential to enable participants to effect identity and behaviour changes.

**9. Cycles of learning in peer support/mutual aid settings** (from formalized individual relationships to ongoing support groups)

**Stage 1:** new members need to learn the 'meaning-perspective' of the group and begin to retell their story in terms of that meaning-perspective. A sense of isolation and uniqueness are reduced when individuals are understood and do not have to explain or defend themselves.

At some point they are told by others, or begin to recognize, that they are helping others- as well as receiving help through their participation. No matter how painful their experience has been, it can help others- even struggling through the pain can give hope to another. Being helpful to others, **rather than just the recipient of help**, is a critical dynamic of mutual aid that builds confidence and self-esteem. It is also a hallmark of a new form of volunteerism. The exchange of experiences, solace and encouragement by peers forms a nurturing environment.

**Stage 2:** The newcomer in Stage 1 may initially receive more than he or she gives, but the equation soon changes by Stage 2 to a more balanced giving and receiving as individuals heal and reach out to others. The learning is like a spiral. Peers gradually accumulate experiential knowledge and trust **what they know** – by reinterpreting their past experiences in the group as ‘experiential knowledge’. By the end of Stage 2, the peer has learned the meaning-perspective of the group and is adopting the more positive and hopeful identity that is available from it.

Stage 2 (and 3) individuals take responsibility for changing their identity and behaviour, facilitated by the **social technology of storytelling**. Telling your story in ‘I’ terms highlights how you view yourself: as a passive reactor or an active agent. Taking responsibility for resolving one’s problems, whatever they are, leads to self-determination.

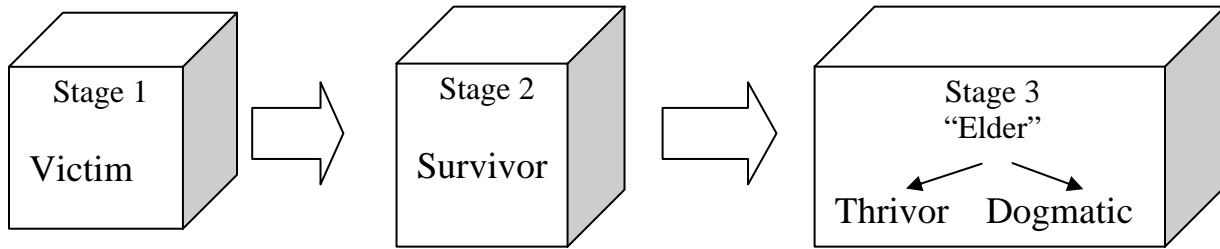
**Stage 3:** This third stage of maturity occurs for some individuals. These individuals have continued to participate in the peer/mutual aid settings and are certain about their experiential understanding over time and have now become **experiential authorities**. They may lead groups, become advocates or mentors and develop a reputation for being ‘professional experientialists’ able to represent individuals with that ‘problem’.

However, Stage 3 maturity can evolve in 2 directions. Some people grow and thrive, continuing to learn and change and become ‘elder statesman’, leaders who are available to help others but don’t need to be in the spotlight. **Others can become ossified**. Their certainty leads them to become opinionated and dogmatic. They can become authoritarian: “there is one right way to deal with this situation and they have the answer”.

**Passing through all 3 stages is not inevitable.** A person can participate in ongoing self help groups without moving from one stage to another. They can stop at any stage. Most individuals remain at Stage 2: they become comfortable with themselves and their survivor identity. Only a small number of participants continue to develop to Stage 3.

## Stages of Experiential Development for Individuals

\* adapted from T.J. Borkman (1999) *Understanding Self-Help/Mutual Aid*



### Characteristics of Each Stage

| <b><i>Identity</i></b>                   | <b><u>Victim</u></b>   | <b><u>Survivor</u></b>  | <b><u>"Elder":<br/>Thrivor</u></b>   | <b><u>"Elder":<br/>Dogmatic</u></b>  |
|--|--|---|--|--|
| <b><i>Use of personal experience</i></b> | Raw, unreflected experience  | Confident of experiential knowledge   | Certain of core experiential knowledge   | Dogmatic about experiential know-how   |
| <b><i>Situation</i></b>                  | Hurting & wounded<br><br>Negative feelings of anger, despair, fear | Stronger sense of healing<br><br>Both positive & negative range of emotions | Feels both strong & vulnerable<br><br>Growing & learning<br><br>Can reframe negative experiences | Strong<br><br>Stagnant & closed<br><br>Can reframe negative experiences      |
| <b><i>Self-Esteem</i></b>                | Shattered  | Rebuilding  | High   | Moderate   |
| <b><i>Help-Status</i></b>                | Needy & vulnerable   | Helps others<br><br>Can identify own needs & ask for help                   | Advocate, leader, guide<br><br>Recognizes own needs & differentiates needs of others             | Conditional help given to others<br><br>Advocate<br><br>Recognizes own needs |
| <b><i>Subjectivity</i></b>               | Reactive<br><br>Action unconnected to consequences                 | Self-determination<br><br>Takes responsibility for consequences of actions  | Self-mastery<br><br>Takes responsibility   | Self-mastery<br><br>Takes responsibility                                     |

## CHAPTER TWO

### Self-Awareness: Values, beliefs, and attitudes

We benefit from better understandings of ourselves. In doing so we gain a greater awareness of our own actions, but also of our interactions with other people. Becoming aware of our own thoughts and feelings is the first step in the process of becoming an effective peer supporter. If we are aware of our own personal beliefs and feelings, we are better able to ensure that we do not impose them on others.

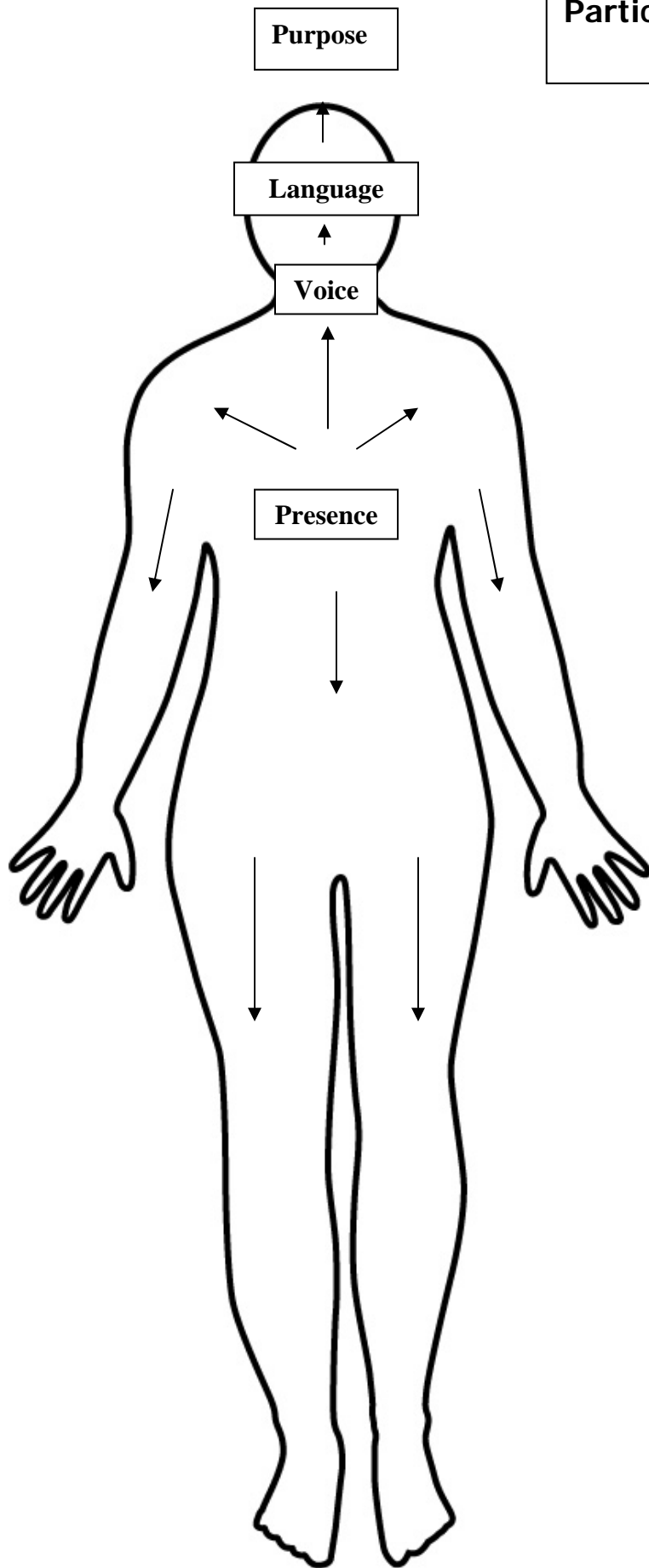
It is helpful to tease out what prejudices exist in our society, community, and ourselves. Unfortunately, personal prejudices can and do colour our individual ways of being. Much of the time we are unaware of the ways in which we might influence a relationship, situation, or event by our own bias. Often we are not even conscious of holding a particular view. As AIDS -impacted populations become more diverse, it is helpful to think about the different experiences people with HIV may have in their particular environments. While they may have similar needs to those of other PHAs, many also face additional hurdles. Thus, it is important to consider the richness and implications of a widely diverse HIV population. In becoming more aware of your personal values, beliefs and attitudes, you will be able to see the importance of considering issues and situations from another's point of view.

We all have our own unique combination of values, beliefs and attitudes that influence how we see and make sense of our experience and situations. As a peer supporter, it is important be really clear about, *then suspend*, our own world view as we try to be objective and non-judgemental in order to gain some understanding of the others position. We are able to respond better to others when we are aware of our biases, and work to put those aside to really hear and understand the reality of another.

**Activity: Think about yourself in a reflective manner. Ask yourself:**

- How do I go about becoming aware of myself?
- How do I become aware of my beliefs and perceptions of the world around me?
- What would prevent me from remaining open and impartial while helping a peer?
- How are my personal values, beliefs and attitudes implicated?

**Participating with Capacity**



## CHAPTER THREE

### The 3 core conditions of peer support:

To facilitate peers, it is helpful to understand the three core conditions of effective peer support – *acceptance, genuineness, and empathy* (Rogers, 1961/ 1977).

These conditions create a climate in which a person can feel able to discuss and explore personal issues and problems. Such a climate also encourages a sense of equality and co-operation among peers. Feedback from other peer support programs suggests that the 'peer' and the 'support' ingredients were the most beneficial aspects of a peer-based program, as individuals felt comfortable approaching their peers with their difficulties when they perceived them as equals.

#### **The ideal supporter**

*Adapted from Brown (1998).*

##### **Aim:**

To identify the behaviours and personal qualities that are useful for an effective helper; to introduce the core conditions of peer support – acceptance, genuineness, and empathy

##### **Activity :**

**In this activity, you are asked to reflect on a past problem and to think about the person that you turned to for help. What qualities and behaviours did that person possess?** By identifying such attributes in others, you should gain an understanding of useful behaviours that you can use when interacting with peers.

**Question 1: What was it about the person that made you choose them?**

**Question 2: What specific aspects of their personality or behaviour did you find helpful?**

**Question 3: What did they say or do which may have helped you to relax and encouraged you to confide in them?**

### **Discussion about core conditions embedded in supportive relationships**

#### **ACCEPTANCE**

Communicate an atmosphere of respect and safety by:

- Accepting them for who and what they are
- Respecting the individual's beliefs
- Valuing them and their views
- Being non-judgmental
- Actively listening
- Being attentive
- Keeping confidentiality

#### **GENUINENESS**

Communicate your true interest in a person and build trust by being:

- Authentic
- Straightforward
- Truthful
- Sincere
- Open and clear

## **EMPATHY**

Communicate that you are trying to understand a person's unique situation by:

- Caring to understand what is really "going on" for a person
- Asking relevant questions about a person's circumstances
- Thinking, acting and feeling in the person's interest
- Refraining from making assumptions or judgements

### **What is empathy?**

According to Kennedy and Charles (2001, p. 5), empathy is "the ability to understand what another is feeling without necessarily feeling the emotion ourselves".

Brown (1998) defines empathy as, "...temporarily living in other's world whilst keeping a foot in your own, seeing the issues through the other's eyes, feeling their emotions whilst controlling your own, remaining impartial without judging or sympathizing. Empathy isn't about sympathy or feeling sorry for the person, or getting emotionally involved or making assumptions. It is about seeing things from another's point of view, trying hard to interpret the other person's meaning and to see the world as they see it. It requires a great degree of skill and experience."

#### **A Jazz Simile for Empathy**

"You cannot simply *hear* jazz. It is much more than hearing the horns, woodwinds and so on. To really listen to jazz, you must lie down on the couch and close your eyes. You feel the beat. You imagine what might be going on inside those players. You get wrapped up in the music...". (Stone & Keefauver, 1990) Empathy is like jazz. Jazz requires listening to the experience, rather than just hearing the instruments. Similarly, an empathic person listens completely and gets into another person's story *and* situation. The listener appreciates the variations and tones that are unique to that person.

*(Adapted from Spozio)*

**Activity:**

**Based on these 3 core elements of peer support**, think about relevant examples to illustrate the meaning of the concepts. These examples might be something you have done, or would do, or examples you've seen used by others. Be concrete and specific.

**1. Acceptance**

When helping others, you need to demonstrate that you accept and respect them for who and what they are. They need to feel safe to share and explore problems without the threat of embarrassment or ridicule.

I do this by:

I could enhance this by:

## **2. Genuineness**

To effectively help others, you need to be genuine as a person and as a peer supporter. Being “real” builds a foundation of trust for the helping relationship.

I do this by:

I could enhance this by:

## **3. Empathy**

People often confuse empathy with sympathy. A simple definition of empathy is the ability to put yourself in another person’s shoes. This allows you to enter their reality, *without* losing a sense of yourself and your reality.

I do this by:

I could enhance this by:

# CHAPTER FOUR

## All About Listening

### 1. Active listening

The ability to listen is probably the most valuable skill in communication (Moursund, 1990). People often just need somebody to listen and hear them. Sometimes people only listen to part of what is being said to them and so misunderstand what the speaker is trying to communicate. Such listeners often make incorrect assumptions about what has been said and the speaker ends up feeling unheard. Good listening skills are *essential* in order to authentically communicate that you want to help. Active listening involves the ability to take in the whole message, accept what is said without judging, and understand not only the words spoken, but also the feelings that underlie the words (Moursund). Everyone can listen, but *active listening* is a life-long skill to be cultivated.

#### **Active listening**

**Adapted from Brown (1998).**

**Aim:** To explore the consequences of interacting with someone who is not listening; to identify the barriers to effective listening; to practise active listening skills. Although we may think that we are all good listeners, this series of activities will help to give us an awareness of what is required for active listening.

**Activity #1: With a partner:** Begin with a brainstorm answering the following two questions. Jot down your responses

- a) How do you feel when you have something to say, but are not being listened to?
  
- b) How do you know if someone is not listening to you, e.g. what are the signs?

**Activity #2:** To recognize the importance of body language in communication by experiencing a non-visual, back-to-back exercise.

With your partner, sit down with your backs to each other. One person takes a turn to talk for 5 minutes about a sad event in his or her life. The listener may speak/respond when appropriate. When the time is up, stop and jot down notes about your experiences. Then switch roles.

How was it to speak and not see the responses of the listener?

How was it to listen and not see the body language and facial expressions of the speaker?

**Reflection:** After you are finished, have a discussion to process the exercise. What was missing from the conversation?

Ask yourself how you knew that your partner was listening to you although lacking visual cues. What reassured you?

**Activity #3:** After experiencing and thinking about barriers to effective communication, spend some time with your partner developing:

**a complete list of positive behaviours that enhance communication.**

## 2. Effective listening: verbal and nonverbal messages

Now that you excel at active listening, you will start listening *to the messages* conveyed by the person with whom you are speaking.

There are two important aspects of any conversation (Egan, 1994a):

- **Verbal messages**
- **Nonverbal messages**

It is important to accurately hear and understand a person's core verbal messages and caringly communicate that understanding to the person.

There are three parts to verbal messages (Egan, 1994a). People may be describing:

- **Experiences – what has happened to them**
- **Behaviour/action – what they choose to do or not do**
- **Feelings – what are the emotions that arise**

A situation can become much clearer once it is spelled out in terms of these three aspects. Therefore, while someone is speaking try not to formulate responses. Instead, listen and identify the three parts of a verbal message. If somebody is only speaking about experiences, a peer might want to ask about the person's behaviour and feelings. Exploring all three areas of a verbal message may shed light on the situation.

**When listening, it is useful to stay connected with what is being communicated. Therefore, try to keep the following questions in mind:**

- **What are the core themes here?**
- **What is the person's point of view?**
- **What is most important to the person?**
- **What does the person want me to understand?**

As discussed, listening is a very active process. To be an effective listener, it is necessary to check in with one's self - ensuring that meaning is clarified. Truly understanding a person's situation and communicating this back to the person will lead to increased empathy in the conversation.

Egan (1994a) summarizes **nonverbal indicators** that are important in accurately listening to a person's message. These include:

- **Body behaviour**, such as posture, body movements, gestures
- **Facial expressions**, such as smiles, frowns, raised eyebrows, twisted lips, grimaces
- **Voice-related behaviour**, such as tone of voice, pitch, voice level, intensity
- **Observable autonomic physiological responses**, such as quickened breathing, the development of a temporary rash, blushing, paleness, pupil dilation
- **Physical characteristics**, such as appearance, well-being

It is important to recognize these messages without making too little or too much of them. Nonverbal behaviour can modify (e.g. deny, strengthen, confuse) what is being said and it is mainly through practice and experience that one learns to read its meaning in any given situation. Similarly, just as we need to be aware of our peers' body language, it is also important to be self-aware. In a helping relationship, we might modify the verbal messages that we are delivering through nonverbal signs, such as leaning forward, nodding, 'uh-uh's.

## **GUIDELINES FOR LISTENING TO OTHERS**

- 1. STOP TALKING** – you can't listen while you are talking.
- 2. DON'T GIVE UP TOO SOON** – don't interrupt the other person; give them time to say what they have to say.
- 3. CONCENTRATE ON WHAT THEY ARE SAYING** – actively focus your attention on their words, ideas, and feelings related to the subject.
- 4. LOOK AT THE OTHER PERSON** – their face, mouth, eyes, hands, it will all help them to communicate with you. They also help you to concentrate, too. Make them feel that you are listening.
- 5. SMILE AND GRUNT APPROPRIATELY** – but don't overdo it!
- 6. BRACKET YOUR EMOTIONS** – (if you can) – try to contain your worries, your fears, your problems, outside the dialogue. They may prevent you from listening well.
- 7. GET RID OF DISTRACTIONS** – put down any papers, pencils, etc. you have in your hands; they may distract your attention.
- 8. SHARE RESPONSIBILITY FOR COMMUNICATION** – only part of the responsibility rests with the speaker; you as the listener have an important part. Try to understand and, if you don't, ask for clarification.
- 9. REACT TO IDEAS, NOT TO THE PERSON** – don't let your reactions to the person influence your interpretation of what they say. Their ideas may be good even if you don't like them as a person.
- 10. LISTEN TO HOW SOMETHING IS SAID** – we frequently concentrate so hard on what is said that we miss the importance of the emotional reactions and attitudes related to what is said. A person's attitudes and emotional reactions may be more important than what he says in so many words.
- 11. LISTEN FOR THEIR PERSONALITY** – one of the best ways of finding out information about a person is to listen to them talk; as they talk, you can begin to find out what they like and dislike, what their motivations are, what their value system is, what they think about everything and anything, what makes them tick.

**12. ALLOW PEOPLE TIME AND SPACE TO THINK** – the temptation is to fill silence with questions or comments, which may not be helpful. Try to be comfortable with silence and allow time for people to think about what they are going to say. If you have a time constraint (e.g. can only meet for 30 minutes due to a lecture), be clear about when you have to leave and let the person know in advance.

**13. AVOID JUMPING TO ASSUMPTIONS** – they can get you into trouble in trying to understand other people. Don't assume that they:

- Use words in the same way that you do
- Feel the same way that you'd feel
- Are distorting the truth because what they say doesn't agree with what you think
- Are lying because they have interpreted the facts differently from you
- Are unethical because they are trying to win you over to their point of view
- Are angry because they are enthusiastic in presenting their views.

Assumptions like these may turn out to be true, but more often they just get in the way of your understanding and reaching agreement or compromise.

**14. DO NOT MAKE HASTY JUDGEMENTS** – wait until all the facts are in before making any decisions.

**15. RESIST FEELING THAT *YOU* MUST SOLVE THE PROBLEM** – you are there first to listen. If you are focused on finding answers, you are not listening completely.

*Adapted from Poss (nd).*

# CHAPTER FIVE

## KEY COMMUNICATION SKILLS

### 1. Reflecting & Paraphrasing

Reflecting is a very important tool used to mirror the meaning and feelings of what someone has said. Usually it just involves repeating the last few words of what was heard. This communicates an understanding of a speaker's point of view.

#### Example

A peer is very anxious about doing a reading during the memorial of her best friend. She says to you, "I won't be able to do it. I'll just get up there and freeze!"

#### Possible reflection

"...and freeze?"

Paraphrasing is the skill of restating what someone else has just said (Gilliland & James, 1993, Moursund, 1990). The listener repeats the message in their own words, perhaps using a concrete illustration, example or metaphor to convey more vividly what they understand has been said. Paraphrasing combines thoughts, feelings, and/or actions to provide a clearer picture for both people involved in a conversation. **Paraphrasing also allows a speaker to re-hear a statement and thus verify that the listener did, in fact, listen to them.** These comments therefore provide ongoing feedback during a conversation, a constant re-tuning of the communication channel. Finally, paraphrasing does more than simply mirror back what another person has said – it invites the person to explore further or to understand better whatever is being discussed.

#### Example

A peer describes a heated argument between himself and his dead lover's father over the father's refusal to let him speak at the funeral. As he talks of his anger, his eyes fill with tears and his voice cracks.

#### Possible paraphrase

"You sound really upset with George's father for not giving you a public place to honour George, and at the same time you're very sad."

This paraphrase takes into account the content (father not supportive of lover speaking), the verbalized feelings (anger), and the nonverbal behaviour (tears).

In order for paraphrasing to be most effective, it must be accurate. Nevertheless, you should attempt to paraphrase what another person is saying, even if you are not sure you are right. It is important to invite the other person to confirm or reject a paraphrase, as it will give you the opportunity to correct any errors of perception on your part.

#### Some possible introductory phrases for paraphrasing:

- So, what you are saying is...
- I hear you saying that...
- If I understand correctly, you...
- You are telling me that...
- It sounds like you...

#### NOT:

- You're not making yourself clear.
- You've not expressed that very well.

#### Examples of paraphrasing

"I really can't apply for that job. It's not that I cannot do it, I just can't stand the thought of an interview after being out of work for so long".

Paraphrasing response: "You believe that you are capable of doing the job, but you worried about apply because you do not feel able to make it through the interview successfully".

#### Guidelines

- Be tentative and offer your impression of what someone else has said.
- Avoid telling, informing or defining the other person.
- Be respectful: don't judge, dismiss or use sarcasm.
- Use your own words. Repeating verbatim (parroting) is not paraphrasing.
- Try to tune into the other person's language. It is better to use exact words when characterizing an event or situation, e.g. "dead" not "gone."
- Listen to the depth of feeling expressed in the person's voice and reflect accordingly in your response.
- Do not add to what the person has said, and avoid interpretations and evaluations.
- Be genuine and don't pretend you understand if you do not.
- Be brief and direct.
- Don't say: "I know just how you feel..." **because you don't.**

## PARAPHRASING EXERCISE

Paraphrase the following statements so that your responses show your understanding of the speaker's meaning.

I hate it when I let my fear get the best of me when presenting to a big group. It happens all the time. I go blank and forget my words!

.....  
.....  
.....  
.....  
.....

I don't know why I did it. It was right after my lover was diagnosed. I was out with the guys and everyone was drinking and smoking- even though I'd been sober for 6 months, I just picked up that drink, then I didn't stop for the night. I feel bad about it- I'd worked so hard to stay sober.

.....  
.....  
.....  
.....  
.....

(In a totally relaxed manner) I just get fucking furious with her when she suggests that I am not a good friend.

.....  
.....  
.....  
.....  
.....

What seems to be bothering me is a problem with my sexuality. I don't even think I want to be sexual anymore. Uh, I don't know what's going on (peer falls silent and looks at the floor).

.....  
.....  
.....  
.....  
.....

*Adapted from Egan (1994a).*

## 2. Summarizing

Summarizing pulls together the main points of a discussion and organizes them so that they can be reviewed, confirmed or corrected (Moursund, 1990).

Summaries can serve a variety of purposes, including to:

- Prioritize and focus scattered thoughts and feelings
- Close the discussion of a particular theme
- Begin a further discussion
- Check understanding of the progress of the conversation
- Prompt exploration of an idea more completely
- Focus a conversation that seems to be going nowhere
- Begin to consider ways forward

Guidelines

- Put together the key ideas and feelings into broad statements of the peer's basic meanings
- Attend to the peer's various themes and emotional overtones.
- Be brief and direct.
- Do not add to what the person has said, and avoid interpretations and evaluations.

Example

In the following response, the listener summarizes what a peer has said and adds a question to help the peer move forward (Moursund, 1990).

"May I just check that I have understood this correctly? You've told me of a few choices open to you. You could try to deal with this challenge yourself, make an appointment to meet with your counsellor, or join in a support group. None of the options feel like a perfect solution. What do you see as the advantages and disadvantages of each of these possibilities?"

## 3. The Skill Of Asking Questions

Asking questions is an integral part of establishing empathy with a peer. For the peer supporter, questions are necessary to accurately see a person's world through his or her eyes. Additionally, questions serve a useful purpose for peers as well. In answering questions, people often clarify their personal situation to themselves as well. Talking with a peer supporter allows them to explore an issue or a problem and leaves them with a better understanding of their position, new insights and the action required.

## **General guidelines for questions:**

Questions are an important part of a helping conversation. However, they need to be used appropriately to benefit a discussion (Egan, 1994a).

- Ask questions that serve a purpose.
- Ask questions that have substance to them - to help the person get somewhere, to gather information that is useful for the person, to challenge the person to think about something.
- Take questioning very slowly. Many people need to develop trust with a person in order to feel comfortable with revealing personal information.
- Do not ask too many questions, so that a person feels "grilled".

## **Some pitfalls of questioning:**

### **Leading questions**

This type of question assumes that the questioner knows the answer, and puts it in the other person's mouth.

"That's hard for you, isn't it?" "When will you tell your children?"

### **Why questions**

'Why' questions can put people on the defensive as they can imply that the person should know the answers. Such questions can sound critical, as though you are questioning their judgment.

"Why isn't this working for you?" "Why do you not understand this?"

### **Intimate questions**

Some questions are not appropriate to ask because they may not be relevant or may be too personal. This can be a very fine line, but you should try to ask questions that are valuable for progressing a specific conversation. Always be respectful and treat other people as you would want to be treated. Avoid being voyeuristic by not asking inappropriate questions. Helping a peer does not involve getting "juicy details".

"Are you really bi?" "And then what did you do in bed?"

### **Poorly timed questions**

Such questions interrupt the flow of a person relating their story. In addition to being inconsiderate, these questions can abruptly end a conversation.

"How long has this been going on for?" (asked in the midst of someone divulging that he thinks he smokes too much pot)

“Well, what will you do?” (asked while someone is still relating the details of her personal crisis)

## Closed And Open Questions

There are two types of questions that are used for different purposes. Each is invaluable to the peer supporter when used to establish and maintain contact.

- **Closed questions** are answered by a ‘yes’, ‘no’ or other specific response. They facilitate clarification.
- **Open questions** are answered by a unique response. They encourage elaboration, exploration and verbalization of key issues – closed and open questions.

### Closed questions

Closed questions often begin with verbs like do, did, does, can, will, etc. and can be answered with a ‘yes’ or ‘no’ response (Gilliand & James, 1993). If a specific piece of information is needed, then a closed question may be used. Closed questions are also helpful to check facts and to ask for clarification. However, closed questions lead to very little discussion as they elicit a one-word response. An example is: ‘Do you like your group at ACT?’. They often elicit a one-word answer, only get short answers and pin people down.

If used appropriately, closed questions can be useful for:

#### Clarifying

Do you want to go to that skills program?

#### Checking information

It seems to me that ... is this right?

#### Establishing facts

Do you want to carry on with that Board commitment for another 2 years?  
Do you want to go to that particular therapist?

#### Getting someone to focus on a particular issue

You mentioned alcohol; is that a particular problem for you?

### Open questions

To get fuller, more meaningful responses, questions need to be asked that are not dead-ends (Gilliand & James, 1993). Open questions encourage people to explore their story. The goal is to gain more detail and understanding so that the

problem becomes clearer. When used, open questions help a person to elaborate on specific relevant experiences, behaviours, and feelings.

### **Suggestions for forming open questions:**

#### **To begin discussion** use What and How:

How was that for you? What did you feel/do/like?

How can I help you? What is on your mind?

#### **To request description**

Tell me about... Explain to me...

In what way does...?

#### **To give a person an opportunity to expand on what is being said**

When you say he upsets you, what exactly do you say/do?

Could you say some more about that?

#### **To focus on feelings**

Could you describe any feelings that you are aware of right now?

How do you feel about that?

#### **To focus on plans**

What will you do...? How will you make it happen?

How will that help you to...? What are your choices?

What could you do that might change things?

What might be the difficulties in doing...?

### **Activity: Closed And Open Questions: Notice The Difference!**

Form pairs and spend 10 minutes working through this exercise. One participant plays the role of the person asking for help, and the other acts as a peer supporter. Work through the scenario two times – first, with the peer supporter asking only closed questions and second, with the peer supporter asking the open questions. Once completed, reflect on:

- overall perceptions of the exchange
- the specific effects of the use of closed and open questions
- how the “person asking for help” felt being asked closed and open questions
- what you have learned from this experience.

**Scenario:** You've recently moved to Toronto. You're having great difficulty settling into any social group and into the city generally, but there's good medical care here and you've been so sick. You feel lost and alone. It's as if nobody knows or cares that you exist; it's like being invisible. Toronto is fast and noisy, and it seems that everybody else has a busy, fun life. You're really miserable. The only good thing about it all is your doctor and your new apartment.

You worked hard to make the break from your old life. After your partner died, it took time to go through all the stuff in the house and sort out what you wanted to move forward with. You feel very proud about that- it took a year. And you really like your new place here- you're living alone for the first time in years. It's great but its sad that you don't have anybody to share it with. You've tried meeting people, but the club scene isn't for you. You've thought about giving up and going back home to your family, but your parents were not really supportive when you lived closer to them. You really feel the situation has reached breaking point, so you finally find a peer supporter to help you get a handle on all this.

**Closed questions:**

Do you have any neighbours?

Do you like them?

Who is your doctor?

Did your partner enjoy remodelling and redecorating ?

How many people are in your family?

Has it been difficult to make friends?

Did you have friends at home?

Had you known them long?

Do you visit your family on holidays?

I suppose you're really looking forward to Thanksgiving?

**Open questions:**

What do you wish you could change about your situation?

What do you think would help you to settle into this city?

Tell me about your health maintenance plan- your medical care sounds important.

Tell me about your home.

You say you really miss things about your former life. Tell me about those.

Take me through a typical day and evening here in Toronto; what do you usually do?

What are your plans for the upcoming holidays?

*Adapted from Moylan (1998)*

## 4. Silence

Silence in a conversation can be a rich experience. The absence of noise serves many purposes that include – time to think and reflect, space to sit with another person to feel an emotion or solidarity, etc. Silence is the ground from which new thought and action arises. Unfortunately, most people fear silence in a conversation. Thus, it is necessary to explore, discuss and encounter silence.

### **Silence Activity**

*Adapted from Burnard (1996).*

**Aim:** To become more comfortable with silence in conversations Silence is often avoided – the temptation is to talk to fill a void or lapse in a conversation. Sitting with a person in silence often conveys deep, empathic understanding. Through practice, we must learn to recognize the difference between “stuck” silence and “reflective” silence. If you are unsure about the silence, it is OK to ask the person to clarify. Otherwise, respect the silence and stay with it

Silence can be difficult, because we are not used to it. A tip is to stay with the silence for as long as you are comfortable, and then slowly count to 20.

**Activity:** With another Peer Supporter, sit facing one another in complete silence for 5 minutes. Imagine that your partner has just told you something “heavy” – e.g. he or she was abused as a child. During the 5 minutes, you can experiment with maintaining eye contact and making no eye contact at all. You should be aware of how you are feeling about what is happening during this silent period. In particular, you should notice:

- What feels comfortable/what feels uncomfortable about the silence?
- What behaviours appear to make silence more uncomfortable?
- At what point do you feel compelled to look away from your partner?

After the exercise, discuss the activity. What are your reactions? In the past, how have you dealt with silence in a conversation? What are your opinions about both the negative and positive aspects of silence. How comfortable do you feel you will be with silence when trying to help a peer?

## 5. 'I' statements

Owning our opinions by using 'I' statements is particularly useful in peer situations. In an attempt to help, peers may over-identify with another person and assume that both their problems are similar, when in fact they are not.

**'I' statements seek to maintain distinct boundaries between people in a conversation and help clarify personal experience and opinions** (Gilliand & James, 1993).

A key dimension of listening is for the listener to 'own' personal statements about feelings, thoughts and behaviours. Such statements need to be clarified to avoid making assumptions and projecting personal responses onto another person.

Consider possible ways that you might use 'I' statements when communicating with a peer. Be aware of them in conversation. Owning one's statements is often most effective when combined with reflecting, paraphrasing and summarizing.

### Example

"You wanted to talk to him about it, but you were nervous as to how he would respond? As **I** listen to you, **I** find myself getting very angry with him and feeling tense. Is this how you felt?"

### Example

"**I** hear what you are saying about having to share a room with your cousin. **I** would feel claustrophobic with such an arrangement; how do you find it?"

### **Avoid:**

- You felt angry and tense! (assuming the other person's response and putting words into their mouth)
- That happened to me once **and I**... (focusing on yourself and assuming that the situations are similar)

## CHAPTER SIX

### INTEGRATION ACTIVITY: In groups of 3's

You now have been exposed to many skills used to improve communication:

- 3 core conditions: acceptance, genuineness, and empathy
- Active listening
- Verbal and non-verbal messages
- Reflecting, paraphrasing, and summarizing
- Closed and open questions
- Silence
- 'I' statements

The real-life role play exercise provides you with a chance to bring together these skills.

**Aim:** To have you practice the listening and communications skills in a more in-depth manner

**Activity:** Work in a group of three. One person will 'role play' using real-life situation and another will provide peer support. The third person will act as the observer. The observer watches the interaction and records impressions on the Observer Guideline Sheet.

After 10 minutes exploring the first 'real-life, role play' scenario, spend 5 minutes giving feedback to each other (refer to Guidelines for Feedback).

If there is sufficient time, swap roles, two more times, and do the same.

- What skills do you find the easiest?
- Are you struggling with anything?

#### **Scenario:**

Think about a loss event that happened in your life- some time ago. Reflect on a particular aspect of the situation that was difficult for you and that you kept to yourself. You wonder if you handled the situation properly or if you could have done something different. You now have an opportunity to talk about that part of your story with a peer for 10 minutes.

## **GUIDELINES FOR FEEDBACK**

The sequence of feedback is as follows:

1. Peer supporter
2. Person requesting peer support
3. Observer

Feedback is given in the following way.

1. The peer supporter shares his/her overall impressions of the experience, including:

- Thoughts
- Feelings
- Aspects which went well/were helpful
- Aspects which were difficult/less helpful

2. The person requesting peer support feeds back the same (thoughts, feelings, aspects that went well and were helpful, aspects which were difficult/less helpful)

3. The observer feeds back using Observer Guidelines.

### **Note**

- All feedback should be given in a respectful manner.
- Feedback is confidential unless deemed otherwise by the person receiving it.
- In any given situation, participants are engaging to the best of their ability at that time. The more constructive feedback they receive, the more they can develop their repertoire of skills for future use.

## **OBSERVER GUIDELINES**

*Adapted from Moylan (1998).*

This checklist contains a considerable number of peer support behaviours. When you observe such a behaviour, place a tick in the boxes opposite.

### **Peer supporter behaviour**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. Making appropriate eye contact              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Adopting an open posture                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Nodding                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Encouraging phrases/sounds                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Communicating empathy                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Listening and being silent                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. Non-judging attitude/acceptance             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. Paraphrasing (thoughts/feelings/behaviours) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. Reflecting (thoughts/feelings/behaviours)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. Using open-ended questions                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. Using closed questions appropriately       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12. Appropriate Self-disclosure                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13. Other                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Skill areas (use numbers): \_\_\_\_\_

Areas needing attention (use numbers): \_\_\_\_\_

Empathy perceived: None 1 2 3 4 5 Very high

Describe peer's tone of voice: \_\_\_\_\_

What worked best? \_\_\_\_\_

What did you learn from the activity? \_\_\_\_\_

# CHAPTER SEVEN

## 1. Roles and Boundaries

Boundaries are an important matter for all peer supporters. Our interactions and levels of responsibility differ according to the nature of relationships. For example, we relate very differently to people in our workplace than around our close friends or family members. Setting boundaries involves defining our personal space, knowing our levels of comfort, and clarifying what we can offer to others. Certain situations can arise that may be 'sticky' or unclear. Such situations might test a person's appropriate boundaries.

As peers and non-professional helpers, there are many boundaries that you need to observe for the benefit of yourself and others. Essentially, you should not "bite off more than you can chew".

Consider these two questions and jot down your ideas:

- What are boundaries?
- What personal boundaries should a peer supporter set?

Hopefully, you will have identified that boundaries are the distance and emotional detachment that need to be maintained to ensure an effective perspective on a situation. Although it may sound cold, it is just the opposite. If we lose our ability to be objective and detached from an outcome, we tend to become too involved in a person or situation. Maintaining personal boundaries is indicative of a well-trained, experienced peer supporter.

Some possible personal boundaries include:

- Know the limits of the peer support relationship. Be clear about your role.
- Establish boundaries around the time of meetings with peers.
- Be responsible about choosing places to meet peers.
- Encourage peers to be responsible for their problems, decisions and actions.
- Accept that others may not be ready to face problems or make changes.
- Do not take on too much or try to 'save' peers by solving their problems.
- Involve others (friends, mentor, counsellor, GP, etc.), with the permission of the individual, so that you do not become burdened by a situation.

- Be aware of personal limitations and knowledge, and know when to seek help. Seeking help is a sign of strength, rather than a sign of weakness.
- Leave peers' problems with them, rather than 'taking the problems home' with you.
- Seek personal support if impacted or stressed by helping a peer.

## **THE HELPING RELATIONSHIP**

Be aware of your values and processes

Be clear about your knowledge and experience base

Be explicit about confidentiality and its boundaries

Remember that the relationship and conversations are about the other person

Ensure that your self-disclosure is appropriate

Get help and ask for advice if you are feeling unsure or overwhelmed

Refer your peer to professional help/additional support, if needed

Know the limitations of the helping relationship

Feel comfortable negotiating your involvement or saying "no" when appropriate

Take excellent care of yourself when you are supporting a peer

## **2. Sticky situations**

*Adapted from Clark & Lerch (1998).*

Although it is important to build up a rapport with peers, if you enter into a formal helping relationship, it is vital that you set boundaries. At the beginning of the helping relationship, explain in explicit terms the nature of the relationship. Peers are generally available to be a 'listening ear', not 'best friends'.

Before you enter a formal helping relationship, make a pact with yourself that dating a peer that you support is not in your or their best interest. If there is an attraction and you are unsure how to handle it, be honest about it and talk the situation through with other peer supporters or a program leader.

There are possible consequences of disregarding boundaries or becoming emotionally/romantically involved with those who are being supported, including:

- You overstep the boundaries of the peer support relationship and create dangerous liaisons (e.g. power imbalances, dependency) that will inevitably jeopardize the helping process and possibly exacerbate existing issues.
- An overly-intimate helping relationship may inhibit the effective use of referral to the appropriate supports.
- As a peer supporter, you may become over-involved and overwhelmed, leading to negative consequences for yourself.

**Aim:** To consider difficult scenarios that may arise when helping a peer

**Activity:** This exercise involves considering 'sticky situations' and thinking about how to handle situations in such a way that maintain the boundaries of the helping relationship. Your reactions may differ depending on if you are providing formal or informal support to peers. Read through the Sticky Situations, and imagine how you would feel and think, and what you would do in these situations.

### **Scenario 1**

One of the peers that you have recently helped in your peer supporter capacity has 'taken a liking' to you. S/he emails you often and finds every opportunity to spend time with you. One day s/he confesses romantic feelings and asks you out on a date. How would you feel and think, and what would you do?

### **Scenario 2**

A few weeks after the group started, a new member came to you with a small personal problem. You helped him explore it and he resolved the problem with good results. Since then, he seems to have become over-dependent on you. He constantly stops by, calls you for coffee outside of group time, brings you sweets, and talks as if he is your new best friend. How would you feel and think, and what would you do?

### **Scenario 3**

You have been assigned to be a peer supporter to a newly diagnosed PHA. You find yourself sexually attracted to him and you suspect that the feelings are shared. How would you feel and think, and what would you do?

### 3. Confidentiality

Confidentiality is a key component to helping others. For people to seek help from a peer supporter, they must know that the information and feelings that they divulge will go no further. Confidentiality is especially important within small communities in which news and gossip travel fast. With that said, you need to be aware that there are times when a peer supporter may need to seek advice or guidance from someone else; often this can be done without breaking confidence. However, in extreme circumstances, breaking confidence and seeking help from professionals may be the best help another person can provide to a distressed individual. It is useful to tease out the reasons for, details of, and limits to confidentiality.

**Activity:** Confidentiality is a major issue for peer support; it is one of the foundations for effective peer support.

Take a moment to reflect on the following these questions:

1. What is confidentiality?
2. Within the context of peer support, to whom do we owe confidentiality?
3. Is confidentiality absolute or can it be overridden?
4. Have you ever been in a situation where someone violated your expectation of confidentiality?

Confidentiality is the commitment to keep all details of a conversation or meeting private. It is crucial not to disclose any identifying details (name, age, course, hometown, etc.), and usually there is not even a need to discuss that the conversation took place. In peer support, confidentiality is owed to the person who is seeking support, especially as peer supporters may be trusted with highly personal information.

However, in extreme circumstances, confidentiality may need to be breached. You should always remember that if you encounter a person with a problem that requires specialist help, you will need to make a referral.

## HANDLING CONFIDENTIALITY IN THE HELPING RELATIONSHIP

It is important to know when confidences should be kept and when they should be broken. The general rule is to maintain confidentiality in all but exceptional cases – when an individual may cause immediate harm to him or herself or others. Early on in “one to one” discussions with your peer, it is your responsibility to clarify the limits to your confidentiality. It is important that peers are aware of these limits BEFORE they make disclosures.

If a peer discloses information that s/he wishes to remain confidential and you feel that it should be passed on, assess the situation by asking yourself the following questions:

- Why are you considering breaking confidentiality?
- How serious is the situation?
- What immediate and significant risks does the student face?
- Are his or her actions placing anyone else at immediate and significant risk?
- What implications – both positive and negative – could breaking confidentiality have?
- What significant harm (to the peer, other people and yourself) could result from NOT breaking their confidence?

The rule of thumb is that if you cannot come up with a clear, significant and specific harm to the peer or others, **then do not break confidentiality**.

However, if you do have a good reason to break a confidence, try to limit the negative consequences of this by:

- Explaining to the individual your reason for breaking confidentiality
- Being clear about:
  - Why you are breaking the confidence
  - Who you will tell
  - What you will tell them
  - What they are likely to do with the information
  - What consequences this will have for the person involved and for your relationship

In making a difficult decision to break confidentiality, you should discuss the situation with an experienced individual who can advise you. Without using names or distinguishing details (thereby maintaining confidentiality) they can help you decide the best course of action to take.

Additionally, if you are feeling overwhelmed by the information that was disclosed to you, you should seek support for yourself. Find a trustworthy individual to debrief with so you are not alone with your feelings and concerns.

## HANDLING DISCLOSURES

Here are some general suggestions for dealing with people when they reveal problems to you.

- Listen carefully. Your support and encouragement are important.
- Know your limits and boundaries. There are some situations you cannot (and should not) handle on your own. When in doubt, refer peers to more qualified source.
- Seek consultation. Let the individual know that you would like to talk to a more knowledgeable source before giving any direct advice. Talk to that person, and then get back to your peer as soon as possible. Reassure the peer that you will maintain confidentiality unless you feel they are a threat to themselves or another individual.
- Continue to follow up with the peer, if appropriate. Make sure they know that you are available for them and you will support them as they work through their issues. However, there are times when it is appropriate to tell a peer that you cannot continue to be available to them and that they should consult with someone else (e.g. a peer who has a problem with alcohol and therefore becomes verbal abusive, calls you in the middle of the night, etc.).

Adapted from Clark & Lerch (1998).

## CHAPTER EIGHT

### Making a Referral

Peer supporters may occasionally come across situations when it is inappropriate for them to get involved, when the problem is too close to their own experience, when they feel out of their depth, or when the issues require professional involvement and support. Often the best support a non-professional person can provide is genuine concern, a listening ear and a referral to specialist help. You need to understand the variety of situations that require the involvement of other people, as well as feel able to help a peer access specialist help.

Having the knowledge and skill to make a referral is a great asset. If a peer supporter refers an individual on to professional help, they may feel that they have failed in their helping role. However, this is not the case at all! It is crucial to understand that part of being an effective supporter is the ability to identify a problem and find the appropriate support. It is always better to refer, than to take on problems or issues that are 'over your head'. The key message is if in doubt, refer.

An integral part of training in referral skills requires a discussion about dealing with extreme situations. Although peer support is not intended to manage or extremely distressed people, people who have been coping may suddenly become overwhelmed by life circumstances and may require additional help.

If peer supporters become distressed and uncomfortable with other people's problems, it is essential that they seek immediate support for themselves. Professionals can support and advise them on making the best decisions. All peer supporters need to be encouraged to never go it alone.

#### What, when and where to refer

**Activity :**

Consider the following questions:

- What is a referral?
- When should we make referrals (what types of situations)?
- Where and to whom can we refer our peers?

## **WHAT**

Making a referral is helping an individual access other sources of support

## **WHEN**

- The problem requires additional/specialist help
- You are unable to be genuine, honest and impartial
- You are worried that the person might come to harm or get into deeper problems
- You are concerned about your own circumstances (e.g. your own health, had a recent bereavement, etc.)

## **Problems that may call for specialist help**

- Severe depression and distressing suicidal ideation
- Extreme stress, anxiety or panic
- Prolonged, complicated grief
- Severe alcoholism/drug use
- Legal problems
- Abuse issues

Bear in mind that referrals need to be handled sensitively. If someone has shared their worries with you, it means that they trust you and are hoping that you can help and support them.

Consider a poor referral scenario: someone confides in a peer who insensitively and abruptly suggests that they seek help elsewhere. How might they feel?

Possible reactions:

- Abandoned
- Rejected
- They aren't able to help
- I'm a hopeless case
- My problems aren't serious enough
- Too busy to help me
- They aren't interested in helping
- I'm a burden to them

By acknowledging that these are possible misunderstandings that can occur when making a referral, it should help you think about what you need to do to make a referral as sensitively as possible.

## **HOW TO MAKE A REFERRAL**

*Adapted from Brown (1998).*

- You need to know what the problem is before you can refer.

- Choose your words carefully. Use phrases like:
  - You might find it helpful to...
  - You might like to talk with...
  - Would you consider talking with...
  - I think it might be useful for you to...
  - Do not say, "You need to see"... or "You must talk... "
  - Be honest. Tell the person why you are not the best person or why someone else might be better help at that moment.
  - You can continue to be supportive by keeping in touch and asking how things are going.
  - Know your limitations and do not get out of your depth.
  - Remember, ultimately, it is another person's problem - not yours. Do not feel overwhelmed or guilty if you cannot help.

## **TIPS FOR REFERRING RELUCTANT PEERS**

When you believe that a peer might benefit from professional help, it is best to be honest about your reasons and express your concern about his or her well-being. Sometimes people may be reluctant or shy in accepting a referral, so here are some suggestions.

### **Not forever!**

Dispel myths that surround seeking help. Explain that seeing a counsellor does not mean that s/he is crazy or that s/he will spend years on an analysis couch. Encourage your peer to schedule 'just one' appointment with a professional, and often one appointment is all that is needed. Suggest that to get help is a positive sign of personal strength.

### **Suggest all options**

Some people may not feel comfortable about seeing a counsellor, but will agree to visit a G.P. Others may choose to talk with a chaplain or contact a local support group. Therefore, it is very helpful and often enlightening to present all of the person's options when discussing support services.

### **Explore the person's reluctance**

If your peer is reluctant to seek help, ask why s/he is not keen on seeing a professional. Possibly it relates to a previous negative experience. Or maybe there is a misconception that, if s/he sees a psychiatrist or counsellor in College, the information will be passed on to his or her lecturers and family. If you explore the reluctance, you may be able to resolve the concerns.

**Second opinion needed**

Present the referral as a help to you, because you are unsure of how to provide help. Explain that the problem is outside of your area of expertise.

**Get out the telephone book**

If s/he is unsure about seeking help, it may be useful to provide the person with names and contact numbers that can be used at a later date.

**Help your peer make an appointment**

Ask the person if he or she would like you to arrange an appointment with a professional. This is especially helpful if s/he is depressed and lacks the energy to negotiate details. If you arrange the appointment, inform the professional of your specific concerns regarding the person.

**Honesty about involving others**

If you feel the situation is an emergency (you believe there is the possibility of harm to the person or others) and the person will not see a professional, you may need to speak to someone on his or her behalf. If possible, before doing so, gently explain that you will need to speak with a professional. Sometimes it can be useful to give the person the choice about who you will contact.

**What is a CRISIS & what do you do?**

A crisis is when you are concerned about a person's immediate well-being. In a crisis, you should seek urgent professional attention from appropriate sources. If appropriate, you may want to accompany the person to a professional. A crisis is not when a person cries or if s/he is suffering from an ongoing problem (unless it has become an immediate crisis and his or her well-being is endangered). However, your peer still may benefit from seeking help from a professional.

**What if the person refuses?**

Unless it is an emergency situation (potential harm to self or others), everyone has the right to refuse support. Or s/he may just need time to think about a referral. Offer an open invitation to the person to come back to you. When you see the person again, ask how s/he is and reiterate that support is available if s/he wants it. However, refusal to seek professional help does not mean that you must provide help that is outside your area of expertise.

**What if YOU need support?**

If you have any concerns about what is best to do, please consult with somebody who can provide you with the help you need. You need to feel confident that you have done all that you can do to make sure that the distressed person is safe.

## Places to Get Help for a Distressed Individual

- **Local AIDS Service Organization**
- **Regional HIV/AIDS Clinic**
- **Local Distress Centre or Crisis Centre**
- **Local Mental Health Association**
- **Local Bereaved Families of Ontario chapters**

## RESPONDING TO DISTRESSED PEERS

If a peer says to you that they are extremely distressed, agitated or indicates that they are having disturbing suicidal thoughts and feelings, the following is a recommended action plan for you.

### **Starting step:**

Be kind, empathetic and calm. Ask who else knows about their feelings (i.e. friends, family, GP, counsellor).

### **1. If they tell you they are attending their GP or counsellor:**

- Ask if the GP or counsellor is aware of the extent of their distress. Also, ask when is their next appointment.
- See if they will make an earlier appointment (i.e. immediately).
- Ask if they would like you to help them organize the appointment (people experiencing depression often find it difficult to energize themselves to do this on their own).

### **2. If they tell you that they are not seeing a GP or counsellor or that nobody else knows about their feelings:**

- Ask them if they will go and see a GP or counsellor.
- If they agree, organize this with them – help them make an appointment.
- If they do not wish to speak with a professional and you continue to be concerned about their safety, tell them you will have to speak to someone on their behalf. Then contact their GP, close friends or family members.

## CHAPTER NINE

### Self-care

This section sets out to raise awareness about self-care. During your time as a peer in community, you may encounter issues and situations that could be personally upsetting and stressful. It is useful to have sufficient coping strategies for handling stress and taking care of yourself. Not only will you benefit, but you will be of optimal help to others by maintaining wellness in your own life.

There are two types of stress – **eustress** is positive, useful and motivates us to our maximum performance. The other type – **distress** can be harmful and destructive. However, as stress is inevitable and present in all our lives, we must learn to manage it. We have many options of managing stress and some are more useful than others.

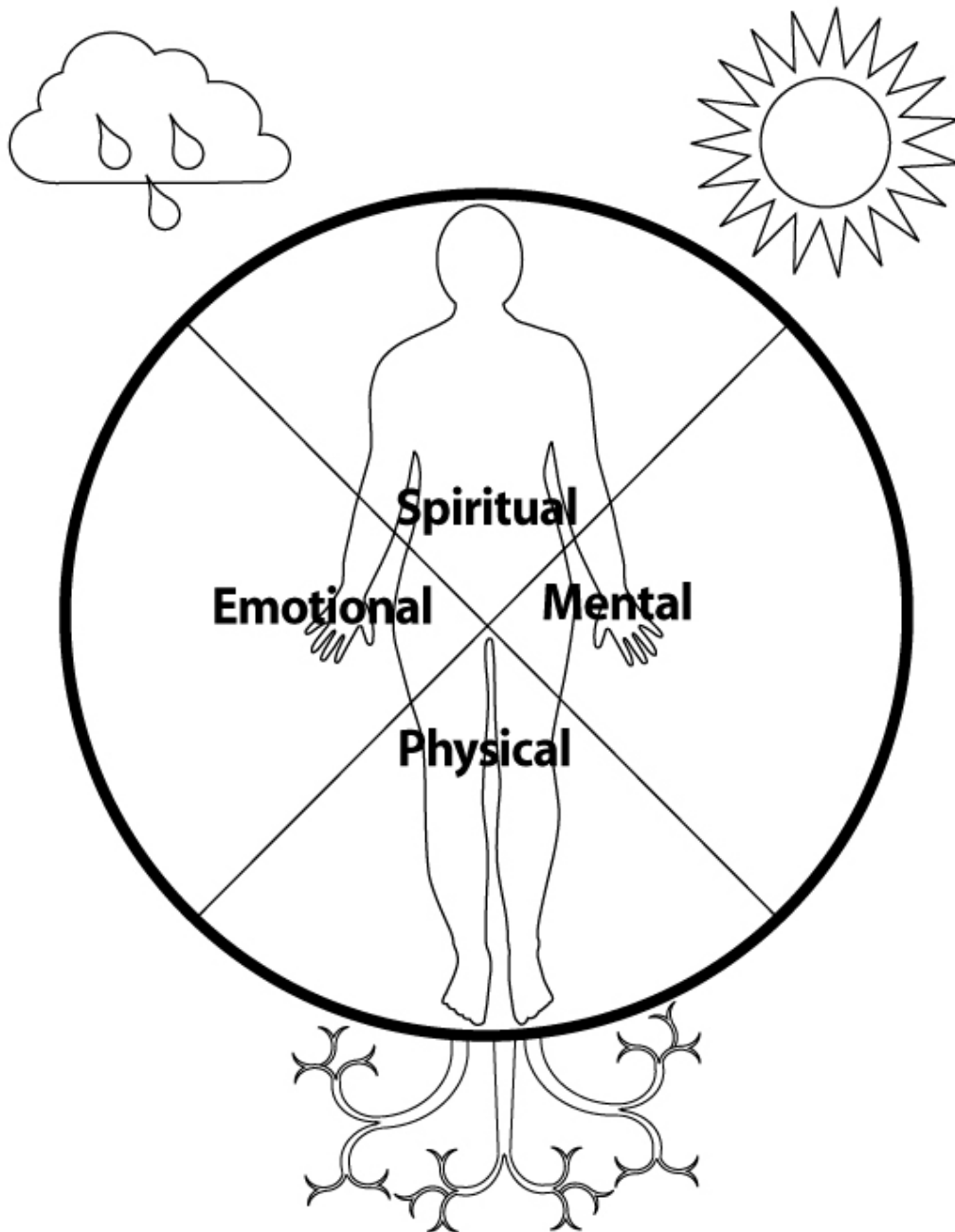
#### **Ready to Deal with Stress?**

One of the most effective ways to minimize stress is to take care of yourself.

**Activity:** Brainstorming to raise awareness about issues of self-care.

We all need to strive to maintain some balance and wellness in our lives. As we know, well-being is essential to most areas in our lives. It particularly improves our abilities as peer supporters, because it helps ensure that we have perspective on a situation. Although we do not need to be perfect, we should seek to model an attitude and behaviours consistent with taking care of ourselves – mentally, physically, emotionally, spiritually, etc.

Ask yourself, what can you do to ensure that you are at your best with regard to well-being (mentally, physically, emotionally, spiritually, etc.)?



### **How am I taking care of myself?**

In a 'hit' of stress, it is easy to forget the whole self. Most people identify primarily with one quadrant – a 'default' position. Acknowledging other parts of self reminds us of our whole beings; and provides greater capacity for strengthening our coping strategies.

**Personal boundaries:** It is also crucial that we care for ourselves while helping others. When we talked about personal boundaries, we mentioned the need to remain somewhat detached from the situation. That space is useful for the person being helped, but also critical to protecting our well-being. If at any point while supporting a peer (or anyone else in life), you feel that you are 'losing yourself' – alarm bells should ring! Always remember that we cannot save a person or solve their problems. If you find that you are devoting too much energy to helping a peer, you may need to talk with a professional yourself (a counsellor, peer support supervisor, etc).

Peer support often involves helping others with problems that are similar to our own situations. Thus, there may be times when you have issues that you need to work on and it isn't useful to "support others" as a way to get your own personal work done. During these periods, it is better to devote energy to yourself, rather than trying to support others.

Ask yourself, when should you **not** take on either a formal or informal peer support role?

## **WE NEED TO BE HELPERS TO OURSELVES**

Often, the helper's self is left behind as though it could safely be overlooked or disregarded in view of fulfilling an ideal of services to others. A failure to listen to what is going on inside ourselves, under the banner of heroic self-forgetfulness, may increase our experience of stress and place a heavy mortgage on our effectiveness. It may also make us vulnerable to being slowly consumed by our own unrecognized needs. The reverse of the golden rule applies here: helpers should do unto themselves what they try to do unto others. This means that you should listen carefully to your own feelings in an accepting and non-judgmental manner, and attend to your needs.

## ***'Self-connection Checklist'***

| <b>Ask?</b>   | <b>For this day?</b> |
|---|----------------------|
| <b>How is my breathing?</b>   |                      |
| <b>Where is my awareness/attention?</b>   |                      |
| <b>Where am I in my body?</b>   |                      |
| <b>What am I choosing to create today?</b>  |                      |
| <b>Where is the beauty in my life today?<br/>&amp; in the lives of my loved ones?</b> |                      |
| <b>How am I expressing self-compassion?</b>   |                      |
| <b>How am I expressing appreciation and nurturing my body?</b>                        |                      |

## **Caring for Yourself**

*Adapted from Kennedy & Charles (2001).*

1. Be gentle with yourself. Remind yourself that you are a supporter, not a magician.
2. Establish your own network of support – family, friends, colleagues, etc.
3. Change your routine often and your tasks when you can.
4. Learn relaxation techniques that work for you and remember to use them.
5. Be good to yourself. Reward yourself for the work you are doing.
6. Develop varied interests outside the network of peer support.
7. Learn to recognize the difference between complaining that relieves and complaining that reinforces negative stress.
8. Give support to peers. Learn to accept it in return.
9. Remember that you cannot change anyone else. You can only change how you relate to others.
10. Find a hermit spot — use it daily.
11. Each day, focus on a good thing that occurred during the day.
12. Ensure that you are eating a healthy and balanced diet, exercising often, and getting enough sleep.
13. Remember that the self has four parts (intellectual, emotional, spiritual and physical) — all need to be nurtured.
14. Take breaks — schedule them if needed. Remember to have fun during these breaks.

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