Peer Listener Training Manual

I. Disasters and Mental Health

II. Communication Skills

III. Dealing with Anger

IV. Common Concerns

V. Support Seeking

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Regional Citizens' Advisory Council

Appendix F
Outreach Activity: Peer Listener Training

Introduction

The Peer Listener Training Program is designed to train local residents with basic knowledge to provide help to the disaster-impacted communities. The lay listener acts as an advisor, friend, and referral agent for individuals within a community that may not desire to seek professional services, or may not know that help is available. The resource provided is the Peer Listener Training Manual.

Community leaders should consider the following:

- Peer Listener Training should be conducted by qualified local mental health professionals when possible, or non-local mental health professionals when necessary.

- Peer Listeners should be individuals within a community who are highly trusted, dependable, and discreet resident volunteers. They should be representative of all cultural, ethnic, and age groups within the impact community.

- Peer Listener Training should be organized for two consecutive days or two successive Saturdays. A sample of the two-day schedule is provided in the Manual.

- Community leaders should continually follow-up with peer listeners to receive feedback and provide additional training and referral organizations when required.

- Local mental health professionals and community support organizations may be an excellent resource to supplement certain training sessions.

The Peer Listener Training Manual is a resource that each trained listener will be able to refer back to, upon training completion. The manual contains information on:

1) Disasters and Mental Health
2) Communication Skills
3) Dealing with Anger
4) Common Concerns
5) Support Seeking

The training and the manual are designed, not only for volunteers, but to provide support and assistance to peer listeners themselves. Peer listeners are after all, part of the impacted community.

PEER LISTENER PROGRAM

Introduction

During the past six years, the Cordova community has undergone a prolonged recovery from the Exxon Valdez Oil Spill. While in the short term, ecological and economic concerns were most prevalent, over time, there have been more diffuse effects on the community, with the loss of the economic base. Joblessness and extended litigation have led to anger, depression, alienation, and a loss of trust. With these emotions, has come an increase in job problems, family problems, and personal problems.

Research on rural communities and disaster-effects has shown that many of the people who are effected by disasters are reluctant to use traditional mental health services, particularly when the disaster is man-made. Furthermore, traditional mental health services may not be effective at dealing with the long-term effects of disaster. One of the alternative treatments that has been found to be effective is peer counseling. Peer networks have been established in other communities to help community and individual recovery.

Peer listeners can provide a number of services to the community. Through special training in listening skills, anger management, depression, and other family problems, peer listeners have a unique opportunity to assist their family and friends with ongoing concerns. A peer listener may merely serve as an available ear or may assist in problem solving, or referral to more formal sources of support. Talking with someone who truly knows you and your community can be beneficial in helping an individual feel understood.

Since peer counselors are members of the community, they are more likely to be trusted and truly do have a greater understanding of the effects of the disaster. In addition, peer counselors know the people in the community who are in need, as well as the community resources which are available. By combining these individuals with training in crisis intervention and counseling, they are highly suited to intervening on a number of levels.

In other communities, peer listeners have served a number of functions. They may work with local church or community groups as a resource for persons in need. Or they may work directly with mental health agencies as additional sources of support. Finally, they may be available informally to family and friends, as someone who will listen and may be able to offer some direction.

The current proposed Peer Listener Training Program is designed to train individuals from the high-risk group, that is, the fishing community. Through local advertising in the newspaper, shops, scanner, etc., interested

individuals will be recruited. After a screening by a mental health professional, potential Listeners will participate in a two-day training session. Ongoing supervision and support will be provided through community agencies and the program directors. Follow-up training will be provided approximately six weeks after the initial training, and then again, three moths later. While intended to deal with the long-term effects of the oil spill, this network will remain in the community as an ongoing resource. In addition, the network would be in place and available should future disasters effect the community.

Overview of the program

Day One

Session I: The first portion of training will review the purpose of the peer listener program and the intended mechanisms of action. It is foreseen that peer counselors will be available through local agencies, as well as individually seeking out people in need. Ideally, a local agency would allow peer counselors to be technically housed there on a scheduled basis, so that community members would know how, when and where they could meet with a peer listener. While peer listeners will be asked to make an initial time commitment, the program is entirely voluntary.

During the first session, we will overview the short and long-term effects of disasters, particularly technological disasters. In particular, the emotional effects, such as ongoing intrusive symptoms, depression, alienation, family problems, etc. Information regarding the actual effects on the Cordova community will be presented based on past and present research by Dr. Picou and his associates.

Session II. Due to the interpersonal nature of the training, activities to increase people's comfort in talking about and listening to sensitive issues will be conducted. Listener trainees will be encouraged to talk about their own experiences since the oil spill and their perceptions of the changes in the community, as well as the areas/people in need of intervention.

Session III. Listeners will be provided training in empathic listening and communication. While many people are "naturally" good listeners, there are specific skills involved in listening to people in need in such a way that the person feels helped. For example, while people may ask for advice, that is rarely what they are interested in receiving. Active listening involves listening with understanding, while allowing the individual to figure out for themselves how to solve their problem. Peer Listeners will be trained in nonverbal aspects of communication, active listening, and how to respond to people.

Session IV: A common after-effect of technological disasters is anger. While anger towards the actual entities involved in the disaster is certainly justified, often this anger spills over into other relationships, or even worse, into a general anger and lack of distrust towards everyone. Peer listeners will be provided education regarding the proper management of anger. Rather than just saying, "you shouldn't be angry" or "you need to get over it" peer counselors will be trained to help de-escalate excessive anger, while helping individual to channel their anger in a productive manner.

DAY TWO

Session I: Many of the long-term effects of disaster, involve exacerbation of typical problems in living, such as marital problems, substance abuse, etc. Session I will focus on educating Peer Listeners regarding these issues.

Often anger and depression bring up marital problems and increased family conflict. Common marital problems, as well as suggestions for ways families and couples can manage together better will be discussed. Community resources for these problems will also be discussed.

Angry, depressed parents make for angry, depressed children. Common childhood behavioral and emotional problems will be discussed. Strategies for dealing with conduct problems, sexuality, childhood depression, or other problems will be presented.

Family stress can also lead to domestic violence or child abuse. Signs of these problems will be discussed, as well as the effects. While these problems will generally require more formal interventions, peer counselors will be trained to help identify and encourage further treatment.

Individual problems which develop following disasters include substance abuse and depression. Peer counselors will be educated regarding the signs and symptoms of substance abuse and depression. They will be taught how to recognize a serious problem, form a short-term reaction to stress. Ways to handle crisis situations, such as a suicidal individual, will also be taught. Again, helping the individual to accept and access further treatment will be a function of the peer counselor, when necessary.

Session II: During times of stress, social isolation is a frequent, maladaptive reaction. Peer listeners will be educated regarding the benefits of social support and the ways in which individuals can best be supportive to people in need. One of the functions of the peer listeners will be to serve as an additional community mechanism for social support. At the same time, the peer listeners will help individuals to better use their own networks of social support.

An overview of community resources for support will also be done, with information regarding key concepts. Peer listeners will be provided training to know when they should recommend an individual seek help at a formal agency, rather than relying on the Peer Listener network.

GROWING TOGETHER

PEER LISTENER TRAINING PROGRAM

February 6, 1996

8:30 - 9:00 Registration, Coffee/Donuts

Session I

9:00 - 9:30	Introduction	Dr. Steve Picou
	Overview of goals of program	
9:30 - 10:45	Review of Disaster research - sociological studies - mental health effects	Dr. Picou & Dr. Kati Arata
	- Review of EVOS impacts & Discussion	Dr. Picou

-- 15 minute break --

Session II

11:00 - 12:00	Communication Skills	Dr. Arata
	A. Nonverbal Issues	

-- Lunch --

Session II (cont.)

1:30 - 2:30	Communication Skills	Dr. Arata
	B. Active Listening C. Responses	

-- 15 minute break --

2:45 - 4:00	Dealing with Anger	Dr. Arata
	A. What is anger? B. Anger & Disasters C. Anger & Blame D. Listening to Anger E. Managing Anger F. Changing Perceptions	

4:00 - 4:30 Questions/Discussion

GROWING TOGETHER

PEER LISTENER TRAINING PROGRAM

February 7, 1996

8:30 - 9:00	Coffee/Donuts	
Session IV		
9:00 - 10:15	Common Concerns	Dr. Arata
	A. Marital and Family Issues B. Abuse	
	-- 15 minute break --	
10:30 - 12:00	Common Concerns cont.	Dr. Arata
	C. Depression D. Substance Abuse	
	-- Lunch --	
Session V		
1:30 - 3:00	Support Seeking	Drs. Arata, Picou, & Sound Alternatives staff
	A. Providing Support B. Informal Support C. Formal Sources of Support	
	-- 15 minute break --	
3:15 - 4:00	D. Peer Listener Network 1. Confidentiality 2. Supervision 3. Referral	
4:00 - 4:30	Questions/Discussion	

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Breaking Free from Domestic Violence. Jerry Brinegar

Children and Trauma. Cynthia Monahon

Parenting your Teenager. David Elkind

Playful Parenting. Denise Chapman Weston and Mark Weston

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SUBSTANCE ABUSE

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When A.A. Doesn't Work For You. Albert Ellis and Emmett Velten

PEER LISTENER TRAINING

SESSION I

DISASTERS AND MENTAL HEALTH

DISASTERS AND MENTAL HEALTH

I. History of Disaster Research

A. Original studies

B. Types of Disasters

II. Stages of Response

III. Psychological Effects

A. Short-term effects

B. Long Term effects

1. PTSD

2. Research

C. Factors Affecting recovery

D. Phases of Psychological Recovery

E. Children & Elderly

IV. Denial and Resistance

V. Exxon Valdez Oil Spill

A. 1989 Data

B. 1992 Data

C. 1995 Data

DISASTER: *an event with a relatively sudden and identifiable onset that is caused by external or environmental factors and is associated with adverse effects on a group of individuals*

DISASTER RESEARCH

Original Studies

Coconut Grove nightclub fire in Boston (1944)

- Lindeman describes emotional reactions and a "disaster syndrome" consisting of flashbacks, survivor guilt, anger & hostility, a compulsive need to talk about the trauma, and obsessive thoughts and compulsive behaviors

Buffalo Creek Flood (1972)

- 4000 of the communities' 5000 houses were destroyed
- people relocated to trailers, lost support systems
- 90% had lasting psychological symptoms two years after the flood

Mount St. Helens (1980)

- tenfold increase in depression, anxiety, and PTSD symptoms long-term

Three Mile Island (1979)

- even though no actual harm to individuals, significant, long-term increase in rates of depression, anxiety, hostility, and somatization

No Long Term Effects?

- a number of researchers have suggested that disasters typically produce only transitory effects and few will develop ongoing psychological problems as a result of a single disaster, however, as the above studies demonstrate, long-term effects are found

Types of Disasters

Natural Disasters

- floods, earthquakes, hurricanes
- may involve some warning time
- "low point" during worst part of disaster
- loss of life and property
- blame extends from God to man; often most anger associated with recovery and agencies involved
- research demonstrates usual positive community response in the aftermath with community bonding in efforts to rebuild
- primarily short-term psychological effects

"Human-caused" Disasters

Examples: Chernobyl, Exxon Valdez Oil Spill

- rarely a "low point"
- degree of victimization and harm hard to perceive
- suffering often not acknowledged
- long-term effects more common

Stages of Response

Predisaster Preparation

- reduce vulnerability to disaster through building codes, regulations, etc.
- public education on disaster preparedness
- drills with public safety/health workers
- warnings of imminent disasters (people tend to underestimate likelihood of disaster, even when given warning)

Disaster Response

- immediate response to disaster
- evacuation, search & rescue, care of injured persons, restoration of public order
- development of "therapeutic community"
    - heightened sense of altruism, goodwill towards others, working together
- majority of people cope well during the actual crisis, helping one another, minimal severe psychological reactions

Postdisaster Recovery

- media coverage influences relief
- community agencies provide existing services and expand services to deal with disaster
- new agencies develop to deal with new issues
- stress levels increase due to increased demands, change in routines
- individuals become frustrated with relief agencies; decentralization causes agencies to not know where to direct aid
- relief and aid often don't match the greatest need
- despite aid and relief, most individual have increased debt
- individuals resist being in victim role, avoid dependency
- "hidden" stressors: temporary housing, loss of leisure time, children out of school and underfoot, need to talk about disaster, lack of good information, resistance to seeking treatment

Psychological Effects

Short-term Psychological Effects

- little systematic research on immediate short-term effects due to their assumed transient nature
- "acute stress disorder" with dissociation, numbing, reduced awareness, re-experiencing, anxiety, avoidance, and arousal
- sleep difficulties, irritability, and difficulty concentrating are common short-term effects

Long-term Psychological Effects

Post-Traumatic Stress Disorder

Re-experiencing:

- recurrent, intrusive memories
- nightmares
- flashbacks
- intense distress when reminded of the event
- physiological reactions to reminders

Avoidance:

- avoid thoughts, feelings, etc. about trauma
- avoid reminders of the trauma
- loss of memory for events related to the trauma
- decreased interest in activities
- feelings of detachment from others
- restricted feelings
- sense of foreshortened future, pessimistic outlook

Arousal:

- sleep difficulties
- irritability, anger
- difficulty concentrating
- hyper vigilance
- easily startled

Research on Long-term effects

- (Mount St. Helens) 11% of highly exposed men and 21% of highly exposed women were diagnosed with depression, anxiety disorders, or PTSD during the two years following the eruption

- (Puerto Rico floods) increased diagnoses of depression, generalized anxiety disorders, and PTSD, greater use of health care services

- (Buffalo Creek) 44% with probable PTSD 2 years after the dam collapse; 28% current PTSD 14 years after collapse

- decrease in all types of symptoms over the first several years post-disaster; symptom persistence beyond two-years primarily associated with mad-made disasters

- relationship problems, somatic complaints, and increased visits to medical and mental health facilities also found as long-term effects

- decreased trust, suspiciousness and anger; sense of loss of control

Factors Affecting Recovery

- individual's personal experiences in the disaster (contact with dead bodies, personal loss)
- resource loss (shelter, food, money, sense of control, trust in others, role identifications)
- individual's prior level of mental functioning
- disasters not associated with a single community (plane crash, train wreck)
- degree to which one has to rebuild life
- type of disaster
- demographics (lower incomes & larger families associated with more emotional problems; women found to have more symptoms than men; age; marital status)
- speed of onset of disaster

Phases of Psychological Recovery

1) Heroic Phase – emotions strong, altruistic reactions

2) Honeymoon Phase (3 – 6 months) – victims show energy and optimism in reconstructing lives based on promises and help from different agencies

3) Disillusionment Phase (1 month to 1-2 years) – victims deal with frustration of failed help

4) Reconstruction Phase – individuals rebuild their own lives and community

Special Populations

Children

- the majority of disaster research on children demonstrates that children's' reactions are influenced by their parents' reactions.…if parents are severely distressed, children can be expected to have similar symptoms

- children also have direct effects from the disaster

- parents and teachers often underestimate the degree of stress experienced by children

- typical problems include regressive behavior, fears, sleep problems, repetitive play, nightmares, intrusive symptoms during "quiet" times

- girls tend to show more psychopathology than boys

- symptoms related to degree of morbidity and/or perceived threat

Age differences:

Preschool age - repetitive play & drawings; crying, thumb sucking, fears, irritability

Elementary age - headaches, physical complaints; depression, fears, confusions, poor concentration, decreased school performance; fighting and/or withdrawal from peers

Adolescent - headaches, physical complaints; depression, confusion; poor performance; withdrawal and isolation; aggressive and/or rebellious behaviors

Elderly

Vulnerabilities

- poor physical health
- isolation
- fixed income
- higher rates of preexisting mental disorders

Strengths

- prior experience with disasters
- "lifetime" perspective

Research findings

- elderly often more resilient, less anxious post-disaster
- more concerned with loss of exterior items and house\damage, whereas younger individuals more concerned with loss of personal belongings
- less use of insurance, and more positive ratings of emotional and physical health than younger individuals

Denial and Resistance

- not all individuals will have psychological problems following disasters
- denial can be a sign of avoidance or an accurate self-perception
- denial more likely to be associated with avoidance and some evidence of intrusion or increased arousal
- others less likely to see psychological distress as legitimate if little personal damage
- others less likely to see psychological treatment as needed if little personal damage
- many individuals avoiding treatment may do so because it serves as a reminder of the tragedy
- many people will participate in initial mental health services following a disaster, but over time, decreased rate of participation in interventions is typical
- persons avoiding mental health services may seek out informal contacts with mental health providers
- nonparticipants in post-disaster mental health had higher initial rates of PTSD, with avoidance symptoms

PEER LISTENER TRAINING

SESSION II

COMMUNICATION SKILLS

COMMUNICATION SKILLS

I. What's so great about listening?

II. Verbal and nonverbal expressions

   A. Nonverbal issues

   B. Verbal Prompts

III. Common Response Styles

IV. Summary Suggestions for Communication

SESSION II

COMMUNICATION SKILLS

What's so great about listening?

While many people use the terms peer counselor and peer listener interchangeably, we chose the term peer listener for your role to emphasize the importance of **listening** over counseling. While certainly part of your role is to help people, in this next session we will be discussing how listening is the therapist/counselor's best tool.

The greatest temptation for most of us it to become anxious about "straightening people out, fixing them up, and sending them in the right direction." Even though new directions and changes in your own life have probably come about only after thoughtful reflection and struggle, we somehow assume that expediency is required when we are attempting to help others. We pressure ourselves to fix people fast, and to do that, we need to collect from the experts the right opinions, the right theories, the right questions, the right answers, and the right problem-solving techniques. Two of the cornerstone philosophies of counseling to remember is that "there are no quick fixes," and to keep in mind the goal of "understanding, not changing."

While theories and techniques are useful, active listening is one of the best tools of the therapist. Further, listing is itself a philosophical and theoretical approach, with specific techniques of listening to and reflecting back feelings. The problems with theories and techniques arise when, in our anxiety to do something to people to make them different, we become side-tracked into focusing on problems instead of people. The solution, then, becomes the goal of our interchange, rather than focusing on the issues and their meaning for the individual.

People who seek out peer listeners will most likely be seeking out some sort of change. While the urge will be to solve their problem, listening will serve to help you understand them and to help them understand themselves. We've all had the experience of going to someone for advice and coming up with a solution as soon as we verbalized the problem. Most of us need a sounding board at some time or another. Furthermore, sometimes the problem that someone chooses to present is not really the problem, in other words, you have to learn to hear what they are not saying.

If in listening to your peers, you can, with caring and empathy, reflect back to them their feelings and decode for them their messages, they will begin to see their situation more clearly and hear the messages from their own hearts. If you can listen in an accepting and non-judgmental manner, you provide for them a safe environment in which they can explore other sides of themselves which they may not have explored alone. And further,

by listening and accepting, you allow them to find the strength within themselves to develop the best solution for their problem.

Communication connects people. We need to feel that whoever listens to us is nonjudgmental, empathetic, and compassionate. We need to feel that the listener is focused completely on our dialogue. In this connection between speaker and listener, we need to feel trust and safety.

In this section on communication, you will learn about verbal and nonverbal ways of expressing yourself. Second, we will discuss active listening through attending, following, and reflecting skills: recognizing feelings expressed and reflecting those back to the speaker. Finally, we will analyze differing conversational response styles. As speakers, how can you best communicate your ideas in a positive, nonthreatening manner? As listeners, how can you make the speaker feel at ease and affirmed?

In any crisis situation, communicating our feelings to another is an important step to healing and coping. In fact, research has shown that people who are able to talk about their problems in a trusting situation have fewer physical and emotional symptoms. Effective communication can break barriers and open channels of hope. We all need a sense of inclusion, respect, and acknowledgement -- particularly in difficult times. As you learn to listen actively and speak clearly, you create important links in the helping and healing process.

VERBAL AND NONVERBAL EXPRESSIONS

Nonverbal issues:

Eliminate Noise

1) **The physical environment**
   - Quiet, private setting
   - Be sensitive to distractions in the setting or individual distractions
   - Be aware of body language

2) **Communicating Comfortably**
   - respect personal boundaries
   - 0 to 18 inches (intimate distance)
   - up to 4 feet (personal distance)
   - up to 12 feet (social distance)
   - greater than 12 feet (public distance)

3) **Negative body language**
   - emotional cues
   - be careful of your own body language, as well as the message being sent by the other person
   - cold or clammy hands (anxiety)
   - tightened jaw (anger, opposition)
   - arms folded across chest (anger, opposition, or anxiety)
   - side view (anxiety, opposition, lack of trust)
   - intense eye contact (anger)
   - perspiring or shallow breathing (anxiety)
   - tightened muscles (anger, anxiety)
   - hunched shoulders (depression, helplessness)
   - clenched fists (anger)
   - altering interpersonal distance (anxiety)

4) Negative body language - signs of boredom

- foot jiggling
- leg swinging
- finger tapping
- yawning
- gum chewing
- smoking
- eating
- knuckle cracking
- cleaning nails
- playing with hair
- handling objects
- reading
- watching TV
- shifting positions
- nodding off

5) Distracting body language

- lint picking
- rummaging through things
- scratching
- playing with clothing, hair, or other objects
- interrupting
- tapping fingers, pencil
- clicking pens
- rhythmic movement of body parts
- sniffing
- eating; drinking
- smoking

6) Internal distracters

- state of mind
- self-esteem
- worries
- fears
- feelings of inadequacy
- feelings of superiority
- nervous feelings

7) Social distracters

- prejudices
- relationship with receiver
- religious beliefs
- cultural traditions
- ethnic priorities

VERBAL PROMPTS

Levels of Communication

Level I: "Small talk", informal conversation, ("It sure has been cold lately"); serves purpose of breaking the ice, establishing a mutual interest on an equalizing topic

Level II: Catharsis - venting feelings, sharing problems, frustrations; someone with an intense need or who is expressing emotions needs a listener with empathy who will "just listen" --nod, say "I see," and not jump in with advice or criticism

Level III: Exchange of information - provide information or "advice," help solve a problem

Level IV: Persuasion - trying to influence someone, alter their emotions or plan of action

1) Following Skills

- door openers
- minimal encouragers
- infrequent questions
- attentive silence

2) Door openers and encouragers
active listening

- "break the ice" with conversational small talk transition phrases

    - feeders, paraphrase, reflect feelings, summarize
    - “I see,” “uh huh,” “I know what you mean” (let listener know that you are attending and understand)

3) Reflecting and prompting questions

- Rephrase the message to clarify and insure understanding; encourage person to express their own feelings, before giving labels to emotions
- Use open questions, avoid "yes - no" questions

"did that make you angry?"

vs.

"how did that make you feel?"

- Limit "why?" questions, leads to defensiveness
- Avoid loaded questions

"Don't you think most families have prepared for crises?"

4) Exploring alternatives and resources or, how to not give advice

5) Recognizing feelings

COMMON RESPONSE STYLES

1) Evaluating/Advising

- makes a judgment about the relative goodness, appropriateness, effectiveness, or rightness of the sender's problem
- is the most frequently used response
- implies what the sender ought or should do

Impact on sender:

- feel threatened and defensive
- feel listener assumes their judgment is superior
- reinforces feelings of inferiority and low self-worth

General rule: avoid in early stages, always use with caution

2) Interpreting/Analyzing

- communicates intentions to tell sender the real meaning of the problem
- tells sender how the sender feels about the situation; gives psychological insight to the sender
- intends to point out some hidden reason that makes the sender behave as he/she does

Impact on sender:

- feel defensive and afraid that future thoughts and feelings will be analyzed
- better if you lead them towards finding their own interpretations

General rule: avoid in early stages, spend more time listening

3) Supporting/Reassuring

- indicates listeners concern for the sender's feelings
- can communicate a lack of understanding

Impact on sender:

- may be received as support
- may be received as a lack of understanding, or criticism of feelings, "you should not feel as you do"

General rule: do not provide false reassurance, do reassure your availability to help

4) Probing/Questioning

- reflects a desire for more information to understand the problem better
- can encourage or discourage further communication

Impact on sender:

- open questions encourage people to share more thoughts and feelings, and encourage greater self-exploration

General rule: ask open questions, but avoid "why"

5) Understanding/Paraphrasing

- indicates and intent to understand the sender's thoughts and feelings
- paraphrases what the sender has said in the receiver's own words

Impact on sender:

- lets sender know that you have hear them and are actively trying to understand
- lets sender hear their own thoughts and feelings for further clarification, understanding

General rule: use frequently

EXAMPLES OF RESPONSE TYPES

Evaluative responses

I think what you should do is.....
You shouldn't get so upset about....
You should learn to .....
You're not thinking straight.
You're acting foolishly.

Interpretive responses

What's wrong with you is....
Your problem is.....
You believe that....
The reason you're saying that is....
You're thinking that way because

Supportive responses

You'll feel better.
It's not so bad.
Give him a chance, he'll come around.
Things could be worse.
Don't give up.

Probing responses

Why do you think that's so?
Why do you feel so..?
Why didn't you ....?
What kind of a plan do you have to...?
How do you feel when..?

Understanding responses

You're so upset about ...
Sometimes you're so angry you feel like....
When you feel __ it is difficult to
You're really down
You feel happiest when...

SUMMARY SUGGESTIONS FOR COMMUNICATION

1. Stop talking. You can't listen while you are talking.

2. Get rid of distractions. Avoid "fiddling" with things. Get away from unnecessary noise such as TV or radio. Make your surroundings as free of distractions as possible.

3. Be interested and show it. Genuine concern and a lively curiosity encourage others to speak freely. Interest also sharpens your attention and builds on itself.

4. Tune in to the other person. Try to understand his or her viewpoint, assumptions, needs, and system of beliefs.

5. Concentrate on the message. Focus your attention on the person's ideas and feelings related to the subject. Listen to how it is said. The persons' attitudes and emotional reactions may express as much or more meaning than the words that are spoken.

Try to keep your personal feelings or biases about the individual from influencing what he/she is trying to say in this instance.

6. Look for the main ideas. Avoid being distracted by details. Focus on the key issue. You may have to dig to find it.

7. Watch for feelings. Often people talk to "get something off their chests." Feelings, not facts, may be the main message.

8. Remember that you will be interpreting the person's feelings and statements based on your experience, values, viewpoint, and prejudices. Our convictions and emotions filter--even distort--what we hear. **Be sure to give feedback and check out what you think the speaker means and wants.**

9. Look at the other person. Let him/her know that you are listening. Maintain eye contact. Smile, nod or grunt as appropriate. This signals the speaker that you are with them.

10. Notice non-verbal language. The face, the eyes, the hands all help to convey messages. A shrug, a smile, a nervous laugh, gestures, facial expressions and body positions speak volumes. Start to read them. And be sure to check out your interpretation of these non-verbal messages just as you do the verbal ones.

11. Hold your fire. Avoid hasty judgment. Don't jump to conclusions regarding the situation or what the person wants. Hear the speaker out. Plan your response only after you are certain that you've gotten the whole message.

12. Give the other person the benefit of a doubt. We often enter conversations with our minds already made up, at least partially, on the basis of past experience. Prejudgments can shut out new messages.

13. Get feedback. Make certain you're really listening. Ask a question. Confirm with the speaker what he or she actually said.

14. Leave your personal emotions aside. Try to keep your unrelated worries, fears or problems out of the situation. They will prevent you from empathizing and listening well.

15. Share responsibility for communication. You, the listener, have an important role. When you don't understand, ask for clarification. Don't give up too soon or interrupt needlessly. Give the speaker time to express what he/she has to say.

16. Work at listening. Hearing is passive; our nervous system does the work. Listening is active; it takes mental effort and attention

PEER LISTENER TRAINING

SESSION III

DEALING WITH ANGER

"For he who gives no fuel to fire puts it out, and likewise he who does not in the beginning nurse his wrath and does not puff himself up with anger takes precautions against it and destroys it"

- Plutarch

DEALING WITH ANGER

I. What is anger?

II. Anger and disasters

III. Anger & Blame

IV. Listening to anger

V. Managing Anger

VI. Changing Perceptions

an-ger *(ang'ger) n. 1. A feeling of extreme displeasure, hostility, indignation, or exasperation toward someone, or something; rage; wrath; ire. 2. Obs. Trouble; pain; affliction.*

Synonyms: *anger, rage, fury, ire, wrath, resentment, indignation. These nouns denote degrees of marked displeasure.* ***Anger****, the most general, denotes strong, usually temporary displeasure without specifying manner of expression.* ***Rage*** *and* ***fury*** *are closely related in the sense of intense, uncontained, explosive emotion.* ***Fury*** *can be more destructive,* ***rage*** *more justified by circumstances.* ***Ire*** *is a poetic term for anger.* ***Wrath*** *applies especially to fervid anger that seeks vengeance or punishment on an epic scale.* ***Resentment*** *refers to ill will and suppressed anger generated by a sense of grievance. One feels* ***indignation*** *at seeing the mistreatment of someone or something dear and worthy.*

-Webster's

I. What is Anger

1. Review definition

2. Look at definition in terms of EVOS

- Anger - unpleasant, but manageable emotion
- Rage/fury - uncontrolled, damaging, excessive, though justified
- Wrath - uncontrolled, seeking revenge
- Resentment - feelings of mistreatment, unfairness
- Indignation - anger for others

3. When is anger justified?

Whenever you feel it; anger is an emotion that is neither right or wrong, but rather an expression of your feelings. Feelings are not wrong, whereas how one expresses feelings can be destructive.

4. Why not feel angry?

Look at costs and benefits of anger and behavior; anger can be positive, but it can also be negative and self destructive

ANGER'S POSITIVE FUNCTIONS

Anger is an energizer. It gives us vigor, mobilizes the body's resources for self-defense, and provides us with stamina when a task gets difficult. It enables us to deal with conflict by supplying the fuel for the fight.

Anger can be helpful in expressing tension and communicating our negative feelings to others. The productive expression of anger is an important way to resolve conflict.

Anger gives us information about people and situations. It serves as a cue to tell us that there is something unjust, frustrating, threatening, or annoying going on. It can be a signal that tells us that it is time to cope with the distress.

Anger arousal can lead to a feeling of control. When a situation is getting out of hand, converting anger arousal into energy enables us to take charge and assert our will or interest.

ANGER'S NEGATIVE FUNCTIONS

Anger can disrupt our thoughts and actions. When angry, it is harder to think clearly and evaluate options. It causes us to act impulsively without considering consequences of our behavior.

Sometimes anger is a way to defend ourselves when it is not necessary. When we get hurt or embarrassed, we can get angry as a way to protect our pride. It is easier to be angry than to be anxious. Anger used like this prevents us from recognizing our feelings and ourselves.

Anger can instigate or lead to aggression. When we become emotionally upset, we sometimes discharge or release our feelings through our behavior – when we get angry and then try to take it our on something or someone.

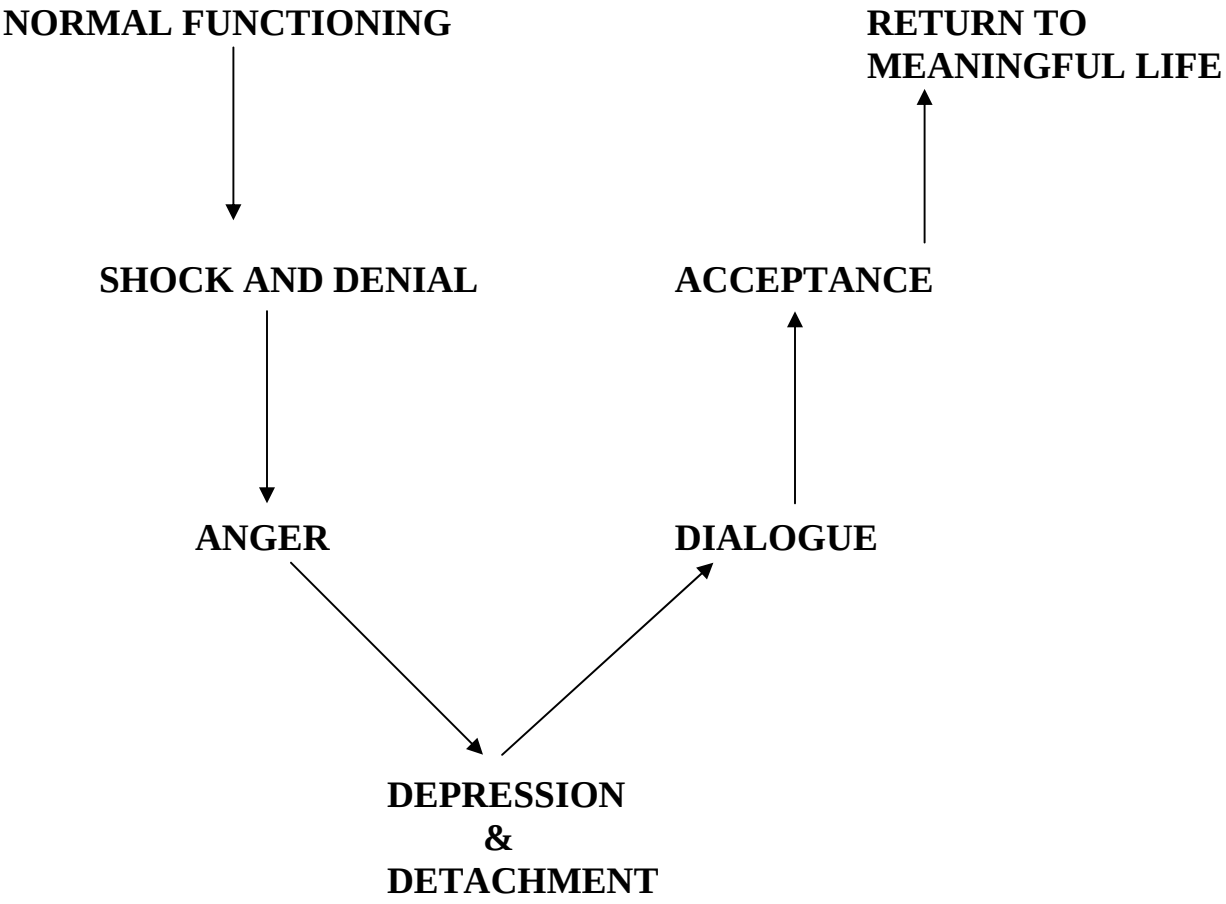
ANGER AND DISASTERS

Following any type of disaster, anger is one of the most common emotional reactions. In particular, following a technological disaster, such as the Exxon Valdez oil spill, anger is nearly universally experienced by those affected.

Research regarding long-term effects of disasters shows that years after the disaster, individuals are often angry with the government or other institutions for their management of the post-disaster phase. In other words, even no one is to blame for the disaster, others may be held responsible for how they responded to the disaster. Similarly, when the organization responsible for a disaster attempts to make some type of restitution or aid in recovery, it is often met with further anger.

Understanding anger following a disaster is much like understanding the grief response as disasters, even without loss of human life, represent significant loss to individuals with subsequent grief.

STAGES OF THE LOSS CYCLE



ANGER AND BLAME

1. Blaming is an effort to understand and control.

The act of blaming may stem from a need to understand a difficult situation. Somehow it's worse to feel that the world has gone topsy-turvy for no reason than it is to point fingers at the "cause" of the problem. Blaming give us a sense of control over what has happened.

2. Who do you blame?

When bad things happen to others, we tend to blame them for the things that are happening; this is known as "blaming the victim" and is explained by our need to feel that things happen for a reason. When bad things happen to us we can blame ourselves or blame others; blaming yourself often leads to depression, blaming others results in anger which can lead to other destructive behaviors.

3. But what if somebody <u>is</u> to blame?

Just as anger is often justified, so is blame. People will sometimes do things that hurt us intentionally or unintentionally. At the same time, many times people "get away" with their behavior; that is, they are not adequately punished and/or remorseful. Part of working through anger and blame is to let go of justified feelings; not because the source of anger has been vindicated, but because we no longer want to let anger control our lives and create greater harm.

4. Why is everybody blaming each other?

When the people to blame are unreachable or there is nobody to blame, we often displace our anger on each other. In particular, it is easiest to take frustration out on those who are closest to us. While you don't blame your spouse or partner for the oil spill, you may get angry over some minor financial decision, which was made harder by the spill.

catharsis *1. Med. Purgation, esp. for the digestive system.* ***2. A purifying or figurative cleansing or release of the emotions or of tension, esp. through art.***

abreact *To release (repressed emotions) by acting out, such as in words, action or the imagination, the situation causing the conflict*

I WAS ANGRY WITH MY FRIEND;
I TOLD MY WRATH,
MY WRATH DID END.
I WAS ANGRY WITH MY FOE;
I TOLD IT NOT,
MY WRATH DID GROW.

-- WILLIAM BLAKE

LISTENING TO ANGER

1. **Use active listening**, in particular, empathy, reflection, summarizing.

2. **Empathy** - listen for understanding, try to imagine how that person is feelings and why they feel justified in that feeling.

3. **Reflection** - communicate your understanding through non-verbal gestures, encouragers, and paraphrasing.

4. **Summarizing** - reflect back to the individual your understanding of what they are saying

    - What I hear you really saying is...

    - It seems to me what you're saying is...

    - The real meaning behind what your saying is...

    - The important points seem to be...

5. **DON'T LIST**

WHAT NOT TO SAY

- I know how you feel.
- You shouldn't feel that way.
- It was God's will.
- You've got to get on with your life.
- You've got to be strong.
- You should be over that by now.
- You're so lucky to still have .....
- Good will come out of it.
- Just turn it over to God.
- You're not handling it right.
- Time heals all wounds.
- You'll get over it.
- You shouldn't talk (think) about it.
- Why didn't you.....?
- Anything else that implies guilt or blame.

MANAGING ANGER

PROBLEM SOLVING

1. Identify the problem.

Be specific, giving attention to as many aspects of the problem as possible. "A problem well-defined is half-solved." It may also help to separate this problem from your feelings about it. Conflict may result from feelings associated with a particular issue, rather than the issue itself. It is also important to avoid offering solutions immediately. Suggesting solutions at this point can prevent accurate identification of the problem. Ask the following questions:

- Are we stating the real problem?
- How do we know it is a problem?
- Is this situation a problem or is it our reactions to the situation that makes it a problem?
- Is there more than one problem?
- Why is it a problem?
- If nothing is done, what will happen?

2. Who is involved.

Who is part of the problem and, perhaps, the solution? Who is affected by the problem? List everyone involved and then identify the main characters.

3. Examine your values related to the problem.

What are some of your and the others needs and concerns related to the issue at hand? Why are they so important? Which are most important? This step helps to clarify the problem. It also brings out differences and similarities of interests between persons involved.

4. **Brainstorm for solutions**.

   Identify as many ideas as possible, without evaluating their "goodness;" include irrational or silly solutions.

5. **Weigh the pros and cons of each solution.**

6. **Choose a solution you can live with.**

7. **Evaluate success or brainstorm new solutions.**

GUIDELINES FOR MANAGING ANGER

CALM DOWN: ***Take a deep breath, go on a short walk, give yourself time to think.***

FIND A GOOD TIME AND PLACE TO TALK: Choose a time with little distractions from others. Avoid times when you or the other party is tired or highly stressed.

KEEP A POSITIVE ATTITUDE AND AN OPEN MIND: Things are not always the way you think they are.

BE A GOOD LISTENER: Listen and take time to "hear" what others are saying.

USE "I" MESSAGES: Use "I" messages to express needs and wants to reduce defensiveness, and feelings of blame.

Examples: YOU DON'T TALK TO ME ENOUGH.

I FEEL DISTANT FROM YOU WHEN WE DON'T TALK.

Sample:
I feel _____
when _____
because _____
and I want _____

WRITE AN "ANGER" LETTER

CHANGING PERCEPTIONS

Anger is a function not only of actions that occur, but also our **reactions** To what has happened to us. We can not control what happens, but we can control how we choose to think about things. A simple way of remembering this is to examine the ABC's of a situation:

A – antecedent - the event that triggers our emotions

B – behavior - our behavior/thoughts about the event

C – consequences - our emotions

COMMON DISTORTED COGNITIONS

Overpersonalization – I am responsible for all bad things, failures, etc. or things are done intentionally to harm me

Overgeneralization – If it true in one case it applied in any case which is slightly similar.

Awfulizing – Always think of the worst. Its most likely to happen to you.

Black/white thinking – Everything is either one extreme or another; good/bad, etc.

Selective Abstraction – Focus exclusively on the negative and that which validates or confirms your negative emotions.

PEER LISTENER TRAINING

SESSION V

COMMON CONCERNS

COMMON CONCERNS

I. Marital and Family Issues

A. List of common complaints

B. "Polite Behaviors" hand-out

C. Five approaches to conflict

D. Suggestions for Constructive Conflict

E. Ways to Strengthen a Family

II. Abuse

A. Domestic Violence

1. Types of violence

2. Facts on Domestic Violence

3. Characteristics of men who batter

4. Characteristics of the battered women

5. Treatment

B. Child Abuse

1. Signs of physical abuse

2. Signs of neglect

3. Facts on child sexual abuse

4. Behavioral indicators of sexual abuse

5. Risk factors for abusive parents

COMMON CONCERNS
(cont.)

III. Depression

A. Signs and symptoms

B. Facts about Depression

C. Helping the Depressed Person

D. Facts about Suicide

E. Common Predictors of Suicide

F. Warning Signs -- The Red Flags

G. Assessing Lethality of Suicide Risk

H. Treatment for Depression

IV. Substance Abuse

A. Facts about alcoholism

B. Warning signs of alcohol abuse

C. Patterns of Alcohol Abuse

D. Treatment for Substance Abuse

COMMON COMPLAINTS

Spouse is selfish and inconsiderate.

Spouse is not truthful.

Spouse complaints too much.

Spouse does not show affection.

Spouse does not talk things over.

Spouse nags me.

Spouse interferes with hobbies.

Spouse does not listen to me.

Spouse never pays attention to me

.

RULES OF POLITENESS

THE DON'TS OF POLITENESS	THE DO'S OF POLITENESS
Don't say what you can't do or what you don't want to do.	Say what you **can** do and what you **want** to do.
Don't complain or nag.	Give sincere and positive appreciation.
	If you have an issue to resolve, talk it out.
Don't be selfish.	Be courteous and considerate.
Don't hog the conversation.	Express interest in your spouse's activities; try to listen; ask questions.
Don't suddenly interrupt.	Give your spouse a chance to finish speaking.
Don't put your spouse down.	Say things that you honestly feel and that you think your spouse will like.
Don't put yourself down.	Criticize your ideas, not yourself.
Don't bring up old resentments.	Focus on the present situation. If you have an issue, schedule a problem solving session.
Don't think only of your own needs and desires.	Think of your spouse's needs and desires; be empathetic.

SUGGESTIONS FOR CONSTRUCTIVE CONFLICT

1. Focus on the problem

- find out what you are fighting about; after the anger has eased down, evaluate what provoked the conflict

2. Do not violate the dignity and self-respect of the other person(s) involved

- it's alright to be angry but don't drift into name-calling and abusiveness
- never put labels on the other; do not make sweeping, labeling generalizations about their feelings ... especially about the realness or importance of those feelings
- sarcasm is dirty fighting; avoid it

3. Keep to the subject

- be specific when you introduce a gripe
- confine yourself to one issue at a time
- don't drag in irrelevancies, "old" issues, and unrelated grievances; take them up at some other time
- forget the past and stay in the here-and-now; what either of you did last year of month or that morning is not as important as what your are doing and feeling now, and the changes you ask can not possibly be retroactive
- do not overload others with grievances; to do so makes them feel hopeless and suggests that you have either been hoarding complaints or have not thought through what <u>really</u> troubles you

4. **Don't just complain, no matter how specifically; ask for a reasonable change that will relieve the gripe**

5. **Remember that conflict is a two-way process**

- in points of disagreement in family matters, who is right and who is wrong is irrelevant; everyone is affected anyway
- what did you contribute to the conflict
- listen to what the other person is saying...there probably is some truth in it
- there is never a single winner in an honest conflict; both parties either win more intimacy or both lose

6. **Ask for and give feedback on the major points, to make sure you are heard, to assure your partner that you understand what he/she wants**

7. **Never assume that you know what your partner is thinking until you have check out the assumption in plain language. Also do not assume or predict how he/she will react, what he/she will accept or reject**

8. **Be sensitive to feelings and moods of the other person as well as to his/her thoughts and ideas**

- people behave both in relation to how they think and to how they feel; in family situations, feelings are of particular importance
- do not be glib or intolerant; be open to your own feelings and equally open to the other's feelings
- no one has the right to deny another's perceptions, to argue with another's experiences, to dispute another's feelings, or to disown another's tastes

9. **Go easy with criticism**

- when things go wrong, it is not the right time to criticize
- instead of being critical about the other person's behavior, search out the good points and help him/her to develop them

- truth should be tempered with compassion; there is such a thing as too much truth; it is possible to ferret out faults in anyone, but why?

10. Always consider compromise; remember, your partner's view of reality may be just as real as yours, even though you may differ; there are not many totally objective realities

11. Do not allow counter demands to enter the picture until the original demands are clearly understood and there has been a clear-cut response to them; do not exploit concessions by stepping up your demands

12. Mediate. Take time to consult your real thoughts and feelings before speaking; your surface reactions may mask something deeper and more important; don't be afraid to close your eyes and think

13. Learn to recognize when you are angry "without reason," and develop some way to work it off

14. Time your battles as carefully as you can.

- hurts, grievances, and irritations should be brought up at the very earliest moments

- keep your quarrels as private as far as you can

WAYS TO STRENGTHEN A FAMILY

I. Appreciation

- "catch them being good" - acknowledge and praise positive behaviors exhibited by family members
- let family know you appreciate them for the things they do
- display affection towards each other
- "strength bombardment" have one family member identify several of their strengths, then have other family members in turn, identify strengths of that person; do this for each family member
- make family members feel special on unexpected moments, not just birthdays, anniversaries or holidays
- treat family members with respect and courtesy; ask don't tell each other to do things, thank each other when something is done, show interest in conversations, compliment each other, and watch for sarcasm and insults

II. Shared Responsibility for Family Planning and Functioning

- parents are not authoritarian, yet the children don't "rule"
- children's opinions are encouraged and acknowledged
- husband and wife treat each other as equal, though each may have more responsibility for different areas
- children involved in decision making as well as planning; children more apt to carry out chore if they had a role in its assignment
- hold weekly family meetings for open discussion of problems, conflicts, etc., alternate who is "in charge"" for each meeting

III. Flexibility and Openness to Change

- establish routines and structure, but be flexible to temporary and permanent changing needs
- periodic review of the "rules;" rules should be explicit, clear and understood, reasonable and workable, fair and just, mutually agreed upon, appropriate, up-to-date, and enforceable

V. Communication

- communicate frequently, openly, clearly, and directly
- LISTEN
- express own needs and wants in a clear manner
- resolve conflicts
- find more time to talk to each other
- play communication games (e.g., Endgame)

V. Shared Values

- open expression of values as part of everyday life; talk about opinions and feelings about events in terms of values
- work toward shared values, as well as acceptance of divergence
- establish and maintain family rituals and traditions

VI. Quality Time Together

- make family time a priority, establish a "family night"
- spend pleasant, positive time together

VII. Connections with Others

- strong families also have many connections outside the family
- encourage and support connections with other families, organizations, etc.

ABUSE

DOMESTIC VIOLENCE

Physical violence

- slapping, hitting, kicking, punching, choking, shoving, beating, throwing things, locking out, restraining, and other acts designed to injure, hurt, endanger, or cause physical pain

Emotional abuse

- acts intended to shame, insult, ridicule, embarrass, demean, belittle, or mentally hurt another person; calling names such as fat, lazy, stupid; withholding money, affection, or attention; forbidding someone to work, handle money, see family, etc; threatening to abandon, take children away

Sexual abuse

- forcing someone to have sex when they don't want to; forcing them to engage in sex acts that do not like; forcing them to have sex with others or watch others; forcing reproductive decisions (e.g., abortion) against the individual's desires

Facts on Domestic Violence

- four to five women a day are murdered by a male partner; over thirty percent of women murdered are murdered by an intimate partner

- up to 6 million women are believed to be beaten in their homes each year; up to 90 percent never report the abuse

- one out of every three women treated in emergency rooms is a victim of violence

- up to 75% of battering victims have left or are trying to leave men who will not let them go

- between 25 to 50% of all women in American will be physically abused by a partner at least once in their lives

- more than one-third of pregnant women are abused

- 50 to 70% of men who abuse their female partner also abuse children in the home

- 25 to 33% of men who batter their wives also sexually abuse their children

- battered mothers are more likely to abuse their children, more likely to attempt suicide, and more likely to abuse drugs and alcohol

Characteristics of Men who Batter

- previous involvement with domestic violence
- unemployed
- uses illegal drugs at least once a year
- man and woman are from different religious backgrounds
- man saw his father hit his mother
- couple lives together, but is not married
- blue-collar occupation, if employed
- man did not graduate from high-school
- man between eighteen and thirty years old
- either person uses severe violence toward children in the home
- income below poverty level

Characteristics of the Battered Woman

- research does not identify any "typical" pattern; women of all types get battered

- certain characteristics are associated with women who stay in abusive relationships for long periods:

    - low self-esteem
    - abusive family of origin
    - alcohol or drug abuse
    - passivity in relationships
    - dependency
    - high need for affection, attention, and approval
    - traditional female sex-role

Resources

- batterer should be referred for treatment, individual and group are best
- couples therapy not immediately indicated, may be useful after progress made by the batterer
- victim referral to shelter, if needed; individual counseling for the victim
- children may also need short-term counseling

CHILD PHYSICAL ABUSE & NEGLECT

Signs of Physical Abuse

- extensive bruises
- burns
- bruises in specific shapes, such as handprints
- frequent complaints of soreness or awkward movements
- explanations for injury that are inconsistent
- overcompliance
- withdrawal, perpetual sleepiness
- acting out, aggressive, disruptive behavior
- accident proneness
- fearfulness
- dislike or shrinking of physical contact
- regressiveness, exhibiting less mature behavior

Signs of Neglect

- clothing soiled, or too small
- always seem to be hungry, hoarding or stealing food
- listless and tired
- often report caring for younger siblings even though child is quite young
- poor hygiene - bad breath, dirty teeth, smell of urine
- unattended medical or dental problems
- stealing, vandalism, or other delinquent behaviors
- frequent school absences or tardiness
- withdrawn
- inadequately dressed for the weather
- emaciated

CHILD SEXUAL ABUSE

- retrospective studies with adults indicate that approximately 25% of women and 16% of men report having been sexually abused as a child
- the median age for both boys and girls is 9
- in studies with adults, only one-third told someone about the abuse as a child
- most abuse is perpetrated by family or friends
- physical force is rarely used
- much abuse does not involve intercourse, but involves fondling or oral stimulation

Behavioral Indicators of Sexual Abuse

- Depression
- Withdrawal
- Isolation from peers
- Chronic discipline problems at school, attention-getting behavior
- Increase in physical complaints
- Inappropriate sexual acting-out, sexually seductive behavior
- Sudden drop in school performance
- Sudden change in attitude, personality
- Inappropriate understanding of sexual behavior; sex play with toys, dolls
- Poor self-image; overall appearance, cleanliness
- Reports of severe nightmares/sleep disturbances/fear of going to bed
- Regressive behavior/retreat into fantasy world
- Suicidal feelings
- Clinging/whining to non-abusive parent
- Loss of appetite
- Exaggerated fears
- Not wanting to go home/wanting to go home with teacher

Note: There is no behavior that is totally indicative of sexual abuse, nor does the absence of signs mean abuse has not occurred.

If you suspect that a child is being abused or neglected, refer to local child welfare authorities for further investigation.

Risk factors for Abusive Parents

- frequent geographical moves
- financial stresses such as uncertain employment, changes in employment or underemployment or other stressors
- married at a young age
- pregnancy before or shortly after marriage
- difficult labor and delivery
- abusive families during own childhood
- marital difficulties
- social isolation
- unrealistically high expectations for children
- role reversal with children
- poor control of children
- inability to cope with crises; low frustration tolerance
- perceive child's behavior as intentional and as very stressful
- poor parenting skills
- rigid, limited repertoire of discipline approaches

DEPRESSION

Signs and Symptoms

- frequent depressed mood
- crying
- decreased interest in things
- change in appetite/weight (increase or decrease)
- difficulty sleeping or sleeping too much
- feeling slowed down
- loss of energy, chronically tired
- low self-esteem, self-blame
- poor attention/concentration
- suicidal thoughts or thoughts of death
- hopelessness

Facts about Depression

- 10-25% of women and 5-12% of men will experience Major Depression at some time in their life
- Major Depression is associated with more pain and physical illness and decreased physical, social, and role functioning
- 15% of people with severe Major Depression die by suicide
- risk of Major Depression higher if you've had previous episodes or if you have relatives with a history of Depression
- without treatment, over 50% will continue to have symptoms for longer than a year
- Major Depression often follows severe, stressful events

Helping the Depressed Person

- Encourage participation in activities that once gave pleasure
- Offer emotional support individually and/or in support group setting
- engage the depressed person in conversation and listen carefully
- do not deny feelings expressed, accuse the depressed person of faking illness or laziness, or expect him/her to "snap out of it," rather point out realities and offer hope
- Help the individual get appropriate diagnosis and treatment
- suggest to the depressed individual that they see a counselor
- assist the individual in making an appointment and/or going for the appointment
- encourage them to comply and continue with treatment
- Enlist others to help you assist the depressed person
- Listen to your own instincts
- let a professional know if something the depressed person said is bothering you

Facts about Suicide

- 80 - 95% of people who attempt and complete suicide give warning signs
- men are more likely to use lethal methods (guns) resulting in more deaths by suicide
- women more likely to attempt suicide and not die, due to less lethal methods (pills)
- improvement in depression often precedes suicide
- suicide most common among divorced people
- the rate of suicide among Native Americans is twice the national average

Common Predictors of Suicide

- depression or other mental disorder
- alcohol or other substance abuse
- suicidal ideation, talk, preparation
- prior suicide attempts
- lethal methods
- isolation, living alone, loss of support
- hopelessness, cognitive rigidity
- being an older white male
- modeling, suicide in the family
- economic or work problems, certain occupations (psychiatrists, psychologists, physicians, dentists, lawyers, & unskilled laborers)
- marital problems, family pathology
- stress and stressful events
- anger, aggression, irritability
- physical illness

Assessing Lethality of Suicide Risk

1) Ask the person - "Sometimes when people are having problems like yours, they think about hurting themselves. Is this happening with you?" "That's quite a load for one person to carry. Has it made you think about hurting yourself?"

2) Ask about plans -

"Tell me what you would do."
"Do you have a plan to hurt yourself?"
"What were you planning to do?"

3) Ask about means -

"Do you have a gun/pills/poison (or whatever they would use)?"

4) No Harm Agreement -

Will they give you an unconditional agreement not to harm themself

Have them say (and sign), "No matter what, I will not harm myself, by accident or on purpose"

5) Referral for treatment

Anyone indicating suicidal thoughts should be referred for professional treatment; if there are not an immediate risk, you can give them information and then follow-up to see if they made contact; if the individual is a current risk, they should be referred immediately for treatment

6) NO CONFIDENTIALITY

Serious concerns about suicide should not be kept confidential!

Treatment for Depression

- Hospitalization if severe functional impairment or high suicide risk
- Outpatient counseling very effective in reducing symptoms of depression and preventing relapse
- Medications effective for many; take several weeks to show improvement
- Medication and counseling capitalize on benefits of both
- Self-help books can be effective for mild depression
- Counseling which focuses on changing thinking and increasing pleasurable activities seems to be best

SUBSTANCE ABUSE

Facts about Alcoholism

- 7 to 9% of people abuse or are dependent on alcohol in any one year period
- 13 to 23% of people will have an alcohol problem at some time in their life
- men are five times more likely than women to have an alcohol problem
- alcohol abuse is a leading cause of physical problems resulting in hospitalization
- alcohol abuse is a factor in many suicides, homicides, and criminal behavior
- alcohol abuse is associated with increased rates of child abuse

Warning Signs of Alcohol Abuse

- pattern of increased use
- secretive drinking
- drinking in the morning
- tremors or shakes when not drinking
- daily drinking
- social or occupational impairment
- drinking in high-risk situations

Patterns of Alcohol Abuse

Chronic Drinking

- individual drinks large amounts every day
- drinks until intoxicated
- plans life around drinking
- social and occupational impairment evident

"Social" Alcoholic

- individual drinks primarily evenings and/or weekends
- work not usually affected
- minimal cravings

Binge Drinking

- periods of abstention followed by periodic binges
- during binge, may be intoxicated for days

Treatment for Substance Abuse

- Alcoholics Anonymous

  12 step support group which encourages complete abstinence

- Detoxification

  medically supervised withdrawal from alcohol; necessary to prevent Delirium Tremens (DT's)in heavy, chronic (or binge) drinker

- Inpatient Treatment

  generally follows AA model, with inclusion of relapse prevention, education, and medication if necessary; heavy emphasis on group support

- Outpatient Treatment

  programs generally similar to inpatient, can be as effective as inpatient if individual has adequate support and can abstain in unsupervised setting

PEER LISTENER TRAINING

SESSION V

SUPPORT SEEKING

And it is still true,
no matter how old you are,
when you go out into the world,
it is best to hold hands
and stick together.

- Robert Fulgram -

SOCIAL SUPPORT

I. Providing support

II. Informal support

III. Formal Sources of support

IV. Peer Listener Network

- A. Confidentiality
- B. Supervision
- C. Referral
- D. Documentation

SOCIAL SUPPORT

We all need a network of friends and neighbors who support us through good times and bad. A "social support system" includes people who live and work with us; people we share ideas and feelings with; people who celebrate successes with us and who bring us up when we are feeling down.

Many people who survive a disaster experience a strong desire to separate from others. They withdraw, even from the people they are closest to. It's hard to face people when even a casual, "How are you doing?" can be difficult to answer. But ongoing avoidance of family, friends, and strangers make everything harder for everyone. It's an odd irony that we're most likely to turn away from people right when we need them most. Overcoming the tendency to isolate takes real strength and discipline.

Research shows that people who see being able to ask for help as a strength come through disasters stronger and healthier than those who view seeking help as a weakness. Some people say they are "too proud" to ask for help. Yet even these people probably have asked for help at one time or another. Somehow when a crisis occurs we can forget there are people ready and willing to help us. As a Peer Listener, you will be providing support to people who are seeking support, but more importantly, you can be a source of support to those who are uncomfortable asking for it.

PROVIDING SUPPORT

Support Functions

1) **Listen:** Each of us have occasions when we need people who will really listen to us, without giving advice or making judgments. We need someone with whom we can share the joys of success as well as the pain and frustration of failure.

2) **Providing emotional support:** Most of us need a person/s willing to provide unconditional support--people willing to be on our side in a difficult situation even if not in total agreement with what we are doing.

3) **Providing physical support:** Sometimes we need a person/s willing to provide physical help--help with childcare, eldercare, or chores; help with around the house or meeting demands of seasonal pressures.

4) **Affirming skills:** All of us need appreciation for the skills we possess and the work we do. This affirmation of competence has two dimensions: work skills and personal skills. Affirmation of work skills should come from people who work in the same field; personal skills can come from anyone we respect and trust.

5) **Providing challenge:** When we are not challenged, we run the risk of stagnation. Most of us need others who will stretch us by questioning if we are really doing our best to overcome obstacles. Such friends can also help us cut through our emotionality and arrive at a more rational decision on a troublesome issue.

6) **Playing:** Each of us needs others with whom we can have fun--people we can play with, people we can joke with, people with whom we can let our hair down and just be ourselves. Humor and play can help us to gain a new and fresh perspective on the perplexing situations which confront us.

HELPING OTHERS

- Show by words and actions that you care
- Help the person to accept help
- Help with everyday tasks
- Help the person confront the crisis and talk about it
- Be a good listener
- Don't give false assurances
- Don't encourage them to blame others
- Help them to look at all of the facts and alternatives
- Encourage the person to focus on the practical futures
- Encourage sensible health habits
- Respect their privacy

INFORMAL SUPPORT

A Peer Listener Network can serve as an informal support service for community members, particularly for those individuals who are reluctant to use formal support networks.

What is Helping?

Four factors affect what happens to people when they encounter stress, hardship or difficulties:

1) the hardships resulting from the situation,
2) the person's or family's perception of the situation,
3) the person's or family's strengths, resources, and coping skills,
4) and the person's or family's outside resources/support

Offering Help

Helping is basically a process of enabling a person to solve a problem, face a crisis or grow in the direction he (or she) chooses. The helper's role involves providing the person in need an opportunity for working through his (or her) feelings, finding alternatives, and becoming ready to act. It is not your role to decide if help should be given. The person or family needs to decide for themselves whether they want help at all and what kinds of help they are willing to receive.

It can be difficult for people to accept help. One way people avoid facing a crisis is to deny that they need help. These people may brush off offers of assistance and project the illusion that "everything is all right." People who weather crises best are those who are able to accept or even enlist the help of others.

You can make it easier for others to accept help by your own attitudes. Affirm (for yourself and to them) that asking for and accepting help is a sign of strength and maturity. You also can make it easier by improving your helping skills; some of our natural tendencies may not be helpful to a person in crisis.

WHEN "HELPING" IS NOT HELPFUL

- The helper fails to listen.

People in crisis need to talk. Talking helps the person to relieve some tensions, see the situation in a clearer light and often see solutions for themselves. Don't underestimate the value of listening.

- The helper gives advice.

Advice may be appropriate, eventually. But it should only come after the person has had an opportunity to talk about the situation and about feelings. If you give advice when the person still feels unheard, your words may fall on indifferent or even offended ears. *Listen first.*

- The helper merely says, "I'm available."

The person needing (perhaps even wanting) help may not feel comfortable asking if this is the only invitation you give. When you offer specific things you can do, the person can choose something that is needed with less fear of rejection.

- The helper gives false assurances.

All of *our* feelings urge us to give reassurance. But a "don't worry, everything will be all right" approach does the person a disservice. Everything may not be all right. This kind of "assurance" may make the person believe it is wrong to have feelings of hurt, fear, or anger. It is better to assure people in crisis that we have faith in their ability to work through the problem. Let them know that you are willing to work through the situation with them. If you are not able to help, strongly consider referring the person to another professional who may have the information, the services, or the skills the person needs.

Helpers Are...

Genuine - real in their relationships,
without facade or front

Empathetic - feeling *with* another

Caring in a non-possessive way

Accepting without imposing conditions or judgments

Willing to let others have the responsibility for
their own growth and change

Aware of their own limitations -
their strengths and weaknesses

Willing to learn new skills to listen better
and help more effectively

Committed to their personal growth
and the well-being of their own families

THE DIFFERENCE BETWEEN HELPING AND RESCUING

When we listen to people's problems, it is easy to get caught up in their concerns and impulsively volunteer advice or assistance before it is requested. This is generous, but may rob the person you're saving from an opportunity to tell you the whole story. Here are some characteristics of HELPERS and RESCUERS.

THE HELPER...

- Listens for a request
- Presents an offer
- Gives only what is required
- Checks periodically with the receiver
- Checks results:

  functioning better?

  meeting goals?

  solving problems independently?

  using suggestions successfully?
- Listens more than talks

THE RESCUER...

- Gives when not asked
- Neglects to determine if an offer is welcome, and usually has a personal investment in the person's accepting help
- Gives more help than needed and longer than desired
- Omits or ignores feedback
- Doesn't check results. Feels good when help is accepted, feels hurt when turned down
- Does most of the talking

HOW TO BE A PEER LISTENER

General Guidelines

1) Seek and be sought

2) Listen and watch

3) Talk - let other's know what you've learned about the long term mental health effects of disasters; tell them about the programs available without waiting for them to ask

4) Normalize feelings and behavior

5) Take care of yourself!

Initiating Contact

1) **Assure privacy, safety, and trust**. Let the person crisis know that this is between the two of you -- unless he plans to hurt himself or another.

2) **Use a door opener to start the dialogue**.

3 **Listen completely to the individual.** Listen for verbal and nonverbal signals. Listen to feelings communicated.

4) **Reflect back a feeling that you hear:** "You're scared about where the money will come from, is that it?

5) **Help the individual focus and clarify**. Sometimes people in crisis feel overwhelmed by too many issues. Focus on one at a time. "It sounds like you're troubled about arguments between your daughter and wife, as well as being worried about the money problems. Which one of these most concerns you? Let's work on that one first.

6) **Check out what options are available to help remedy the problem:** "What have you used in the past to help you? What are you considering now?"

7) **Research other options:** "I hear that the _____ has a good program on financial management. Why not give them a call!"

8) **Affirm confidence in that person's ability to make choices:** "I'm confident that you'll figure this out. I'm here to support you in your decision-making process."

9) **Follow-up to discover what steps have been taken and their success rates:** "Last week you decided to make an appointment at Sound Alternatives. Did you have a chance to speak to anyone there? Did you find that helpful?

10) **Begin the process again for another problem area, or let go.** Allow the individual to continue on his own journey or refer him to another who may provide different assistance.

FORMAL SOURCES OF SUPPORT

Formal support includes individuals and agencies in the community that are designed to provide support, such as churches, mental health agencies. Formal support services are rarely sought by disaster victim's who do not perceive themselves nor wish to be labeled as "mentally ill." In addition, in rural communities, formal support services are often very limited.

In addition to services provided by community agencies, self-help groups can be another source of formal support for individuals in need.

Types of Support

Mental Health

- Individual therapy
- Group therapy
- Treatment programs
- Crisis intervention
- Hospitalization
- Self-help groups

Occupational/Financial

- loan services
- government programs
- employment services

CONFIDENTIALITY

You will generally need to spend time building trust with someone before they are willing to talk with you about sensitive issues. Remember that trust is not given but earned.

Confidentiality plays a big role in earning trust, and is an important part of being a Peer Listener. Because confidentiality can mean different things to different people, confidentiality expectation for the Peer Listener are given below:

- Personal and financial information of others is **NEVER** discussed among friends, family, or acquaintances
- Personal and financial information of others is never discussed in public
- Names of those with whom you work are shared only with your supervisor
- Personal files or case notes of those with whom you work should be stored in a safe place not accessible to others. You and your supervisor must decide on the location of the safe place and who will have access to it
- No participants shall be referred to other agencies without their consent
- When you are not sure how to handle a particular situation, discuss it only with your supervisor or agency contact
- When you need to use general information for reports, use no names of participants

CONFIDENTIALITY (Cont.)

Exceptions to Confidentiality

- when someone threatens physical harm to himself or herself or another individual, you need to let that person know that you **cannot** keep that information to yourself; try to get his or her permission to contact a mental health provider, minister, sheriff, or other professional; you cannot obtain consent, let the person know you must seek help on your own initiative

Violating the confidentiality agreement between you and those people with whom you work can destroy any trust you have established or progress you've made. It can hurt both your reputation and the reputation of your sponsoring agency. Please take these confidentiality expectations seriously!

THE IMPORTANCE OF CONFIDENTIALITY

Your clients, like your closest friends, put their trust in you and confide personal information and feelings. **They deserve complete confidentiality.**

FOCUS:

a. Impress on you the importance of keeping confidentiality and discussing it with the individual with whom you intervene.

b. Help you become aware of some seemingly innocent traps.

Illustration:

You have seen a sixteen year old daughter of an acquaintance. In her need to talk, she really unloaded a lot in the first session. You did not get around to telling her how you would handle confidentiality if her parents called. Her mother did call and all you told her was that you and Cathy got on well and that you expected her for another session. Cathy did not return. Although you did not break confidentiality, you had not made that clear to her during the first meeting. She was afraid of you telling her mother her innermost thoughts.

Comments:

Persons who need emotional first aid have a need to share their feelings, fears and inner thoughts as well as to confess behavior they would not report to others. In short, they need to be able to trust you.

There is a problem of what you actually do with the confidential information. Then there is the problem of what the client fears you may do or have done with it.

In any situation, such as in a small community, where the client and you have many overlapping relationships, the situation is fraught with *real* and *imagined* dangers.

There are situations where some other person such as a spouse, parent, lawyer or police may attempt to get information from you. Even in these situations, it is important to respect the privacy of your client unless they have told you it is okay to talk to a designated person.

Peer listeners need to be clear themselves about their own principles and ability to keep confidentiality. You must inform your clients about how you will maintain confidentiality; do not assume that they will know without you telling them.

If for some reason you need to talk to another person about the client, such as a family doctor or parent, be sure to get the client's permission; in writing is best.

Prior to talking to someone about the client, discuss with them what you will say and be sure that they are comfortable with the level of information you are providing. Do not provide unnecessary information when talking or writing about a client, whether you are talking to the family doctor, the school principal, an employer, etc. Get to the point and report only what is essential and relevant.

If you have a peer or consultant to whom you turn for help and/or from whom you receive training, inform your clients that you have this support. Do not ever put yourself into situations where you cannot turn for help. Assure the client that this is normal practice for you and that you will maintain appropriate confidentiality.

REFERRAL

TIPS TO HELP YOU ENCOURAGE A FRIEND TO SEEK PROFESSIONAL HELP

Before you decide it's too difficult to get your friend to seek help, remember, your encouragement is important. Without your support, your friend may not seek needed professional advice.

Following are some tips that should help you as you confront a friend you're concerned about and encourage him or her to seek professional help.

1) Plan a Caring Confrontation

If possible, try to talk with your friend when neither of you is rushed or distracted. Use phrases such as I've been worried about...or I'm bringing this up because I really care about you..

2) Protect Privacy

Find private space and make sure there are no interruptions while you are talking. Send the children to play in the next room, unplug the telephone, etc. Sensitivity to your friend's privacy communicates trust, respect, and sincerity.

3) Discuss Specific Behaviors

Prior to the caring confrontation, list the behaviors you've seen your friend exhibit that concern you. Your list might include withdrawal, anger, self-destructive action, depression, lack of sleep or loss of appetite.

4) Ask What Your Friend Thinks and Feels

Being confronted with an emotionally painful problem is stressful. Initially, your friend may feel confused, frightened, embarrassed, or defensive. It may be hard for him or her to respond to your concerns.

Ask your friend, How do you feel about the problem?

Then be a good listener. Listen to the words and feelings expressed, and check for understanding. Support any attempts your friend makes to respond to the concerns you've voiced.

5) Understand Possible Barriers and Offer Alternatives

Before you approach your friend about the problems, understand what barriers may be keeping him or her from seeking professional help and be able to offer suggestions to help overcome these barriers.

For example, some people believe that only those who are mentally *ill, crazy, or psychotic* seek professional help. Since they don't want their friends, neighbors, or family members to label them as such, they won't seek help from a counselor.

They may not realize that counselors also work with individuals struggling with personal problems similar to their own. The counseling setting offers such individuals a trusting, warm, and non-judgmental atmosphere in which to work out difficult problems with the help of an expert.

Others feel they can't afford the consultation fees or transportation costs. They may lack practical information about costs, sliding fees, use of health insurance, and the availability of transportation assistance from friends, churches, and other community sources.

Still others have more personal fears. Confronting a problem and accepting counseling to change the problem can create anxiety and increase personal vulnerability. Some people feel accepting help is not a positive and strong response to solving a problem.

Being a good listener is especially helpful in identifying and understanding what barriers are keeping your friend from seeking

help. Listen to the reasons your friend gives for not seeking help. Then, be able to counter with information about cost, use of insurance, the benefits of counseling, etc.--whatever is appropriate.

When preparing for your caring confrontation, ask yourself the following questions: *What barriers might I set up if I were to need professional counseling? What would my personal fears be? What information would I find useful?*

6) Locate Possible Community Resources

Before talking with your friend, you also need to know what community resources are available. Making the first contact often is the most difficult part of getting help. Offer to call a counselor for your friend or go with him to the first appointment. You can also leave the name number of a good counselor with your friend. Then your friend can call when he or she is ready.

7) Continue to be Supportive

No matter how much you prepare for your first caring confrontation, you still may not be able to convince your friend to seek professional help. Don't be discouraged!

You have taken an important first step in helping your friend. You have confronted him or her about the problem, and you have shown that someone cares. Continue to offer support and encouragement. It may take much time and effort to get your friend to seek help.

Encouraging a friend to seek professional help to work out a serious personal or family problem is not an easy task. But it is a worthwhile one. We all can make it through tough times when we have *a little help from our friends!*

WHEN TO MAKE A REFERRAL

When You're Over Your Head:

Guide your client in considering courses of action or resources for help. If your client's needs fit your skills, perhaps you can help. Quite often the problem can't be solved by you or the person you are helping. In these situations, it is best to refer the person to someone else or to a group who can offer more specific assistance. This may be professional help (legal, financial, emotion,, spiritual) or perhaps a support group or a supportive person.

Do not hesitate to admit that you don't know how to solve the problem. Just be willing to help the person find someone who might know. As you make the referral, remind your client that you do care. You care enough to want the best possible help or service for that person.

Your most important gift to your clients is your listening, your acceptance and your sincere interest in them. To know you are not alone gives courage.

When to refer your client:

1) When you feel persistently uncomfortable

2) When you believe that improvement is "impossible" or the situation is "hopeless"

3) When the person you visit with says, "nothing is helping" or what you provide the person isn't helping

4) There is an obvious change in speech, appearance

5) The person continues to be so emotional he or she can't communicate

6) There is ongoing deterioration of life (social and physical)

7) All the person discusses are physical complaints

8) There is a sudden onset of memory confusion

9) Substance abuse

10) Hallucinations, delusions or severe pathology

11) Threats of self harm or harm to others

12) Aggression and abuse (verbal and physical)

13) If the situation seems horrible or unbearable; ***and most importantly,***

14) If you're unsure, then refer!

HOW TO REFER A PERSON FOR HELP

1) Be aware of agencies and resources available in your community. Get to know the professionals and volunteers in your community who can help-- find out what services they offer and what their limitations are. Be sure to touch base with the following: Extension, social services, mental health, public health, community action, food pantries and support groups.

2) Listen for signs and symptoms that the person or family needs help that you can't provide (i.e., legal advice, financial advice, personal counseling). Remember, you can be the link the person or family needs to resources that can help them deal better with their situation.

3) Assess what agency or community resource would be most appropriate to address the person's (or family's) problem. This is why it's important to know what community resources are available. If you have any questions about whether an organization could be of help, given them a call and ask.

4) Discuss the referral with the person or family. You might say, "I sense that you need help with ___. I think ___ organization can help you." It's even more useful if you can say "I know of a fisherman that went to __ organization and they found it to be very helpful." In short, if you know of fishermen who have been helped, share their experiences but keep their names confidential.

5) Explore the individual's or family's willingness to contact the community resource. You might say, "Does it make sense to you to contact ___?" or, "How do you feel about seeking help from this agency?" If the person or family feels comfortable making the contact, simply urge them to do so.

6) If the person or family is unwilling to make the contact or if there is some danger if action is not taken, you should take the initiative:

a. Call the agency and ask to speak with the intake worker (if there is one).

b. Identify yourself and your relationship with the person or family.

c. State what you think the person's or family/s needs are (depressed, suicidal, needs food or fuel, needs legal advice).

d. Ask the agency what follow-up action they will take and what (if anything) you can do.

7) Try to find out whether the person or family contacted the resource and whether they were helped. Don't pry for details--just make sure they know that you care and that you want them to get the help they need.

DOCUMENTATION

Following any type of contact with an individual, be sure to complete a **Peer Listener Contact Form**. These forms will be used as documentation of contacts for supervision purposes as well as for data collection regarding the effectiveness of the program.

A Contact Form should be filled out for each contact you have with an individual, indicating on the form if it is a repeat contact.

PEER LISTENER PROGRAM CONTACT FORM

Sex: Male Female

Age: (approximate) Less than 20 20 to 29 30 to 39 40 to 49 50 to 49 Greater than 60

Occupation: _____

Contact initiated by: Listener Client Other

Comments: _____

_____

_____

_____

_____

_____

_____

Type of Problem: Interpersonal Occupational Marital Family Other

Comments: _____

_____

_____

_____

_____