Peer2Peer Training
July 19, 2020 | 10:30 am ET

Peers for Progress
Peer Support Around the World
University of North Carolina at Chapel Hill
AGENDA

1. Introduction (Ed – 5 min)
2. Peer Support Basics (Samantha – 10 min)
3. Nature of Role of Peer Responder & Ethics (Ed – 10 min)
4. Communication Skills (Pat – 15 min)
5. Break (10 min)
6. Skills for Providing Emotional Support (Pat – 10 min)
7. Role Play (15 min)
8. Problem-Solving (Ed – 15 min)
9. Role Play (15 min)
INTRODUCTION
PRESENTERS

Edwin Fisher
Patrick Tang
Samantha Luu
Icebreaker

- Where is everyone located?
- Why is peer support important to you?
Objectives for the Day

Peer responders will …

1. Understand what their role entails and what they are expected to do
2. Enhance existing skills for helping their peers
3. Learn about areas in which they can improve
PEER SUPPORT BASICS
Fundamental Role of Social Connections and Support

Human beings are more effective and happier when they have someone

- they can talk to about personal matters
- who cares about them
- who can help them when they need help

The risk of death associated with social isolation is greater than the risk associated with cigarette smoking


Holt-Lunstad, Smith, & Layton. PLOSMedicine, 2010, 7: July e1000316 www.plosmedicine.org
What is Peer Support?

- Natural helpers trained to help others manage their health and lead full, satisfying lives
- Peers are not professionals but offer valuable contributions due to their shared lived experiences
- Uses various modalities: groups, one-on-one, telephone, video chat, text message
- People trust peers because they are “like me”
Publications in PubMed with Peer Support and Related Terms in Titles or Abstracts: 2005 through 2018

Outcomes of Peer Support – Major Reviews


Systematic Review of Evidence Among Publications on Peer Support

• 01/01/2000 – 3/31/2011: "peer support," "coach," "promoter" etc.
• 65 separate studies met criteria of:
  - Provided by nonprofessional
  - Support for multiple health behaviors over time (i.e., not isolated or single behaviors)
  - Not simply peer implementation of class
• Preliminary outcomes:
  - Significant within- or between-group changes: 83.3% of reports using controlled designs

2016 Meta-Analysis in Diabetes


2016 Meta-Analysis in Diabetes

5 Key Functions of Peer Support

- Being There, Shared Experience
- Ongoing Support
- Assistance in Daily Management
- Linkage to Clinical and Community Resources
- Social and Emotional Support
NATURE OF ROLE OF PEER RESPONDER & ETHICS
Guiding Principles

- A peer responder’s effectiveness doesn’t come from being an expert
- Peer responders do not provide *medical advice*
- Peer support is not therapy
- People are capable of solving their own problems if given the chance -- sometimes with a little practical advice or help
What Peer Responders Do

- *Talk with and listen to* callers
- Assist in *problem-solving*
- Discuss *follow up and further contact*
- *Rally support* among caller’s IRL support network
- Advise on and refer to *appropriate resources*
What’s Expected of Peer Responders

- Be **available** and helpful to talk about concerns
- Be **respectful of privacy** -- **as in any relationship**
- **Respect individual differences**, including choices people make
- Be **available as reasonable** for the situation at hand and for the demands on the peer responder’s time
  - **Not more than might be expected of a friend**
- **Recognize when issues are outside** of your comfort zone
- **Turn to others** as necessary
- Collaborate through **periodic meetings** of peer responders
- NOTE WELL: peer responders are **friends with additional training**, not mental health counselors
Best Practices as a Peer Responder

- Build rapport and trust
  - Get to really know the person and be your authentic self
- Demonstrate empathy
- Normalize experiences
- Keep contact light and non-demanding
- Show sensitivity
Best Practices as a Peer Responder

● Meet people where they’re at
  ○ Not everyone is ready to make changes - some just want to talk with someone who understands

● Start small and celebrate small wins

● Help them step back and see their issues from another point of view

● Remember that social support develops over time
Best Practices as a Peer Responder

• Don’t worry about always knowing the right thing to say
• Acknowledge boundaries
• If appropriate, follow up on doctor’s visits and referrals, meetings with advisors, or other key appointments
• Work together with other peer responders
• Call for backup and get answers from trusted sources
Racism, Positionality, and Peer Support

- Racism needs to be singled out, but being aware of your own positionality is critical in general, e.g., a 4th year student providing support to a 1st year student
- Validating experiences of the caller
- Resources at: https://sph.unc.edu/diversity/inclusive-excellence-trainings/
- More to come in future
COMMUNICATION SKILLS
Active Listening

To make a conscious effort to understand the complete message being sent, including

- the content of the message
- the emotions and feelings underlying the message

How to say things without judgement and with empathy
Active Listening

- Don't have to be an expert or have personal experience with what they're sharing, "trained to listen" is key
- First task is to be there and create a safe space for sharing emotions
- Be sincerely interested in what the other person is talking about
- Be aware of your own feelings and strong opinions, but avoid conveying them
- Being mindful of what is not being said, or what can’t be said, in relation to what is spoken
Active Listening

1. Stop other things you are doing
2. Focus on feelings and emotions (validate and acknowledge)
3. Make reflections (summarize and paraphrase)
4. Ask open-ended questions
5. Don’t interrupt the caller
Reflecting is an important strategy in active listening because it validates the speaker’s experience so that they feel heard and understood.

Reflections often start with:

- “I hear you saying...”
- “It sounds like...”
- “It seems like...”
Using Open-Ended Questions

Open-ended questions are questions that can’t be answered by “yes” or “no.”

Example:

○ To what extent...
○ How often...
○ Help me understand...
○ What, if any...
○ What else...
○ Why...
○ Tell me more
How Would You Respond?

“I feel like I’m always struggling and no one in my life understands how hard it is.”
How Would You Respond?

“I really hate being back on campus. I can’t go anywhere without feeling on edge.”
Storytelling

● How do you craft your best self-introduction?
● Balance storytelling against oversharing so that you don’t dominate conversations with your own stories – Keep the focus on them
  ○ Ask yourself, “How will my sharing this help the caller or our relationship?”
● If the participant is experiencing a lot of distress, refrain from sharing your own stories and try to just listen
Tones to Avoid

- **Ordering**: Telling a participant to do something in manner that gives them little or no choice
- **Threatening**: Telling a participant that if their behavior continues, certain negative consequences will happen
- **Preaching**: Telling a participant things they ought to do
- **Criticizing**: Making a negative interpretation of someone’s behavior
- **Diverting**: To change the subject and avoid the problem
- **One-upmanship**: To try to “top” the participant’s problem by telling a worse one
- **Kidding/ teasing**: To try to avoid talking about the problem by laughing or by distracting the other person (OK to use humor -- but not too much -- to communicate shared understanding of irony or other feature of situation)
Killer Phrases

- Don’t worry
- Things could be worse
- Cheer up
- What do you have to feel sorry about?
- Don’t think like that
- Think positively
- Why don’t you just...
BREAK
SKILLS FOR PROVIDING EMOTIONAL SUPPORT
What Makes People Feel Supported?

When someone...

... takes an interest in them
... empathizes with their experiences
... recognizes changes in their lives, for good or bad
... celebrates their progress and achievements
... checks in to see how things are working out
... is there for them when it’s most needed
Just Being There

- Reliability - “Show up” at the agreed upon time
- Respond in a timely manner (within a day)
- Don’t cut off the conversation prematurely, but you can alert them if the call is going long
Being On Their Side

- The caller doesn’t have to face their problems alone - we can face them together
- Make it clear that you don’t have a hidden agenda
- Don’t put the other person on the defensive
  - Arguing with someone can make them more entrenched in their position
Encouragement / Affirmations

Affirming is a positive confirmation. When you affirm something that someone has done or said, you are providing them with support and encouragement.

- “That’s good.”
- “I’m glad you asked that.”
- “That’s a great question.”
- “You’re on the right track.”
- “You really seem to have given this a lot of thought.”
Responding to Negative Emotions

1. Recognize feelings and emotions
2. Affirm the individual’s involvement
3. Redirect discussion to something helpful
4. Refocus discussion to possible action(s)
ROLE PLAY
Role Play: Active Listening

- One person is the peer responder
- Other person is the caller
- Caller starts with: “I reached out to Peer2Peer because I’m stressed out with school.” [Elaborate for 1 minute]
  or
  “I reached out to Peer2Peer because I’m struggling to readjust to campus life.” [Elaborate for 1 minute]
PROBLEM-SOLVING
Situations that Peers Might Encounter

Caller is ...

... dealing with stress / loneliness / uncertainty
... dealing with interpersonal conflicts
... in academic or job jeopardy
... dealing with serious disease or death of family, close friend
... unable to meet financial demands
... unsure of resources available
... withdrawn, unable to pursue daily activities, responsibilities
Problem-Solving

- Talk about possibilities
- Discuss pros and cons
- Discuss feelings, confidence
- “I’ll think about that”
- Explore according to own decisions
- Discuss changes, what was learned
Problem-Solving

● Validate and endorse feelings
  ○ Active listening, empathic statements -- “I can see why that is so upsetting”

● Raise possibility of something to be done -- changing the situation or one’s own behavior
  ○ Maybe it’s too soon to worry about ‘fixing it’ but …
  ○ “How have you thought about dealing with it?”
  ○ “How have you dealt with things like this before?”

● Discuss, brainstorm, plan alternatives
  ○ “How do you think you want to handle it?”
  ○ “What will that require?”
  ○ Pros/Cons? Help from others? What do you need to watch out for?
ROLE PLAY
Role Play: Problem-Solving

- One person is the peer responder
- Other person is the caller
- Caller starts with: “My roommate is driving me nuts - he doesn’t do any of the chores around the apartment and I’m sick of picking up after him.”
Peer2Peer Protocol
What happens when I am requested by a Peer?

- P2P Exec will notify you
  - Reach out to Peer **within 48 hours** and update Google Sheets
- The responsibility to contact the Peer is on you and will not be done by P2P exec
- Google Voice, Zoom, or email
Post-Call Checklist

- Survey send to the peer
- Weekly Check-ins
  - Improvements/suggestions
  - Special topic trainings
- Self-care

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Assess the Crisis

**Caller mentions suicide**
Proceed to suicide risk protocol

**Caller doesn’t mention suicide**
Is there a need for immediate action or intervention?

**YES**
The Crisis is Life-Threatening

**NO**
The Crisis is Non Life-Threatening

As early as possible:
"We can keep this call anonymous, but it may be helpful to share a call-back number if I need to reach you in the future"
Definition of Terms around Suicide

- **Suicidality**: The risk of suicide, usually indicated by suicidal ideation or intent, especially as evident in the presence of a well-elaborated suicidal plan.

- **Ideation**: Thoughts about or a preoccupation with killing oneself.

- **Plan**: A plan to end one’s life.

- **Intent**: The seriousness or intensity of the person’s wish to terminate his or her life.
Assess the Crisis

Caller mentions suicide
- Proceed to suicide risk protocol

Caller doesn’t mention suicide
- Is there a need for immediate action or intervention?
  - YES
    - The Crisis is Life-Threatening
  - NO
    - The Crisis is Non Life-Threatening
Suicide Risk Protocol

1. In the past week, have you had any thoughts about wishing you were dead or taking your own life, or that things might be better if you did?

   NO
   Depending on level of initial concern, encourage referral to primary care provider, mental health provider or suicide prevention lifeline. Follow up in 48-72 hours.

   YES
   Ask both of the following:
   2. Are you having any of these thoughts today?
   3. Have you had thoughts about how you might harm or kill yourself?

   NO
   Urge referral to mental health provider or suicide prevention lifeline. Follow up in 24-48 hours.

   YES to Either 2 or 3

   4. Are you planning to carry out a plan to harm or kill yourself today or in the next 24 hours?

      NO
      \- Try to elicit commitment not to act on urge for the next day.
      \- Strongly urge to call suicide prevention lifeline, 911, or go to emergency care.
      \- Follow up in at most 24 hours.

      YES
      \- Urge to call 911 or go to emergency care.
      \- Ask if there is someone who is with them to stay with them, or call back in 30 minutes.
      \- If refuse, try to use information you have or get information so that you can call 911 (if caller is in NC) to arrange that help be sent.

   NO
   Urge referral to mental health provider or suicide prevention lifeline. Follow up in 24-48 hours.

   YES
   5. Are you about to carry this out or carrying this out now?
General Crisis Protocol

Assess the Crisis

**Caller mentions suicide**
Proceed to suicide risk protocol

**Caller doesn’t mention suicide**

Is there a need for immediate action or intervention?

**YES**
The Crisis is Life-Threatening

**NO**
The Crisis is Non Life-Threatening
Identifying a Mental Health Crisis

What is a life-threatening crisis?

- **Need for immediate action or intervention**
- If the caller is likely to harm themselves or others, or is threatening or making specific plans for suicide (see suicide risk protocol)
- Caller has harmed themselves or others and the situation is ongoing
- Excessive substance use (possible overdose)
- Criminal activity in progress
Identifying a Mental Health Crisis

What is a non life-threatening crisis?

○ Caller has had thoughts about suicide (suicide ideation), but has not had an intention nor made plans to carry it out
○ Caller has harmed themselves or others in the past
○ Caller feels scared or unsafe but cannot identify an imminent threat
○ Caller is unable to care for self
○ Caller cannot resolve the situation with skills and resources available
○ Criminal activity that occurred in the past
The Crisis is Life-Threatening

Try to obtain information on location, whom they may be with, cell #

You are unable to obtain location of caller

Ask if there is someone there to stay with the caller, then direct them to call 911

You have address of caller and the caller is in NC

Direct the caller to call 911 but if they refuse, you call 911 on their behalf

Confirm the person’s phone number and inform them that you will call back in 30 min

Report crisis incident to P2P Exec for review
Non Life-Threatening Crisis Protocol

The Crisis is Non Life-Threatening

Urgent
Encourage the person to go to the ED or utilize resources

Confirm the person’s phone number and inform them that you will call back in 1-2 days

Less Urgent
Encourage the person to call a mental health provider / talk to their PCP within 24 hours

Confirm the person’s phone number and inform them that you will call back within 7 days

Report crisis incident to P2P Exec for review
Key Resources

- 911 services are local and dependent on the caller’s location
- National Suicide Prevention Hotline (24/7): 1-800-273-TALK (8255); Spanish: 1-888-628-9454; [suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)
- Students: Campus Health (M-F, 8-5, 919-966-2281), CAPS (24/7, 919-966-3658), or Academic Coordinators for your department
Peer Responder Wellbeing

- Self awareness, of
  - Time and availability
  - Emotional burden
- Self Care/Self care exercises
- Weekly Check-ins as a group [very important!]
  - Encourage feedback to the board and open communication
Wrap Up

- Reflection
- Lingering questions
- Possible topics for further sessions
Questions?

Thank you for joining us

Please contact us with any additional questions or thoughts

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Alternative Suicide Screening Protocol

Columbia-Suicide Severity Rating Scale (C-SSRS) (link to PDF)

- Use this if the caller has mentioned suicide at any point during the call
- Ask questions exactly as written
- Any YES indicates that the caller should seek a behavioral health referral
- If the answer to 4, 5, or 6 is YES, seek immediate help, such as the ER, suicide prevention hotline or text, or call 911