

Survivor Corps Training Manual

Peer Support Worker's Training Manual

March, 2009



**SURVIVOR
CORPS**

RISE ABOVE. GIVE BACK.

We want to know what you think of this training and this manual.

We are trying to produce materials that will help you to help others; therefore we want to know how you think these materials can be improved.

You can submit the written evaluation form at the end of each day, and you can approach a facilitator at any time with your comments.

Or contact us at training@survivorcorps.org.

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Peer Support in Practice: Peer Support Worker's Training Manual

Preface

This manual is for participants in Survivor Corps' Peer Support Worker Training Course, during a 3-day training for Peer Support Workers (PSWs).

The questions in this manual are intended to help participants think about why they want to become Peer Support Workers and to learn about what it means to provide peer support. The questions will be used to stimulate in-class discussions with the hope that an exchange of ideas will help participants better understand the kind of work they will be doing.

You should spend some time thinking about each question and writing down the answers before class so that you can contribute your thoughts to the discussion. The questions given here are only starters; inevitably they will lead to other more complex questions, all of which are important to the work that you will be doing with other veterans.

There are very few "right" or "wrong" answers, but the trainers are there to orient you to relevant issues and concepts that you should be aware of. Often the answer will depend on who you work with, but with all veterans there are some fundamental similarities, and Peer Support, if done properly, will always make a positive difference in people's lives.

The "Tools and Ideas" pages contain information that is essential for you as a Peer Support Worker to know. These pages are about the human response to trauma, recovery from trauma, communication skills, and tools to measure a veteran's progress in recovery. The information presented is as authoritative and up-to-date as possible, but a lot more information on these topics is available, and you are encouraged to study, read and learn more about them.

The training is designed with problem-solving exercises that relate to the kind of work you will be doing, and role plays to give you an opportunity to practice communication skills in the classroom. Everyone can learn from everyone else so feel free to contribute your own stories, ideas and experience to this training.

Peer Support in Practice: Peer Support Worker's Training Manual

Course Description

Course Objectives

This Peer Support Worker's Training Manual is designed to help Peer Support Workers learn to provide psychosocial support to veterans, and to connect veterans with local resources that would enhance their recovery.

By the end of this course participants will be able to:

- Identify the psychological, emotional and social consequences of surviving a traumatic experience.
- Define Posttraumatic Growth and describe some of its characteristics.
- Define peer support and explain how it can fulfill veterans' emotional and social needs during recovery.
- Identify approaches to reducing grief and anxiety and ways to build self-confidence and empower veterans.
- Explain how to communicate using effective verbal and non-verbal techniques such as active listening, understanding, validating, etc.
- Describe methods and tools used to monitor a veteran's progress in recovery and how an Individual Action Plan (IAP) can facilitate the recovery process.
- Explain how to effectively connect with a veteran who is having an emotional crisis, and identify some techniques for resolving the situation.
- Identify the signs and symptoms of stress in themselves and others and successful ways of mitigating its effects.

Course Outline

1. What is Trauma?

The course begins with an overview of the psychological effects of a traumatic experience and veterans' typical individual responses over time, especially to the stress of combat. We will then discuss the positive aspects of recovering from trauma such as Posttraumatic Growth, and we will look at the natural processes of recovery that occur in survivors of trauma.

Topics will include:

- Human responses to Trauma and Stress
- Common Reactions to a Traumatic Event
- What Helps and Doesn't Help (*short exercise*)
- The Five Steps to Overcoming Trauma
- Posttraumatic Growth: Positive Change After Trauma
- What can be done to promote PTG?

2. Defining Peer Support

This session covers the meaning of peer support and how it can be applied to assist a veteran in a five-step recovery process. Fundamental to peer support is the concept of empowerment, which is integral to the process of recovery and reintegration into the civilian community.

Topics will include:

- The principle of empowerment in the process of recovery
- How peer support promotes growth and self-confidence
- Knowledge, attitudes and skills and the roles and responsibilities of PSWs
- Monitoring a veteran's progress and the Individual Action Plan (IAP)

3. What Makes a Good Peer Support Worker?

We identify and define qualities, characteristics, knowledge attitudes and skills that PSWs need in order to provide effective peer support. Then we discuss job responsibilities that a PSW would have in a typical peer support program.

4. Monitoring a Survivor's Progress

How does a PSW measure the progress of a veteran over time? Three simple measurement tools are introduced and discussed: The Recovery Chart, which uses milestones of

recovery on a continuum; the Individual Action Plan (IAP), in which a veteran identifies short-term objectives and the means of achieving them; and the SF-36, which is a psychometric tool used to determine an individual's perception of his or her health.

5. Communication Techniques: Listening, Understanding and Validating

This set of sessions will introduce specific skills required for PSWs to provide quality peer support. Course participants will discuss:

Topics will include:

- Talking to and listening to veterans
- How to obtain information in order to assess a veteran's needs

6. Providing Peer Support

Here we address the essential activities involved in providing peer support to veterans, using role plays to simulate the interpersonal dynamics between PSW and veteran.

Topics will include:

- Strengthening healthy coping behaviors and helping veterans solve problems
- Setting boundaries and managing expectations
- How links and referrals work
- Helping veterans deal with persistent problems that interfere with their progress
- Developing problem-solving skills and self-confidence to confront issues and manage stress

7. Crisis Resolution with Veterans

PSWs may have to deal with veterans in emotional crisis, and the skills they acquire in training will need to be well-developed and effective. In these sessions we cover the problems that can lead to crises and a simple, direct approach to establishing a bond with the veteran that will resolve the crisis.

Topics will include:

- Situations that require intervention
- Recognizing and Responding to Mental Health Emergencies
- Getting help and support for veterans in crisis situations
- The LUV Triangle
- Co-creating a survival story

Participants will also learn how to use role plays to teach PSWs about crisis intervention.

8. Groups, Families, and the Community

Involving veterans' families and community members in Peer Support efforts to promote recovery and reintegration is essential. Support groups are a useful and cost-effective means of bringing veterans together for emotional support and/or to engage in thematic activities which, by taking place in a social environment, accelerate healing. In this session participants will examine how families can be encouraged to support veterans, the way groups function and the dynamics of groups as a means of helping PSWs learn to start and facilitate group activities.

Topics will include:

- Involving families and the community in veterans' recovery and reintegration
- Encouraging veterans to meet and assist other veterans who are returning from military service overseas
- The importance of "Giving Back" to the community
- Working with veterans' support groups:
 - Types of groups
 - Starting a group
 - Facilitating group meetings
 - Setting group objectives with the Group Action Plan (GAP)

9. Peer Support Role Play Exercise

Each participant will take part in two role plays, one in the role of PSW and a second in the role of veteran. Discussion will focus on identifying the best techniques of communication and providing peer support in dealing with a certain situation.

10. Wrap-up and Graduation

During the course, pretests and posttests will be administered, and the participants will submit evaluations on each session and on other aspects of the course. Participants will receive certificates upon completion of the training.

3-Day Peer Support Worker Training Schedule

DAY 1

DAY 1 (morning):			
8 – 8:45	45 min	Opening events: - Welcome - Introductions - Participant Expectations for Workshop Overview of Agenda	Short Presentations Individual Question & Answer Discussion
8:45 - 9	15 min	Pretest	test
9 – 10	60 min	What is Trauma? - Human responses to Trauma and Stress - Common Reactions to a Traumatic Event - What Helps and Doesn't Help (<i>short exercise</i>) - The Five Steps to Overcoming Trauma	Lecture & Discussion Short Group Exercise
10 - 10:15	15 min	BREAK	
10:15 – 11	45 min	Posttraumatic Growth: Positive Change After Trauma - The five areas of posttraumatic growth - What can we do to promote PTG? - The PTG Inventory (<i>short exercise</i>)	Lecture & Discussion Short Group Exercise
11 – 12	60 min	Defining Peer Support - The principle of empowerment in the process of recovery - How peer support promotes growth and self-confidence	Lecture & Discussion
12 - 1	60 min	LUNCH BREAK	

DAY 1 (afternoon):			
1 - 2	60 min	Empowerment and Choices (<i>short exercise</i>)	Short Group Exercise
2 - 3	60 min	What makes a good Peer Support Worker? - Knowledge, attitudes and skills needed to offer quality peer support - Roles and responsibilities of PSWs	Short Group Exercises & Discussion
3 - 3:15	15 min	BREAK	
3:15 - 4	45 min	Monitoring a veteran's progress - The Recovery Chart (<i>short exercise</i>) - The Individual Action Plan (IAP)	Short Group Exercises & Discussion
4 - 5	60 min	The SF-36 (<i>short exercise</i>)	Short Group Exercise

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DAY 2

DAY 2 (morning):			
8 – 9	60min	Communication Techniques <ul style="list-style-type: none"> - Assessing a veteran's needs (<i>short exercise</i>) - The LUV Triangle - Basic Principles of Communication 	Short Group Exercises & Discussion
9 -10	60 min	Providing Peer Support <ul style="list-style-type: none"> - Building Trust - Strengthening Healthy Coping Behaviors - Managing Expectations 	Lecture & Discussion
10 - 10:15	15 min	BREAK	
10:15 – 11:15	60 min	<ul style="list-style-type: none"> - How links and referrals work - Peer Support Visits - Handling difficult situations (<i>short exercise</i>) 	Short Group Exercises & Discussion
11:15 - 12	45 min	Crisis Resolution with Veterans <ul style="list-style-type: none"> - Situations that require intervention - The “Crisis Story” and the “Survival Story” 	Lecture & Discussion
12 - 1	60 min	LUNCH BREAK	

DAY 2 (afternoon):			
1 - 2	60 min	Recognizing and Responding to Mental Health Emergencies	Lecture & Discussion
2 - 3	60 min	Sources of Help and Support: Creating a Resource Map (<i>exercise</i>)	Group Exercise
3 - 3:15	15 min	BREAK	
3: 15 – 4	45 min	Working with Families and the Community <ul style="list-style-type: none"> - Involving families in veterans' recovery - Working through a crisis with a veteran's family - “Giving Back” and the importance of giving back in the recovery process 	Lecture & Discussion
4 – 5	60 min	Working with veterans' support groups <ul style="list-style-type: none"> - Types of groups - How groups can promote a veteran's recovery - Starting a peer support group - Facilitating a meeting - Setting group objectives with the Group Action Plan (GAP) (<i>short exercise</i>) 	Lecture & Discussion Group Exercise

DAY 3

DAY 3 (morning):			
8 - 10	120 min	Peer Support Role Play Exercise	Pairs exercise
10 - 10:15	15 min	BREAK	
10:15 - 12	105 min	Wrap-up: <ul style="list-style-type: none"> - Verbal & Written Evaluations - Closing Remarks - Posttest - Certificates 	Discussion, test, graduation
12 - 1	60 min	LUNCH BREAK	

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DAY 1

DAY 1 (morning):			
8 – 8:45	45 min	Opening events: - Welcome - Introductions - Participant Expectations for Workshop Overview of Agenda	Short Individual Presentations Question & Answer Discussion
8:45 - 9	15 min	Pretest	test
9 – 10	60 min	What is Trauma? - Human responses to Trauma and Stress - Common Reactions to a Traumatic Event - What Helps and Doesn't Help (<i>short exercise</i>) - The Five Steps to Overcoming Trauma	Lecture & Discussion Short Group Exercise
10 - 10:15	15 min	BREAK	
10:15 – 11	45 min	Posttraumatic Growth: Positive Change After Trauma - The five areas of posttraumatic growth - What can we do to promote PTG? - The PTG Inventory (<i>short exercise</i>)	Lecture & Discussion Short Group Exercise
11 – 12	60 min	Defining Peer Support - The principle of empowerment in the process of recovery - How peer support promotes growth and self-confidence	Lecture & Discussion
12 - 1	60 min	LUNCH BREAK	

DAY 1 (afternoon):			
1 - 2	60 min	Empowerment and Choices (<i>short exercise</i>)	Short Group Exercise
2 - 3	60 min	What makes a good Peer Support Worker? - Knowledge, attitudes and skills needed to offer quality peer support - Roles and responsibilities of PSWs	Short Group Exercises & Discussion
3 - 3:15	15 min	BREAK	
3:15 - 4	45 min	Monitoring a veteran's progress - The Recovery Chart (<i>short exercise</i>) - The Individual Action Plan (IAP)	Short Group Exercises & Discussion
4 - 5	60 min	The SF-36 (<i>short exercise</i>)	Short Group Exercise

Participant Introductions

Two Truths and a Lie

Procedure:

- Participants divide into pairs, preferably where the two partners do not know each other.
- Each participant should tell their partner their name, where they come from, and then tell them 3 interesting things about themselves. These should be things the partner is not likely to know.
- Each partner reports to the group what he or she has learned about the interviewee. The group has to decide which piece of information is the lie.

What do we mean by 'trauma' or 'traumatic experience'?

This is a standard definition developed by psychologists:

Psychological trauma can be defined as "the unique individual experience of an event or of a period of time, which involves

“Experiencing, witnessing or being confronted with an event or events that involved actual or threatened death or serious injury...to self or others.

The person's response involved intense fear, helplessness or horror.”

Different people can have different responses to the same event, depending on how they feel about what happened. We cannot predict how a person will react to a particular event. The more endangered, overwhelmed and helpless a person feels, the more traumatized they are likely to be.

Let's start by thinking about the way people react to a traumatic event. Think of someone you know who has experienced a traumatic event. Consider what you know about that person's reactions to the event.

Write your answers to prepare for discussion.

1. What was he or she thinking in the first few hours after the experience?

TOOLS AND IDEAS 1: Human Responses to Trauma and Stress

We think of a traumatic experience as one in which a person's life, physical health, or mental health are threatened or damaged, including events that are witnessed. Whether or not an event will be traumatic depends on how the veteran reacts to it. We all know of veterans who experienced terrible events but did not seem to be "traumatized", or at least they do not show any signs of trauma. On the other hand, some people exhibit signs of psychological trauma after a seemingly trivial event. What is trauma and why do people respond differently to a particular event?

Definition of Psychological Trauma

Psychological trauma can be defined as "the unique individual experience of an event or of a period of time, in which:

"Experiencing, witnessing or being confronted with an event or events that involved actual or threatened death or serious injury...to self or others.

The person's response involved intense fear, helplessness or horror."¹

What are the risk factors for developing psychological trauma? What are the protective factors that prevent psychological trauma?

Risk Factors:

- The event itself: How long did it last? Was it repeated over time? Did the event itself last hours, days, weeks, or longer? Were others involved or was the veteran alone? Was the veteran a witness or actually involved in the event? Traumatic events are more likely to have long term mental health effects if they are repeated over days, weeks, or longer. The effect of experiences builds up if events happen repeatedly.
- Personal factors: Veteran's personality, optimism or pessimism, values and beliefs, and the meaning of the event for the individual. The person's physical and mental health, age and maturity, past history of trauma or abuse are relevant.
- Social factors: negative reactions of other people to the veteran, lack of support; lack of people who are willing to listen and help the veteran interpret the event. Veterans who are rejected, ridiculed or not accepted by people they live with will have long term mental health problems.

¹ Diagnostic and statistical manual of mental disorders: DSM-IV. Washington, DC: American Psychiatric Association, 1994, p. 209.

Protective Factors

- Social support from family and friends and a loving, caring environment can keep trauma from causing permanent effects.
- Community support, positive attitudes of society
- Optimism, self esteem
- Spirituality
- Ability to adapt to change
- Ability to find meaning
- Curiosity and openness to new experience
- Sense of humor
- Ability to tolerate stress

Resilience is:

- A combination of protective factors and an individual's personality.
- A person's ability to recover from traumatic experiences and adapt to new changes and demands
- Dealing with, overcoming, and even learning from difficult experiences.
- The result of successfully recovering from a traumatic experience.

TOOLS AND IDEAS 2: Common Reactions to a Traumatic Event

Category	Thoughts and Emotions	Behaviors
Re-experiencing the Traumatic Event	Recalling the traumatic event repeatedly	Easily startled
	Thoughts or images related to the event that cannot be blocked out	Trembling, shaking, sweating
	Nightmares	Difficulty sleeping
	“Flashback” experiences where you feel like you are experiencing the event again	Startle responses
	Feeling upset and physically ill when reminded of the experience	Trembling, shaking, sweating
	Lack of patience, sudden anger	Explosive outbursts, strong reactions to stress
	Guilt feelings	Weeping
Avoiding anything associated with the Traumatic Event	Feeling ‘distant’ or ‘cut off’ from other people	Not talking to people
	Fear of doing certain things that remind you of the event	Staying at home or isolated from others in a closed room
	Unable to remember parts of the traumatic event	Difficulty talking about anything related to the experience
	Feeling emotionally ‘numb’ or unable to have loving feelings for people close to you	Lack of responsiveness to family and friends
Increased Sensitivity and Constant Sense of Danger	Difficulty paying attention	Difficulty sleeping
	Anxiety	Smoking or drinking heavily to relax
		Trembling, shaking, sweating
		Not eating or overeating

Other common emotions after trauma:

- Denial
- Uselessness
- Revulsion
- Frustration
- Worthlessness
- Isolation
- Confusion
- Resentment
- Hopelessness
- Helplessness
- Depression
- Bitterness
- Gratitude
- Lucky to be alive

EXERCISE: What Helps and What Doesn't Help

When someone who is traumatized displays these behaviors, how do other people usually react? Let's make a list of what people do that is helpful and not helpful.

Write down things you think would be helpful, and on another color, things you think people should not do.

Some examples:

DOESN'T HELP

- Pitying the veteran
- Doing everything for the veteran
- Ignoring the veteran
- Making decisions for the veteran without asking

Now, what do you think would be helpful, that would make a veteran feel better, or that would help them recover?

Some examples:

HELPS

- Listening to the veteran
- Visiting the veteran
- Helping the veteran make decisions about the future
- Introduce the veteran to other veterans
- Teaching the veteran how to... (Control anxiety attacks, deal with VA bureaucracy, take medication, etc.)

What about "Left the veteran alone"? Is that helpful or not helpful?

Five Steps to Overcoming a Tragedy

About the Five Steps

Survivor Corps' Five Steps were developed by Jerry White partly as a result of his personal experience as a landmine survivor, and also through his study of many other survivors and their stories.

The Five Steps do not take place in order, and not everyone experiences them. Some steps take place over the course of many years and two or more may occur at the same time. They are suggested here as a way to understand the recovery process in which the veteran is active in growing and healing following a trauma. Recovery is an active process with the veteran as the principle actor. The PSW is just there to make the process easier.

But after surviving a traumatic experience, many people do not have the strength to “pick up the pieces” and get on with their lives. There is too much mental and emotional pain and confusion. This is where the PSW steps in to promote change. The Five Steps are expressed in a “you-can-do-it-yourself” style, to motivate and inspire veterans while acknowledging their pain and feelings of loss. The PSW must be able to “help veterans help themselves” through the process.

TOOLS AND IDEAS 3: The 5 Steps: How Peer Support Promotes Recovery²

1. Face Facts. You must first accept the harsh reality of your situation, however brutal. "This thing has happened. It can't be changed. I can't rewind the clock. So now what?" As painful and difficult as it may be, the veteran needs to recognize how his or her life has changed as a result of the trauma. It is natural not to want to accept what has happened and a phase of grief or mourning is common. But this phase does not usually last long, and facing the facts is needed before the veteran can move on.

2. Choose Life. "I want my life to go on in a positive way." Seizing life, not choosing death or becoming inactive, requires letting go of bitterness and resentments. It can be a decision you must make each day. Once they accept the reality of their situation, many veterans lose interest in going on with their lives, as they feel hopeless and miserable about the future. Making a conscious decision to 'get through it' allows the veteran to look at choices and decide what is important, and then start thinking about the future.

3. Reach Out. One must find peers, friends and family to help break the loneliness that can follow a trauma. "It's up to me to reach out and return to my place in the world. How can I be useful to my community and not a burden?" Finding someone to discuss your feelings with, who can offer you sympathy and support, can relieve much of a veteran's emotional burden, and allow you to share feelings of grief, mourning, and sorrow.

4. Get Moving. Sitting back gets you nowhere. One must get out of bed and out of the house. We need to *move* and take responsibility for our actions. "How do I want to live the rest of my life? What steps can I take today?" Loneliness and depression can lead to a lack of willpower to change things. Veterans benefit from socializing actively, going back to work and getting involved in group activities. New activities force veterans to think about the future and give them less time to think about the past.

5. Give Back. Walking forward with gratitude requires the capacity to give again, through service and acts of kindness. "Will I ever feel grateful again?" Yes, by sharing talents, and personal experience with others. A veteran's readiness to reach out to others and to give back through service and acts of kindness is a sign that they have come through the worst of their trauma and are growing from it. Giving back builds self-confidence and a desire to help other veterans.

² White J. *Getting up when life knocks you down: 5 steps to overcoming a life crisis*. 1st ed. New York: St. Martin's Press, 2008.

TOOLS AND IDEAS 4: Posttraumatic Growth³

The Five Areas of Posttraumatic Growth

Posttraumatic Growth (PTG) is a non-medical concept that refers to more than just illness and recovery. It encompasses five areas of personal development:

Appreciation of life: Veterans feel a greater love of life in general, along with a changed sense of what is important, and a major shift in how they experience their daily lives. This sense of “being so lucky” is common. New priorities including a new sense of the importance of the “little things,” such as a child’s smile and spending time with a toddler, and the recognition of the importance of things formerly taken for granted.

Relating to others: Closer and warmer relationships with other people can also be part of posttraumatic growth. “I realize that relationships with people are really important now ... and I cherish my family a lot more.” However, this sometimes happens along with the loss of other relationships, because, as one person said “you find out who your real friends are in a situation like this.” There is a greater compassion for others who have survived the same difficulties. “I have more sympathy for anybody in pain or grief.”

Personal strength: Veterans feel increased personal strength and resilience to stress. “I can handle things better. Things that used to be problems aren’t problems to me anymore.” This new strength often goes together with a greater sense of weaknesses. Veterans have a clear knowledge that bad things can and do happen and that “if I handled this, then I can handle just about anything.”

New possibilities: Veterans are able to see new possibilities in life or the possibility of taking a new and different path in life. A cancer survivor might become a nurse, so that she could try to provide care and comfort to other persons facing suffering and loss.

Spiritual change: Veterans describe a new spiritual energy which may take the form of a new relationship with God. Even veterans who are not religious can experience this. There can be a greater interest in questions about existence.

³ Tedeschi RG, Calhoun L. Posttraumatic growth: A new perspective on psychotraumatology. *Psychiatric Times* 2004;21(4): 58-60.

What can we do to promote Posttraumatic Growth?

Although posttraumatic growth was first identified about 30 years ago, there are still many unanswered questions about what produces it. Personality characteristics play a role, as do experiences early in life in the family and with other people. Many people who grow after a trauma believe firmly in the fundamental goodness of people and have an optimistic outlook on life in general.

Care and emotional support from hospital staff and from the veteran's family and friends in the immediate period after trauma are crucial to prevent PTSD and promote PTG. The PSW can try to involve family and close friends in the veteran's recovery so that everyone can grow collectively.

Many veterans find that if they have the opportunity to help others in a meaningful way, they will find new strength and inspiration that lead to personal growth. Veteran support groups and "thematic" groups such as those that help veterans find work or generate income, are important because they bring veterans together to share their feelings and experiences in a safe environment.

Read the questions on the inventory page and answer them to the best of your ability. If you have not survived a specific traumatic event in your life, think about a stressful experience which you have been through (not one that is ongoing at this time). Put the answers 0 to 5 in the white boxes and then when you have finished, add up each of the separate columns.

On the next two pages you will find an explanation of the scoring system. You can add all the numbers together to obtain a composite score. Take this inventory again in a few months or a year, and compare your scores to see if you are making progress.

Not everyone experiences posttraumatic growth, and for those who do, it often takes months or years before it is noticeable. However, most people notice some positive changes after a traumatic event, in the same way that some symptoms of PTSD are likely to appear.

The Posttraumatic Growth Inventory

INSTRUCTIONS: For each of the statements below indicate how much this change happened to you as a result of a crisis, using the following scale. Mark your answers in the white boxes, then add the scores at the bottom of each column.

- 0=** I did not experience this change as a result of my crisis.
- 1=** I experienced this change to a very small degree as a result of my crisis.
- 2=** I experienced this change to a small degree as a result of my crisis.
- 3=** I experienced this change to a moderate degree as a result of my crisis.
- 4=** I experienced this change to a great degree as a result of my crisis.
- 5=** I experienced this change to a very great degree as a result of my crisis.

	I	II	III	IV	V
1. I changed my priorities about what is important in life. (V)					
2. I have a greater appreciation for the value of my own life. (V)					
3. I developed new interests. (II)					
4. I have a greater feeling of self-reliance. (III)					
5. I have a better understanding of spiritual matters. (IV)					
6. I more clearly see that I can count on people in times of trouble. (I)					
7. I established a new path for my life. (II)					
8. I have a greater sense of closeness with others. (I)					
9. I am more willing to express my emotions. (I)					
10. I know better that I can handle difficulties. (III)					
11. I am able to do better things with my life. (II)					
12. I am better able to accept the way things work out. (III)					
13. I can better appreciate each day. (V)					
14. New opportunities are available which wouldn't have been otherwise. (II)					
15. I have more compassion for others. (I)					
16. I put more effort into my relationships. (I)					
17. I am more likely to try to change things which need changing. (II)					
18. I have a stronger religious faith. (IV)					
19. I discovered that I'm stronger than I thought I was. (III)					
20. I learned a great deal about how wonderful people are. (I)					
21. I better accept needing others. (I)					
SCORING: Add the totals for each factor. Refer to scoring sheet for analysis (next page)	I	II	III	IV	V

Scoring the Post Traumatic Growth Inventory

Note: Scale is scored by adding all responses. Factors are scored by adding responses to items on the following factors.

- Factor I: Relating to Others
- Factor II: New Possibilities
- Factor III: Personal Strength
- Factor IV: Spiritual Change
- Factor V: Appreciation of Life

If you answered 0 or 1 for many of the questions, keep in mind that posttraumatic growth is an ongoing process. It may take time to experience change in these areas. Your answers to these same questions may change over time as you develop and adjust to new circumstances. You may want to re-do this exercise, six months or even a year down the road to see how your answers change.

Factor I: Relating to Others

People who experience trauma typically score approximately 23 in this category. If you answered 4 or 5 to many of the questions in this section, you may be developing even stronger bonds with loved ones, reestablishing relationships with family members and friends, or feeling more compassion for others, especially those who have suffered in similar situations.

Factor II: New Possibilities

People who experience trauma typically score approximately 18 in this category. If you answered with 4 or 5 to many of the questions in this section you may be beginning to make choices more carefully. You also may be more likely to try to change things that need changing. If you answered 0 or 1 for many of the questions within this section you may want to re-do this exercise, six months or even a year down the road to see how your responses change.

Factor III: Personal Strength

People who experience trauma typically score approximately 15 in this category. If you answered with 4 or 5 to many of the questions in this section, you may be expressing greater self-reliance and feeling more able to accept how things turn out and developing personal strength that may help you through such hardships you encounter in the future. If you answered 0 or 1 for many of the questions within this section you may want to re-do this exercise, six months or even a year down the road to see how your responses change.

Factor IV: Spiritual Change

People who experience trauma typically score approximately 5 in this category. If you answered with 4 or 5 to the questions in this section, you may be reevaluating spiritual beliefs, associating with a community of similar believers, or connecting with your spiritual roots. If you answered 0 or 1 for many of the questions within this section

you may want to re-do this exercise, six months or even a year down the road to see how your responses change.

Factor V: Appreciation of Life

People who experience trauma typically score approximately 11 in this category. If you answered with 4 or 5 to many of the questions in this section, you may be developing a greater appreciation of life as a result of your crisis. Some explain this as trying to live each day more fully. Some may rethink their values and priorities about what is important in their life and act differently if they change their priorities - for example, by spending more time with their family. If you answered 0 or 1 for many of the questions within this section you may want to re-do this exercise, six months or even a year down the road to see how your responses change.

Defining Peer Support

What you see on the “Helps” pages from the “Helps, Doesn't Help” exercise is the essence of Peer Support. Peer support is a natural process where veterans of a traumatic experience help other veterans deal with their thoughts and emotions and successfully overcome tragic experiences.

All veterans can benefit from encouragement and assistance provided by a caring and supportive ‘peer’, or someone who has survived a similar experience.

What defines a ‘peer’? How similar does the experience need to be for peer support to work? For an amputee veteran, a peer is also an amputee veteran, obviously. But can a lower-limb amputee be a peer to an upper limb amputee? Can a corporal be a peer to a general? Can a Navy pilot be a peer to an Army medic? Can a Vietnam veteran provide peer support to an OIF veteran?

The similarity of the experiences and the individuals is only part of the equation. The rest is in the relationship between supporter and veteran, the ability of the supporter to establish a rapport and a bond. During the recovery process, veterans regain their self-confidence, live independently, and make new plans for the future. A PSW can provide guidance based on his or her personal experience that fits the veteran's needs closely.

3. What is the difference between someone who is not empowered and someone who is?

4. When we act to empower a trauma veteran, what should we do?

TOOLS AND IDEAS 5: What Empowerment Means

Empowerment Means:

- Believing that you can make decisions to improve your life
- Knowing what your choices are or making the effort to find out what they are
- Knowing that you have certain rights and that others must respect your rights
- Learning new skills in order to improve your life
- Not expecting other people to do things for you or to make decisions for you

Empowering a veteran means:

Helping the veteran think about priorities before making decisions:

- Ask the veteran what is most important to him or her.
- Ask the veteran regularly if priorities should be reconsidered or changed.

Encouraging the veteran to try new activities:

- Encourage the veteran to make his or her own informed decisions.
- Support the veteran to take steps toward changing what he or she considers important to change in order to promote their recovery.

Giving the veteran the information they need to make the right choices:

- Raise veterans' awareness about myths and stereotypes people have with regard to combat veterans.
- Make sure the veteran knows his or her rights and knows how to get treatment that is consistent with those rights
- Teach the veteran how to address stigma, prejudice, and derision.
- Encourage the veteran to speak honestly.
- Share information, education and knowledge.
- Network and share your connections.
- Introduce the veteran to service providers.
- Avoid suggesting courses of action but instead, describe the options and let the veteran choose.

Being supportive and helpful while the veteran is learning:

- Listen non-judgmentally when veterans speak.
- Be reliable and honor your promises.
- Be honest and clear about what you can do and why you are doing it, and about things that you can't do.
- Imagine yourself in the veteran's shoes, and let the veteran know you are doing this.

EXERCISE: Empowerment and Choices

Anything that a Peer Support Worker does with a veteran can empower them—give them more control over their lives, or disempower them—make them more dependent.

This exercise will help you decide the best way to help veterans and to identify some things they should and should not do.

Procedure:

Read these examples and think about whether the example gives veterans more control over their lives (empowers) or give them less control (disempowers). Why do you think so? If the example was not empowering how it might be changed to make it empowering?

EXAMPLES:

- **Consider the veteran's abilities and decide what he or she can do to make money.**
- **Help the veteran get into a training program to become a teacher, a carpenter, or to start his or her own business.**
- **Take the veteran to a doctor if he or she has a health problem.**
- **Answer the veteran's questions about getting a job or becoming self-employed.**
- **Show the veteran what other veterans are doing to make money.**
- **Tell the veteran how to get financial aid for school or to start a business.**
- **Go with the veteran when he or she interviews for a job.**

What makes a good Peer Support Worker?

Let's think about what skills and knowledge are essential for a PSW to provide effective peer support.

1. What qualities are necessary for a person to be able to provide good Peer Support?

2. What beliefs or attitudes help the Peer Support Worker to be effective and confident?

TOOLS AND IDEAS 6: Knowledge, Attitudes and Skills of Peer Support Workers

Knowledge	Attitudes	Skills
<ul style="list-style-type: none"> - Understanding the effects of psychological trauma and the process of recovery 	<ul style="list-style-type: none"> Belief that <ul style="list-style-type: none"> - everyone can recover from trauma - recovery is stimulated by empathy, empowerment, and the veteran's own motivation. 	<ul style="list-style-type: none"> - Ability to listen well. - Ability to deal well with anger and grief. - Ability to manage expectations. - Patience in the face of bitterness, hostility and grief. - Persistence in the face of obstacles and challenges - Ability to recognize and resist manipulation or cajoling.
<ul style="list-style-type: none"> - Knowledge of how to listen actively and communicate well. 	<ul style="list-style-type: none"> Belief that good communication promotes a strong veteran-PSW relationship. 	<ul style="list-style-type: none"> - Ability to communicate well. - Ability to listen well.
<ul style="list-style-type: none"> - Understanding of empowerment and how it can be achieved 	<ul style="list-style-type: none"> - Belief in the importance of empowerment in recovery 	<ul style="list-style-type: none"> - Ability to help a veteran make decisions and implement them. - Ability to help the veteran identify and solve problems by him- or herself.
<ul style="list-style-type: none"> - Good knowledge of locally available health services, government services, and other organizations that can provide assistance to veterans. - Knowledge of how to effectively link and refer in order to help veterans obtain services. 	<ul style="list-style-type: none"> - Belief that connecting with others is an essential part of the PSW's work. - Belief that PSWs should advocate for veterans and help them obtain available services. 	<ul style="list-style-type: none"> - Ability to network with representatives of other agencies and organizations. - Ability to teach veterans to self-advocate and use locally available resources. - Confidence when speaking to strangers. - Skills for obtaining information through interviews and observation.

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Knowledge	Attitudes	Skills
<ul style="list-style-type: none"> - Familiarity with health problems common among veterans of trauma and the ability to recognize those that require immediate medical attention. - Knowledge of how to maintain health and prevent common illnesses. 	<ul style="list-style-type: none"> - Belief that health is everyone's responsibility. - Simple, common-sense behaviors can help us maintain our health and avoid illness. - Anyone can learn the warning signs of serious health problems. 	<ul style="list-style-type: none"> - Ability to explain ideas clearly and calmly. - Ability to teach others.
<ul style="list-style-type: none"> - Basic knowledge of human rights and dedication to defending them. 	<ul style="list-style-type: none"> - All persons are equal in the eyes of the law. - Everyone deserves to be treated with dignity and respect. - Violations of human rights are intolerable. 	<ul style="list-style-type: none"> - Ability to explain ideas clearly and calmly. - Ability to teach others.
<ul style="list-style-type: none"> - Understanding of how to use own experience to encourage, motivate and give hope to veterans. - How to be a role model. 	<ul style="list-style-type: none"> - Honesty and transparency with veterans is essential. 	<ul style="list-style-type: none"> - Ability to listen well - Ability to manage expectations. - Ability to communicate ideas, thoughts and opinions effectively.
<ul style="list-style-type: none"> - Knowledge of how to measure a veteran's recovery. 	<ul style="list-style-type: none"> - Understanding the value of keeping records of each veteran's progress. - Belief in the importance of record-keeping in a peer support program. 	<ul style="list-style-type: none"> - Ability to record information needed to monitor and evaluate the veteran's recovery progress. - Ability to analyze information to assess the veteran's recovery progress and identify problems.
<ul style="list-style-type: none"> - Knowledge of how 'Giving Back' relates to a veteran's recovery 	<ul style="list-style-type: none"> - Belief that performing an act of generosity can contribute to recovery 	<ul style="list-style-type: none"> - Ability to persuade veterans that performing an act of generosity can contribute to their recovery.
<ul style="list-style-type: none"> - Knowledge of the advantages and importance of working with veterans' support groups 	<ul style="list-style-type: none"> - Belief that veterans can progress in their recovery through involvement with a veteran support group 	<ul style="list-style-type: none"> - Ability to assist a veteran support group identify and attain objectives. - Ability to facilitate a group discussion or a meeting.

TOOLS AND IDEAS 7: Sample Peer Support Worker Job Description

Under the direct supervision of the program manager, the Peer Support Worker will:

1. Make contact with veterans in your assigned area and determine if they would benefit from peer support and other services provided by your organization.
2. Conduct home or hospital visits to veterans as agreed with your supervisor.
3. Guide the physical, psychological, social and economic rehabilitation and social reintegration of military veterans in your assigned geographic area.
4. Promote cooperation between your organization and other service providers working to support veterans.
5. Maintain case files and ensure files are accurate, complete, confidential and up-to-date.
6. Maintain working relationships with service providers in assigned geographic area.
7. Update information about service providers, keeping track of what services are available and the quality of services.
8. Link and refer veterans to service providers as appropriate to the veteran's needs and the services available.
9. Submit verbal and/or written reports of activities on a weekly basis.
10. Serve as a role model for veterans and the community.
11. Assist in the organization of group activities.
12. Promote and advocate for the rights of veterans.
13. Comply at all times with policies and in accordance with your organization's principles and values.
14. Serve as a fully collaborative member of the peer support team.
15. Write stories about successful veterans.
16. Encourage veterans to participate in sports.
17. Encourage veterans to participate in "Giving Back".

Monitoring a Survivor's Progress

How can we measure progress in a veteran who is recovering from a traumatic experience?

When we start providing peer support services to a veteran, we need to have some way of measuring progress. How would we know if the peer support a veteran receives is making a difference? How can we know if a veteran is making progress in their recovery? What results do we intend to achieve when providing peer support?

In order to help a veteran through the recovery process, it is useful for the Peer Support Worker to be able to recognize the most important milestones along the way. What are the main signs of progress in a veteran who is recovering from a traumatic experience?

While we like to think of recovery as a continuing process, in fact recovery stops and starts at different times. We all have days when we are making progress and other days when we aren't, and even some days when we are going backwards. We should not expect a veteran to get back to the way they were before the traumatic event; they won't ever be the same again. Many veterans can suffer from PTSD and also have posttraumatic growth at the same time.

Go through each section of the recovery chart and think about what changes in behavior you might expect or hope for in a veteran who is progressing towards recovery.

EXERCISE: The Recovery Chart

Procedure: For each item on the Recovery Chart, the first column contains a description of what we would expect to see in a veteran who is still suffering the effects of traumatic experience. Read these descriptions and think about how that particular behavior differs from someone who has recovered fully and has returned to normal behavior as a member of the community. Then fill in the box with what you think would be the ideal “Recovery Endpoint”, where the veteran has reached a satisfactory end point.

TOOLS AND IDEAS 8: The Recovery Chart

Economic well-being:	
The veteran is not seeking work and does not take part in community activities.	
The veteran begs or receives charity to support him or herself.	
The veteran lacks adequate skills to find work or support a family.	
Psychosocial well-being:	
The veteran needs help making decisions and is afraid to act on them alone.	
The veteran avoids contact with other people outside the home, has no interest in other people and does not enjoy having visitors.	
The veteran deals with stress or difficult feelings poorly and suffers from anger or depression.	
The veteran is reluctant to leave the house.	
The veteran does nothing when discriminated against or denied his or her rights.	
Physical well-being:	
The veteran has health problems but does not seek health care and is not receiving treatment.	
The veteran is unable to engage in normal activities because of pain and fatigue.	
The veteran drinks alcohol, smokes heavily, or uses drugs to escape from reality.	

TOOLS AND IDEAS 9: The Individual Action Plan

An important part of the recovery process is for the veteran to identify and verbalize life priorities (objectives) in the areas of economic opportunity, health, and rights as well as to develop a plan on how to reach their objectives. This is called the Individual Action Plan, or IAP. The IAP consists of objectives and specific steps (activities) by which to meet this objective. The Peer Support Worker can help the veteran identify their objectives and outline a realistic plan of activities designed to reach each objective.

Developing a plan and writing it down can be a major step forward for veterans who have passed weeks, months or years without having the courage to see a positive future for themselves and to actively work toward making it happen. Creating such a plan is a sign of hope, and believing that the objectives can be achieved is motivating. Carrying out activities successfully and completing objectives one by one builds the veteran's self-confidence. Following a clearly outlined plan also helps the Peer Support Worker measure a veteran's progress. Both objectives and activities can be periodically re-evaluated and changed if progress is not being made.

It is important to write objectives in a specific format, known as the **SMART** format in English. This forces us to think about and create objectives that are clear and can be achieved.

Objectives should be...

Specific as possible, describing who will do what, using what means or tools

Measurable so that everyone knows when the objective has been achieved

Achievable, meaning that the veteran can expect to attain them

Relevant, related to other goals in the veteran's life.

Timely, achievable within a reasonable period and at the right time.

The Time Limit on Services

Veterans receive support for a limited time period. The time limit encourages veterans to be committed to his or her recovery process and to take the necessary steps to progress in their recovery, with the support of the Peer Support Worker. You cannot work with the veteran for an unlimited time, so setting a time limit creates clear expectations about what the veteran and you are going to do.

Not all veterans are able to achieve their self-identified objectives. However, most veterans are able to make measurable progress over time and at the end of two years we celebrate the veteran's "graduation" as another milestone on the path to recovery.

TOOLS AND IDEAS 10: The SF-36

The SF-36 is a multi-purpose, short-form 36-question health survey. It is designed to measure the veteran's perspective on his or her health status and changes in physical and social functioning including pain, energy, vitality and psychosocial well-being. It is a generic measure and can be used on veterans of all ages and on any health condition. Since the SF-36 also measures changes over time it will help to track the progress of each veteran's perceived physical and mental health during the time they are receiving peer support services. Therefore, the SF-36 is given to veterans during the initial interview, or at a mid-point, and again during the exit interview.

Health concepts measured by the SF-36		
PHYSICAL HEALTH	(PF)	Physical functioning
	(RP)	Role limitations due to physical health
	(BP)	Bodily pain
	(GH)	General health perceptions
MENTAL HEALTH	(VT)	Vitality
	(SF)	Social functioning
	(RE)	Role limitations due to emotional problems
	(MH)	Mental health

Why does Survivor Corps measure perceived physical and mental health? Why not measure health status directly? Survivor Corps does not provide direct health care services. The Survivor Corps Peer Support Worker is trained to recognize health issues that require medical attention and to link or refer the veteran for health care. The Peer Support Worker plays a very important part in the process of helping the veteran access medical care and other rehabilitation services but does not provide care directly. Therefore, Survivor Corps does not think it appropriate to measure health status directly as we do not have control over the availability or quality of health care. But Survivor Corps does believe that peer support is powerful and when a veteran has more confidence, feels good about their lives, and feels positively towards the future, they will feel better both physically and mentally. Therefore, the SF-36 is a good tool for evaluating the peer intervention and measuring the impact of peer support.

To learn more about the SF-36, please go to: <http://www.sf-36.org/>. Licenses must be purchased to use and score the SF-36 survey.

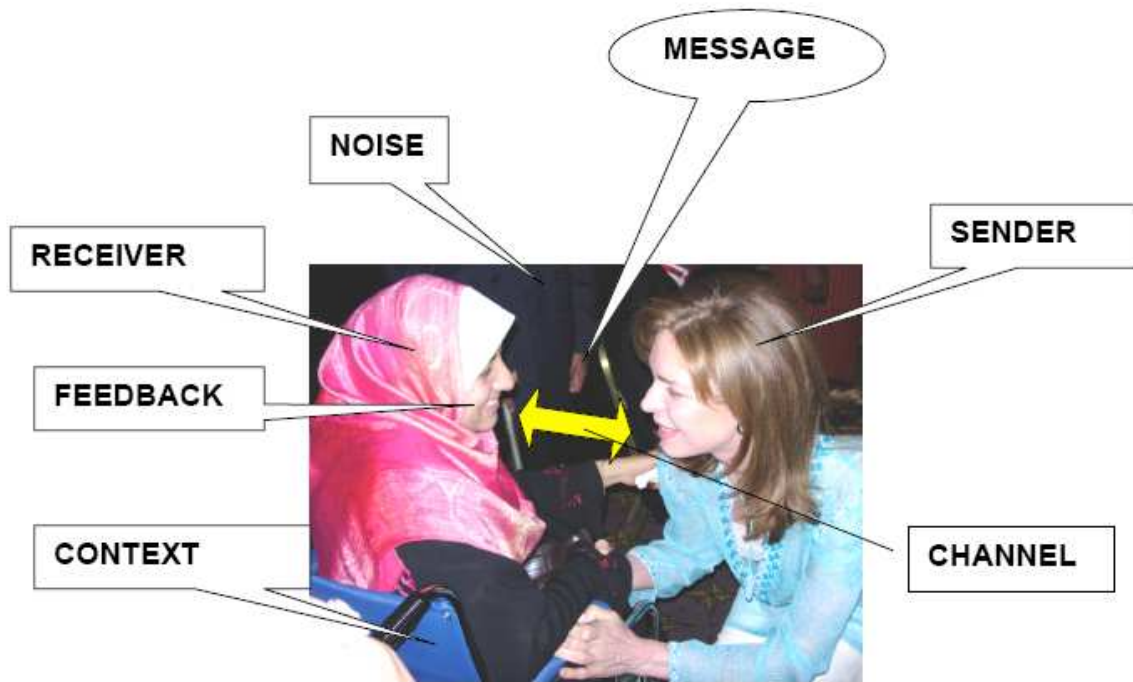
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DAY 2

DAY 2 (morning):			
8 – 9	60min	Communication Techniques <ul style="list-style-type: none"> - Assessing a veteran's needs (<i>short exercise</i>) - The LUV Triangle - Basic Principles of Communication 	Short Group Exercises & Discussion [PPT: PHOTO EXERCISE]
9 -10	60 min	Providing Peer Support <ul style="list-style-type: none"> - Building Trust - Strengthening Healthy Coping Behaviors - Managing Expectations 	Lecture & Discussion
10 - 10:15	15 min	BREAK	
10:15 – 11:15	60 min	<ul style="list-style-type: none"> - How links and referrals work - Peer Support Visits - Handling difficult situations (<i>short exercise</i>) 	Short Group Exercises & Discussion
11:15 - 12	45 min	Crisis Resolution with Veterans <ul style="list-style-type: none"> - Situations that require intervention - The “Crisis Story” and the “Survival Story” 	Lecture & Discussion
12 - 1	60 min	LUNCH BREAK	

DAY 2 (afternoon):			
1 - 2	60 min	Recognizing and Responding to Mental Health Emergencies	Lecture & Discussion
2 - 3	60 min	Sources of Help and Support: Creating a Resource Map (<i>exercise</i>)	Group Exercise
3 - 3:15	15 min	BREAK	
3: 15 – 4	45 min	Working with Families and the Community <ul style="list-style-type: none"> - Involving families in veterans' recovery - Working through a crisis with a veteran's family - “Giving Back” and the importance of giving back in the recovery process 	Lecture & Discussion
4 – 5	60 min	Working with veterans' support groups <ul style="list-style-type: none"> - Types of groups - How groups can promote a veteran's recovery - Starting a peer support group - Facilitating a meeting - Setting group objectives with the Group Action Plan (GAP) (<i>short exercise</i>) 	Lecture & Discussion Group Exercise

TOOLS AND IDEAS 11: Basic Principles of Communication⁶



1. The Sender: the person from whom the message comes
2. The Receiver: the person to whom the message is sent
3. The Message: the information being sent
4. The Channel: the means used to send the message
5. Feedback: the Receiver's answer to the message
6. Noise: outside signals that interfere with communication
7. Context: cultural, historical, interpersonal and other factors.

Examples of CHANNELS: Face-to-face conversation, telephone calls, letters, body language, idiom (Swahili, Greek, Japanese, Arabic)

Examples of FEEDBACK: A smile, a yawn, laughter, silence, tears, a question

Examples of NOISE: Background music, other people talking, difficulty with the language (on the part of either sender or receiver), interruptions, fear or suspicion

Examples of CONTEXT: Differences or similarities between sender and receiver, bonds or barriers created by gender, race, nationality, age, or social class, purpose of their communication, history of their relationship and previous communications.

⁶ Clamptt PG. *Communicating for managerial effectiveness*. 3rd ed. Thousand Oaks, Calif.: Sage Publications, 2005.

Assessing a Survivor's Needs

Once a veteran has faced reality, decided to choose life, and established a trusting relationship with a peer, it is time for him or her to make a plan of action.

You will need to help the veteran pick out his or her priorities. What is most important to this veteran? If they could solve any one problem today, which one would they choose to solve first? What would come second? Remember that the veteran and you may not agree on the veteran's biggest problems, but you must consider the veteran's opinion first.

This list of problems is your assessment. Taking into account the veteran's values, you need to decide how he or she might be able empower the veteran to recover and become an active, productive person.

You must confirm the assessment with the veteran: The veteran must participate in every decision made about his or her future, so you should go over the assessment with the veteran and see if it is what he or she considers important and with what he or she would most like to do.

4. For each objective, write two or three activities that would need to be accomplished in order to achieve the objective.

OBJECTIVE 1:

1.

2.

OBJECTIVE 2:

1.

2.

OBJECTIVE 3:

1.

2.

5. What resources (people, organizations) might you need to help resolve this veteran's problems and achieve his or her goals?

6. How easy or difficult will it be to achieve these objectives, given limited time and resources?

TOOLS AND IDEAS 12: The "LUV Triangle"

Listening, Understanding, and Validating⁷

Active Listening

- Active listening is the act of showing that you are paying attention, that you are interested in what is being said and that you care about what the other person is saying, thinking, and feeling. Active listening makes use of both words and body language.
- Use body language to show the veteran that you are listening. Body language is the signals that a person sends through their posture, gestures, eye contact, facial expression, or tone of voice that communicate feelings, level of comfort, and attention.
- Facing the veteran, maintaining good eye contact and leaning toward him or her shows that you are focused, unafraid, and not threatening.
- Sometimes silence may encourage the veteran to speak by giving them time to gather their thoughts and feelings and put them into words. Silence can be used to let the veteran decide when they want to continue speaking. But it needs to be used with caution so that the veteran will not think the Peer Support Worker is confused or not interested.

Understanding

- The use of comments and questions can build trust, put the veteran at ease, and show that you are interested and concerned.
- Restating or echoing means using the same key words that the veteran in crisis used.
- Mirroring back to the veteran some of his or her own words to signal that you are listening, and to clarify that you understood the veteran correctly. Mirroring should not be overdone, otherwise you sound like a parrot.
- Paraphrasing means that you use your own words to summarize the main points of the veteran's statement to show that you understand what was said, to clarify, and to keep the conversation moving. Examples are:
 - So, in other words...
 - So, I heard you saying that...
- Reflecting emotions may help veterans recognize and accept their feelings. It may also help veterans talk about their feelings. Examples:
 - You seem upset...
 - You seem very sad...

⁷ Adapted from: Echterling, Lennis G., Presbury, Jack H., and McKee, J. Edson (2005). *Crisis Intervention: Promoting Resilience and Resolution in Troubled Times*. Upper Saddle River, New Jersey and Columbus Ohio: Pearson Merrill Prentice Hall.

Validating

- Smiling to show warmth and sympathy
- Nodding your head to acknowledge a statement
- Prompting the veteran verbally to go on with phrases such as
 - Please go on...
 - I see, and so you...?
 - What happened then? What did you do?
- Telling a brief story to show how you or someone else responded in a similar way to a similar situation.
- Generalizations such as
 - Many people feel that way...
 - It's a very common reaction...
 - I would have done the same thing...

Providing Peer Support

Peer Support is something people do naturally in every culture and nation on earth. People naturally try to help others who are in pain or distress, and it is natural for a veteran to help other veterans. There are a few differences in what different people do during peer support, but the essence of it is universal.

We know that peer support cannot happen without trust. The PSW must be realistic, honest and transparent with the veteran. This creates valid expectations on the veteran's part and makes the peer support relationship productive and relevant to the veteran's needs. We will discuss what else is necessary for a PSW to gain the trust of a veteran.

We know that one of the most important results of a strong peer support relationship is to help the veteran learn to manage stress. We will talk about the best ways to accomplish this. The PSW also helps the veteran obtain needed services and assistance by connecting him or her with agencies and organizations that provide those services.

But peer support is also emotional support. The emotional bonding and nurturing that the PSW provides give veterans the energy and motivation to recover, grow and give back to others in need. This is the true magic and power of peer support which makes it unique and universal.

Although we can teach people the actions and the theory, most of our understanding of how to provide emotional support is acquired through experience. The Peer Support Training that you receive will be only the first step in preparing you to work with veterans.

3. What would you advise someone to do if they wanted to develop the trust of a trauma veteran? What should you do to maintain trust and confidence?

4. What ways of encouraging veterans to express their thoughts and feelings would you recommend?

TOOLS AND IDEAS 13: What is Trust Based On?⁸

Our trust in another person is grounded in our evaluation of his or her ability, integrity, and benevolence. That is, the more we observe these characteristics in another person, the more our level of trust in that person is likely to grow.

Ability refers to our assessment of the other person's knowledge, skill, or competency. Trust requires some sense that the one to be trusted is able to perform in a manner that meets our expectations.

Integrity is the degree to which the person to be trusted acts according to principles that we believe in. Trust is based on consistency of past actions, reliability, treating people fairly, and whether the person's behavior matches with what they say.

Benevolence is our belief that the person is concerned enough about our welfare to help us, or at least not get in our way. Honest and open communication, and sharing decisions, information and control are signs of a person's benevolence.

Although these three characteristics are linked to each other, they each contribute separately to the level of trust in another person within a relationship. However, ability and integrity are the most influential early in a relationship, because signs of someone's benevolence take time to emerge.

⁸ From Lewicki, Roy J. and Edward C. Tomlinson. "Trust and Trust Building." *Beyond Intractability*. Eds. Guy Burgess and Heidi Burgess. Conflict Research Consortium, University of Colorado, Boulder. Posted: December 2003 <http://www.beyondintractability.org/essay/trust_building/>.

TOOLS AND IDEAS 14: How to Build Trust⁹

Trust building involves both you and the veteran. Peer Support Workers can take several steps to strengthen a veteran's trust in them, particularly when these steps are performed repeatedly:

Be competent. Do your job well. You should always show that you know what you are doing, that you can do it well, and that you do everything you are expected to do. Sometimes this will mean learning to do new things or finding out how to do something better, especially with new technology (computers, software, cell phones). When people decide if you are trustworthy, they will always look at how well you do your job and what kind of experience you have.

Be consistent and predictable. Follow a routine, use protocols, stick to the rules. Do what you say you will do, and tell everyone what you are doing.

Be accurate, open and transparent. Act openly and be clear about what you intend to do and why. This helps us become dependable in the eyes of others. They know that we are not hiding anything and that we can be counted on to explain our actions.

Share and delegate control. Trust often needs to be given for it to be returned. Let others take responsibility and make decisions. Ask them for feedback and opinions and share the decision-making process with them.

Show concern for others. The trust others have in you will grow when you show sensitivity to their needs, desires, and interests. Acting in a way that respects and protects other people will also contribute to the trust others place in you. When you violate someone's trust, they will assume that you are acting to benefit yourself. Once trust is violated it may be difficult or impossible to regain it.

Promote shared values. Show concern for other people by getting to know them, listening actively, sharing their interests, recognizing their contributions, and demonstrating confidence in their abilities.

Respect other people's confidentiality. Your relationship with the veteran will be better and more productive if the veteran knows that he or she can speak honestly and candidly about anything, and that you will keep that information confidential unless the veteran gives you permission to discuss specific details with others.

⁹ From Lewicki, Roy J. and Edward C. Tomlinson. "Trust and Trust Building." *Beyond Intractability*. Eds. Guy Burgess and Heidi Burgess. Conflict Research Consortium, University of Colorado, Boulder. Posted: December 2003 <http://www.beyondintractability.org/essay/trust_building/>.

TOOLS AND IDEAS 15: “Healthy” and “Unhealthy” Coping Behaviors¹⁰

People use many different behaviors to help them cope with painful or stressful situations. Coping behaviors help people filter out, reinvent, or ignore thoughts and feelings so that the mind can avoid tension from painful feelings. These behaviors are a natural way of dealing with the world, and can be healthy or unhealthy depending on when and how (and how much) they are used. Which coping skills a person chooses depends partly on personality but is also learned from parents, friends and peers and is affected by culture.

Coping behaviors that rely on ignoring or reconstructing reality are the ones we learn first, as children, and these shield our immature minds from unpleasant sights, sounds and thoughts. Examples of these are denial, fantasy, or acting out. Children do this naturally and somewhat unconsciously. As we grow older, we learn more complex behaviors that we choose consciously, but as adults we have a greater tolerance for unpleasant sights, sounds and thoughts, and don't need to just block them out.

Strengthening healthy coping behaviors

An unhealthy or overused coping behavior can be changed or replaced once a person decides that it is not helping them and sees that it may be causing other problems. Peer Support Workers can point out unhealthy coping behaviors and suggest other responses to stressful or painful situations. Healthy coping behaviors permit us to adjust to reality and then recover and get on with our lives.

In stressful situations that cannot be quickly resolved (such as a divorce, a prison sentence, recovering from an injury) it is perfectly normal to engage in activities that distract you from the stress of contemplating your situation. What defines 'healthy' and 'unhealthy' here has to do with the time devoted to distracting yourself and the effects that these activities may have on your health.

Most people use a combination of distractions, such as popcorn and a movie, or music and exercise. Substance abuse to deal with stress is accepted in many cultures and communities and only recently have the adverse effects on physical and mental health been widely publicized.

Veterans in particular may have developed some unhealthy coping behaviors under stressful conditions in the military when they may have had few choices about what to do during their 'down time' or when faced with painful situations. Many people adopt behaviors that others around them engage in, such as heavy drinking, bullying, etc.

The mental and emotional benefits of a 'healthy' coping behavior (such as exercise or reading) include the fact that at the same time you are distracting yourself to reduce stress, you are also improving your physical health or acquiring knowledge. This leaves you feeling more relaxed and positive than you would after drinking a bottle of whiskey and smoking a pack of cigarettes.

¹⁰Adapted from Dombeck M and Wells-Moran J *Psychological Self-Tools: An Online Self-Help Book*. At http://www.mentalhelp.net/poc/center_index.php?id=353&cn=353.

TOOLS AND IDEAS 16: Guidelines for Managing Expectations:

- Be organized before your initial interview with the veteran so that you present information about you, your organization, and the services that you intend to provide in a clear fashion. Use simple, direct language and leave space for the veteran and his or her family to ask questions.
- For veterans who are literate, written materials such as a pamphlet describing services are very useful.
- Developing a plan of action with the veteran—such as the Individual Action Plan (IAP)—also keeps expectations real and clearly communicates what is expected of the veteran and what actions you will take to help the veteran achieve his or her objectives.
- You may occasionally still have to handle requests that are outside your organization's scope of services or geographic area. Be courteous, patient and gentle but firm as you explain your organization's scope of services. If you cannot respond to a veteran's request, do your best to link or refer the veteran to another service provider who can provide help.
- Some veterans may require tremendous support to progress in their recovery. Introducing them to other veterans who are familiar with the services your organization provides can help needy veterans understand what you can do and why you do it that way. Sometimes it may be more persuasive to hear it from a friend.

Links and referrals to services

A veteran's needs are usually complex and no one agency or organization can serve all of them. To address issues related to housing, employment, health care, government benefits, etc. PSWs must develop a network of contacts among local organizations and agencies that work with veterans and who are able to assist them in specific ways.

PSWs 'link' or refer veterans to other organizations for assistance depending on the situation. A 'link' is when a PSW accompanies a veteran to an agency or organization and helps the veteran obtain assistance. A referral is when the PSW orients the veteran as to how and when assistance can be obtained, so that the veteran can arrange services for him- or herself. Links are used in emergencies or when the veteran lacks skills and confidence to advocate for him- or herself. Referrals are more appropriate when a veteran is capable of seeking assistance with little or no help.

Let's talk about the advantages and disadvantages of links and referrals.

1. What are the advantages and disadvantages of *Links*?

2. What are the advantages and disadvantages of *Referrals*?

TOOLS AND IDEAS 17: Linking and Referring

Peer Support Workers play a critical role in helping veterans connect to existing services in their communities. It is important to work with existing services and to provide veterans with tools such as knowledge of self-care and self-advocacy, to empower them. This includes giving veterans information so that they can seek out existing community services on their own. We refer to this as linking and referring.

Link – measures taken by a Peer Support Worker to accompany a veteran to locally available agencies and organizations.

Referral – measures taken by a Peer Support Worker to direct a veteran to locally available service providers. In a referral, the PSW does not accompany the veteran.

Peer Support Workers link and refer veterans to help them find employment, go to school, get health care, and advocate for their rights. This kind of “networking” is one of the most important parts of the peer support approach, because it allows a veteran to access resources independently and to develop his or her own “support network”. In case the veteran insists that you accompany him or her, make it clear that he or she needs to learn how to navigate the system on his or her own and that you (the PSW) won't always be available to go along.

TOOLS AND IDEAS 18: Peer Support Visits

1. **Be Prepared:** It is helpful to have some information about the veteran before the first visit. If possible, find out:
 - Survivor's full name, age, and gender.
 - Address where you will meet.
 - General type of trauma. Details from a third party may not be reliable, therefore it is better to get the 'full story' from the veteran when he or she is capable of telling you, however it is useful to have basic information about the veteran's injuries or mental health issues.
 - Disabilities, if any. It is important to find out, if possible, whether the veteran has any loss of hearing or vision, any difficulty with speech, or a traumatic brain injury that might affect communication. Chronic pain is also relevant. These conditions will affect your ability to converse with the veteran and it is good to know about them before the visit.
 - Emotional state, in general.
 - Other background information that may be useful to start a conversation (family, occupation, birthplace, etc.)

2. **Be aware of the setting:** Privacy is necessary for you to discuss certain topics or to ask questions.
 - Confidentiality is essential to establish trust. If you are in a place where people outside of the veteran's family can overhear your conversation (such as a hospital ward), be aware of this and converse appropriately.
 - If you are in the veteran's home and the family is present, either participating in your visit or just in the same space, you must remember that the veteran may feel uncomfortable discussing certain information.
 - You may wish to set up another meeting in a location that offers true privacy, if the veteran says that this would be helpful. Some veterans have nothing to hide and will not need to meet with you in private.

3. **Be aware of the time:** Always be sure that this is a good time for a visit, even if the visit was arranged earlier.
 - Sometimes veterans may not feel like talking to you. If this is the case, probe gently to find out why, and if you are not able to start a conversation, ask if you can return later. Veterans sometimes reject visitors as a way of calling attention to their distress.
 - In some settings, such as hospitals, visiting hours are strictly observed and you will need to accomplish the objective of your visit within a certain time.
 - Be sensitive to other activities and demands on the veteran's time, and if it appears that he or she is occupied, ask if you can meet again at another time.

4. Let the veteran set the agenda for the visit: Especially at the start of your relationship, you should allow the veteran to talk about whatever is on his or her mind.

- Your job is to LISTEN, OBSERVE, and LEARN. Don't feel as though a two-hour conversation about the weather is wasted time. The veteran may not feel comfortable enough with you to discuss anything more personal, and this conversation is a stepping-stone to a deeper, more trusting relationship.
- Even a seemingly irrelevant topic can tell you a lot. Is the veteran pessimistic about the weather? Is the weather significant in terms of the veteran's future—could a drought affect the veteran's farm, for example? Does the veteran tell you that he or she hates cold weather? Why do they feel that way? Why are they telling you this?
- The visit is about the veteran—NOT YOU. This means that you should not monopolize the conversation, express strong opinions, or tell your own veteran story. Answer questions if they are asked, offer opinions gently when appropriate, and tell your story only if the veteran expresses clear interest in hearing it. Your experience is more useful when it is applied to the specific needs of the veteran: "I had the same problem, and this is what I did..."
- At times you may feel a strong emotional response to something the veteran says, or to a personal story that you are sharing. There is nothing wrong with this, but your emotions should not make you the center of attention. It is important for the veteran to know that you are affected by emotion like anyone else, but it is also important for you to be able to recover your composure quickly and get back to providing peer support.
- Peer support is SUPPORT, which means that you must provide help when it is needed, but don't make assumptions about what the veteran needs. Making assumptions, especially wrong ones, will alienate the veteran and make it harder for you to establish trust.
- You may hear the veteran say things that you don't agree with. Keep your opinion to yourself. Find out why the veteran feels that way. Even a statement like "It would be better if I was dead," should provoke questions, not disagreement. The same goes for opinions about politics and religion. If it is very difficult for you to listen without arguing, you should end the visit politely.

5. Once the IAP is complete, the veteran's objectives are a priority:

- Once you begin helping the veteran accomplish his or her IAP objectives, this will become the topic for most peer support visits.
- You should keep track of the objectives and involve the veteran in a discussion of his or her progress during each visit.
- Gentle but persistent prodding and a lot of encouragement may be necessary to keep some veterans working on their objectives.

6. Safety is a priority: If during the visit there is any kind of threat to your safety, the safety of the veteran, or anyone else, you must take action.

- If you are threatened or feel unsafe, you should terminate the visit and get to a safe place. You are not expected to put yourself in danger and you will probably not accomplish anything if you try to manage the situation alone. The most useful action is to get away and alert authorities who are trained and equipped to deal with violence.
- When a veteran expresses a desire to die and seems ready to act on it, you may be able to persuade him or her not to act, but do not endanger yourself when the veteran has a weapon. Anyone who is determined to end their life will usually succeed. You can only make a difference when the veteran is willing to stop and discuss their feelings with you.
- If you do not feel threatened, then you should make an effort to talk to the veteran about their desire to die and if possible, persuade them to talk to a professional counselor. Do not leave the veteran alone until you feel sure they will not harm themselves.
- The same is true if a veteran threatens another person. You may be able to persuade him or her not to carry out the threat, but if you cannot, you must notify the police. This violates your relationship with the veteran, but safety takes priority over confidentiality.

7. Ask before you make a decision that affects the veteran: Your relationship must be transparent, and you are a facilitator, not an authority.

- Confidentiality is essential to establish trust. If you need to talk to anyone else about issues you have discussed with the veteran, explain what you want to say and why. For example, if you want to inform a social worker about the veteran's problem obtaining benefits, ask the veteran first. This is especially true for medical issues. Respect the veteran's confidentiality and don't tell anyone more than absolutely necessary.
- The one exception to this rule is in situations where the law has been or will be broken. You need not (and in some cases you should not) inform the veteran that you are going to the police if you know that they have committed or plan to commit a crime.

Things to Remember on a Peer Support Visit

- Schedule the visit in advance and make sure the veteran knows what the purpose of the visit is.
- Dress neatly, look respectable and trustworthy.
- Arrive on time.
- Introduce yourself to the veteran on your first visit and on the second and third visit remind the veteran who you are.
- If others are present whom you do not know, introduce yourself to them.
- Explain briefly what you do and why you are there. It is good to have memorized a 15-second summary of what you do and then be ready to tell more about this or answer questions.
- Be relaxed and friendly as appropriate to the bond you have established with the veteran. At first there will be some distance between you and the veteran; that is normal. As time goes on your friendship should become stronger.
- Be careful with humor. There are times when jokes and laughter are appropriate and important, and other times when humor is not welcome.
- Do not drink alcohol on a peer support visit. Explain that you are not permitted to do this for professional reasons.
- You may accept small gifts and occasional meals but refuse large gifts, gifts of money or jewelry, and any gift that requires you do something in return.
- Sexual behavior with veterans is not permitted.
- At the close of every visit be sure to find out if and when you will meet again. Be sensitive if the veteran suggests that they do NOT wish to meet you again—this happens. If the veteran is unable or unwilling to set up another meeting, ask if you can call him or her later to set up a meeting. Or leave your own phone number for the veteran to contact you.

EXERCISE: Handling difficult situations

How should a Peer Support Worker handle the following situations? What should he or she say and do? What do you think the veteran really wants in each of these cases?

- **The veteran talks endlessly about how hopeless his or her situation is and how bad people are.**
- **The veteran needs and wants help but is hostile and uncooperative with the PSW.**
- **The veteran is drunk and invites you to drink with him or her.**
- **The veteran demands that you solve all his or her problems.**
- **The veteran demands money or that you should buy things for them.**
- **The veteran's family members ask you for money or tell you how to deal with the veteran.**

Crisis Resolution with Veterans

All PSWs need to be able to resolve crisis situations, or at least to control the situation until help arrives. In this session we will discuss common crises that PSWs may encounter, and methods for helping veterans get through these crises and get on with their lives.

We should emphasize at the outset that **NO PEER SUPPORT WORKER SHOULD EVER ENDANGER HIM- OR HERSELF WHILE TRYING TO CALM A SURVIVOR OR ANYONE ELSE WHO IS POTENTIALLY VIOLENT.**

Nonetheless, the skills that a PSW uses to build a trusting relationship can be crucial in getting the veteran to think about what is happening and how they feel about it, and in helping him or her formulate a plan of action.

Peer support is about communication: Listening and talking about feelings, hopes, the past and the future. For a PSW to really make a difference in a veteran's life, he or she must master certain communication skills to make the veteran feel comfortable and think constructively about the future.

Situations that require intervention

First let's consider some common crisis situations that a PSW may have to deal with. We are really concerned with two aspects of a crisis:

1. The situation that produced the crisis.
2. The veteran's emotional response.

People respond differently to difficult situations depending on their coping skills and their resilience. If a person has been under severe stress, a small incident may lead to a dramatic emotional response. A person with few coping skills and little resilience may not tolerate a stressful situation well.

1. What types of emotional responses to a crisis might a veteran have?

TOOLS AND IDEAS 19: The “Crisis Story” and the “Survival Story”

Most veterans want to tell their story, and often in the telling and retelling they will begin to make sense of what happened. Although the retelling is usually painful, it is a relief to be able to tell someone else what happened, and with retelling the pain may gradually fade. There is a natural urge to “make sense” of what we experienced, and this is helpful in recovering from a traumatic experience.

Your job is to help the veteran think about his or her story in a useful and positive way, so that the meaning of the story gives the veteran strength and a purpose to his or her life. This is where the trauma story—the “crisis story” becomes a story of survival and in a sense, a victory for the veteran.

One way you can help the veteran analyze his or her experience is by asking questions, as though you too would like to learn from the veteran’s story.

- What have you learned from this experience?
- What have you learned about yourself?
- What kept you going during that painful time?
- What is it that keeps you going now?
- What (or who) have you relied on to give your strength?
- Why do you think this happened to you?
- What sense do you make of this?
- What advice would you give to someone else who was about to go through the same experience?

Notice the veteran’s mood and body language as he or she answers your questions. Is he or she interested in answering your questions? Or does the topic seem unpleasant, frightening, or dull? More importantly, does the veteran portray him- or herself in a negative, positive or neutral light? Does the story inspire an action or a goal for the future?

In most cases veterans will tell you, “I never thought of that before,” or “I’m starting to understand what happened.” At this point you have helped the veteran find meaning in the experience, which is a major step forward in the recovery process.

TOOLS AND IDEAS 20: Recognizing and Responding to Mental Health Emergencies

When working with veterans in mental crisis, Peer Support Workers must always be aware of their own safety. If at any time a Peer Support Worker feels threatened, he or she should leave the area and seek out additional help.

Extreme Emotional Distress: If the veteran is crying, breathing very rapidly, trembling or shows other signs of being in distress, you must try to find out the cause of the problem including how long it has lasted and if it has interfered with their daily activities. If the veteran is willing and able to talk to you, the first thing to find out is if the veteran is suicidal or dangerous to other people. Simple open questions like “What are you thinking about doing? Do you have a plan?” can get the veteran to start talking about what they are considering. As the veteran grows calmer you can ask more specific questions.

If you are sure that they are not dangerous, you may be able to help by providing peer support. If you suspect the veteran is a danger to him- or herself or to other people you cannot leave the veteran alone at this time.

Risk of Suicide or Self-Injury: If the veteran expresses a wish to die, or has deliberately having injured him- or herself in the past, you will need to seek immediate help from medical professionals, the veteran's family, or another authority that can act in the veteran's best interests. You cannot leave the veteran alone at this time.

Suicide Warning Signs:

- **Unusual sadness or withdrawal:** Long-lasting sadness and withdrawal can be due to depression, which is often associated with suicide. Choosing to be alone and avoiding friends or social activities also are signs of depression. The veteran may lose interest in activities that he or she previously enjoyed.
- **Sudden calmness:** Suddenly becoming calm after a period of sadness or moodiness can be a sign that the veteran has made a decision to end his or her life.
- **Changes in personality or appearance:** A veteran who is considering suicide might change their behavior. The veteran might suddenly become less concerned about his or her personal appearance.
- **Recent trauma or life crisis:** A major life crisis might trigger a suicide attempt. Crises include the death of a loved one, divorce or break-up of a relationship, a major illness, loss of a limb, loss of a job, or serious financial problems.
- **Making preparations:** Often, a veteran considering suicide will begin to put his or her personal business in order. He or she might visit friends and family members, give away possessions, make a will, or clean up his or her home. Many people will write a note before committing suicide.

- **Threatening suicide:** Not everyone who is considering suicide will say so, and not everyone who threatens suicide will follow through with it. However, every threat of suicide should be taken seriously.

Dangerous Behavior or a Threat to Others: Again, if the veteran appears angry and tells you that they would like to harm someone else, you will need to seek immediate help from medical professionals, the veteran's family, or another authority that can act in the veteran's best interests. You cannot leave the veteran alone at this time.

Loss of Touch with Reality: In some cases a veteran may lose touch with reality, as when they

- Talk to themselves
- See or hear things that other people do not
- Seem confused about who they are, where they are and what is happening
- Refuse to talk or fail to answer questions
- Stop eating, bathing or caring for themselves

Loss of touch with reality is a serious condition that may have medical causes and may require treatment. If it seems that the veteran is not able to care for themselves, you will need to seek immediate help from medical professionals, the veteran's family, or another authority that can act in the veteran's best interests. You cannot leave the veteran alone at this time.

Peer Support Worker's Response to Mental Health Emergencies

If the Peer Support Worker suspects a mental health emergency where a veteran may injure him- or herself or others, they must react immediately and should not leave the veteran alone. You should seek help from health professionals, the veteran's family, or someone else who can act in the veteran's best interests.

If a veteran is determined to commit suicide, and has the means to do so, it can be difficult to prevent. Here are some actions you can take to try to prevent someone from committing suicide:

1. **Take the threat seriously.** Anyone talking about wanting or planning to die needs immediate attention. Most people who try to kill themselves talk about it or act in ways that show they are in deep despair.
2. **Ask the veteran to give you any weapons** he or she might have. Take away sharp objects or anything else they could use to hurt themselves.
3. **Respond to the situation.** If a suicidal person turns to you it is likely that they believe you are caring, informed, and willing to help. Do not ignore the situation – respond to it.
4. **Listen.** Let the veteran talk about their troubles and feelings. You don't need to say much and there are no magic words. If you are concerned, your voice and manner will show it. Your presence will give him or her relief from being alone with the pain; let him or her know you are glad he turned to you. Be patient, sympathetic and respectful of the veteran's feelings.
5. **Ask about suicide directly:** If you think the veteran might hurt themselves, ask
 - “Are you having thoughts of suicide?” By asking a veteran this question you are showing that you care, that you take them seriously, and that you are willing to let the veteran share their pain with you.
 - There are other ways to phrase the question, but be clear that you are talking about suicide: Are you thinking about dying? Ending your life? Going away forever? Giving up?
 - Have you felt this way before?
 - Have you tried to hurt yourself before?
 - Have you thought about how to do it?
 - Do you have what you need to do it?
 - When do you plan to do this?

If the veteran is having thoughts of suicide, these questions will help you find out how far along the plan has progressed.

6. **Do not leave veteran alone.** If the veteran is talking about killing him- or herself now or soon, do not leave the veteran alone. Send someone else for help, or call

for help on your mobile phone. Talk and listen until help arrives. Stay with the veteran, or take him or her to a place where others can help.

7. **Involve the family** when possible. The involvement and support of family is useful and important in these situations. A PSW cannot be a veteran's only source of support.
8. **Offer support.** Use the same communication and peer support skills that you use in other situations to help the veteran know that he or she is a valuable member of society, that what happens to him or her is important to you and that there are reasons to have hope for the future. Hopelessness is the main reason people consider suicide, therefore your priority is to re-establish hope.
9. **Get help.** Even before the veteran tells you that he or she wants to die, and definitely when the signs are clear, get help. Contact a professional counselor for advice. If you refer the veteran to a professional, let the suicidal veteran know you still care about him or her and that you want to maintain contact. People and places who may help:
 - General health clinic
 - Mental health clinic
 - Psychologist or psychiatrist
 - Doctor, nurse, social worker
 - Traditional healer or alternative health practitioner
 - A local leader or a religious leader who is sympathetic and caring
 - Someone who has been through a similar triggering situation

In addition, you can:

- Explain your concerns to the veteran and their family and what you would like to do.
- Offer support to the veteran and family. Answer any questions that you can.
- If you link the veteran to a mental health facility, you should stay with the veteran until you are sure he or she has received the best possible treatment available for his or her condition.
- Visit the veteran regularly after the crisis is over to see how he or she is feeling.

EXERCISE: Sources of Help and Support: Creating a Resource Map

In your geographic region, what agencies, organizations or individuals can you name that could provide assistance for some of these issues?

PROBLEM	RESOURCE
Financial:	
Debt	
Lack of income	
Inability to pay for basic needs	
For school, for rent	
For health care, transportation, taxes, etc.	
Health:	
Acute illness or injury of veteran or a family member	
Chronic illness or pain, terminal illness	
Substance abuse	
Psychiatric problems	
Depression, suicidal thoughts	
Inability to work or care for others due to illness, etc.	
Employment:	
Can't find a job	
Got fired or laid off	
Underemployed	
Problems with boss, co-workers, schedule, workload, boredom, etc.	
Legal:	

Crimes (committed either against the veteran or by the veteran)	
Divorce	
Lawsuits	
Police harassment or discrimination, etc.	
Domestic:	
Problems with spouse, girlfriend or boyfriend	
Children	
Siblings	
Parents	
Neighbors	
Landlord	
Other:	
Poor academic performance	
Government bureaucracy	
Loneliness	
Discrimination	
Homelessness	
Peer pressure	
Death of a friend or family member, etc.	

5. What are the major areas in your community where services are lacking? What could be done to correct this?

6. How do people deal with these issues when there are no services to assist them?

TOOLS AND IDEAS 21: Involving the Family in a Survivor's Recovery¹¹

Care and support from family members and close friends is crucial and may help prevent long-term effects of trauma. Family members may also need support in dealing with their emotions. While your primary work relationship is with the veteran, you should include family members in discussions about the veteran's recovery. It is important for the family as a unit to understand what to expect, and to work together to recover from trauma.

It is recommended that the PSW avoid meeting with family members when the veteran is not present. In situations where there is conflict within a family, such meetings can damage the veteran's trust in the PSW. Short telephone conversations are acceptable in order to inform family members of your schedule and to assure them that things are going well.

Family members should always be informed about peer support, what it is and what you are trying to achieve. Being open and honest with the family is necessary to maintain their trust. However, the veteran may or may not want to be completely open with family members, and you need to be clear about the veteran's reasons for not wanting to share information. Remember that you must maintain the veteran's confidentiality in order to maintain a trusting relationship.

In some cases you will be in the awkward position of maintaining the veteran's confidentiality while at the same time trying not to exclude family and friends who are concerned about the veteran and want to help. You may need to discuss the importance of involving family and friends in the veteran's recovery so that the veteran understands why it is essential. Explain to the veteran that openness and honesty will help build a better relationship with his or her family.

¹¹ Adapted from: Echterling, Lennis G., Presbury, Jack H., and McKee, J. Edson (2005). *Crisis Intervention: Promoting Resilience and Resolution in Troubled Times*. Upper Saddle River, New Jersey and Columbus Ohio: Pearson Merrill Prentice Hall.

Working through a crisis with a veteran's family

In cases where the veteran's behavior or problems create a crisis in the family, you can become a kind of facilitator or mediator, since you have (hopefully) established a relationship of trust with the veteran and with members of the family. Working with the family together as a group is helpful, although not essential. You can work with individual family members using these four steps to encourage communication and support.

1. Connect with the family and help them connect with each other:

- Be calm and professional and respectful in order to set the right mood for a constructive meeting.
- Identify a quiet space large enough to accommodate a group and invite family members to gather there.
- Introduce yourself and explain why you think it will be helpful to have this meeting. If people do not know you or each other, ask each person to introduce themselves.
- You may want to outline briefly what has happened and what the issues are, or you might simply indicate that the meeting is an opportunity for the family to come together and support one another.
- Listen, understand and validate actively throughout the meeting and by doing so you can help create a warm and supportive atmosphere.

2. Create a family survival story:

- Invite family members to talk about their experiences. Encourage them by asking questions about the meaning of events:
 - What have you learned from this experience?
 - What have you learned about yourself?
 - What kept you going during that painful time?
 - What is it that keeps you going now?
 - What (or who) have you relied on to give your strength?
 - Why do you think this happened?
 - What sense do you make of this?
 - What advice would you give to someone else who was about to go through the same experience?
- Point out ways that the family has shown strength, courage, creativity and determination in dealing with previous crises.
- Emphasize the positive, and connect key aspects of each person's story to the stories of others.

3. Help family members manage their emotions:

- Reducing the level of distress is necessary before any real discussion can take place. Help people unburden their emotions and by listening, understanding and validating so that they feel as if you are listening and concerned.
- Point out achievements and examples of strength, courage, creativity and determination. Try to turn negative emotions into a positive decision to “get through this” or to take action to solve problems.

4. Help family members think about the future:

- Encourage family members to think about the future by asking questions such as, “As you begin to move on with your lives, what is the next step you’re going to take?” Address the family as a group and help them identify specific goals and ways that things can be improved.
- Offer suggestions from your point of view as an outsider, and refer family members to people and agencies that can assist them.

Some Further Suggestions for Involving the Family in a Survivor's Recovery:

1. You can get some idea of a family's natural dynamics by observing them together with the veteran. After a crisis there may be tension, anxiety and differences of opinion. You should try to steer this energy in a positive direction to strengthen the family's ability to think about a positive future. Remember that recovery is a process, it takes time and you may need several visits to see changes in people's mood or attitude.
2. Some family members, especially parents, grandparents or older siblings, may adopt a protective attitude and may want to “help” the veteran do things and make decisions. This is not always wrong, but when it seems to be weakening the veteran's control over his or her life you should explain the need for empowerment and its role in the recovery process. Remember that the veteran must participate in decisions that affect his or her life.
3. Other family members may reject a veteran if they believe that the veteran is not contributing to the family or is causing stress or disagreements. Family members may not discuss their feelings openly, and tensions will build up, leading to a crisis. To avoid this, try to get family members to express their feelings, either privately or while together. The goal is for the veteran to be included in the everyday life of the family, with respect and dignity on all sides.

TOOLS AND IDEAS 22: "Giving Back"

The goal of "Giving Back" is to provide opportunities for a veteran or a group of veterans to contribute to their community.

"Giving Back" can change both a community's opinion of veterans and a veteran's feelings about his or her role in society. "Giving Back" should always be a part of a veteran's Individual Action Plan (IAP). "Giving Back" accomplishes two objectives: (a) it contributes to a veteran's recovery by providing an opportunity to be a role model and connect to the community and (b) it can be seen as a sign of recovery, indicating that the veteran is ready to become a role model for other veterans.

All persons receiving peer support are expected to "Give Back". "Giving Back" should be discussed with the veteran during the first contact and presented as part of the peer support program. Veterans are expected to complete their "Giving Back" within the period that they are part of the peer support program.

"Giving Back" is based on the belief that:

- By moving from *beneficiary* to *benefactor*, a veteran feels that he or she is not a burden, but a contributing member of the community.
- Making a difference in the lives of other veterans and community members produces satisfaction, pride and personal growth.
- Sharing experiences, knowledge and skills with other veterans contributes to one's own recovery as well as to the recovery of other veterans.
- "Giving Back" leads to veterans becoming contributing and valued community members.
- Emphasizing a veteran's responsibility to give back to the community inspires other veterans to be active, responsible and concerned citizens.
- "Giving Back" promotes a veteran's inclusion, participation and sense of belonging in the community.
- By "Giving Back", a veteran can change the community's opinion of veterans.

Some Examples of "Giving Back"

Below is a list of "Giving Back" projects performed in Bosnia during the past four years.

Individual "Giving Back":

Donations:

- A pair of crutches to another person with disability;
- Bread to children of a rural school for a period of two months;
- 100 kg of agricultural produce to another veteran's family;
- 300 kg of honey to the local orphanage, 200 kg of fruit and 456 kg of vegetables to a local orphanage;
- Milk, cheese and butter to another veteran's family with small children (3 times a week for 2 months);
- 220 kg of vegetables to a municipal public kitchen;
- Meals for children attending church on Sunday;
- Soil for cultivation to another veteran.

Services:

- Made a ramp for the Annual Survivor Artisan Exhibition at the local art gallery to ensure improved access for persons with disabilities.
- Prepared bread, pastry and pies for another veteran's family.
- Built an accessible bathroom in another veteran's house.
- Chatted about alcoholism to an alcoholic veteran (four Saturdays).
- Spoke about drugs to children at a school.
- Cooked food for children in school (two days).
- Created 30 parcels: New Year's presents for orphans
- Cut the grass in a parking area next to a church.
- Helped a veteran chop firewood for the winter
- Manufactured and installed wood doors in a communal house (two days)
- Mentored another veteran, provided peer support, and took on an apprentice.
- Organized the files for an NGO (3 days).
- Provided food and company for prisoners in jail (4 hours).
- Provided legal support to another veteran.
- Provided transport for a veteran to the rehabilitation center.
- Repaired 15 desks for kids and 3 desks for teachers at a school (one week).
- Sewed uniforms for another veteran's children.
- Helped another veteran find a job.
- Made a table and chairs for a poor neighbor's family
- Taught math to students free of charge,
- Taught other veterans how to wrap the residual limb.
- Trained other veterans in motor mechanics.

Group “Giving Back” Projects:

- A group of veterans painted doors and windows, cut the grass and cleaned a church.
- A group of veterans assisted a local veteran family in building their home.
- Assisted a neighboring community in rebuilding a village community center
- Made cakes and took them to children in a local orphanage.
- Organized a day at the public kitchen, preparing and serving meals
- Organized a grass-root advocacy or fundraising event for a cause.
- Organized an activity day in a home for the elderly and for persons with disabilities (reading together, playing chess, playing games, just having a coffee and conversation, doing small chores, etc.)
- Organized an activity day in a local orphanage.
- Survivor sports club organized a fundraising tournament.

Bad examples of “Giving Back” can happen in at least two ways:

1. If the veteran feels forced to “Give Back” or does not select for him- or herself the type of “Giving Back” project.
2. If the veteran performs a “Giving Back” project that is either demeaning or reinforces negative stereotypes the community may have about veterans. These examples will vary from culture to culture. In some cultures, veterans picking up trash may be demeaning work and reinforces negative stereotypes held by the community. On the other hand, in other networks, a group of veterans picking up trash as an ecological activity to save a park would be a positive example of veterans becoming positive role models.

Working with Veterans Support Groups

Veterans support groups can be a useful to help veterans overcome social isolation and heal from trauma. A group is also a great forum for giving and receiving peer support.

There are two basic categories of groups, community service groups and social support groups. A community service group is formed around a specific task, i.e. to identify, plan and carry out a "Giving Back" project. Emotional support groups promote the recovery of individual veterans.

1. What are some examples of types of veterans' support groups that you may know of?

TOOLS AND IDEAS 23: How Groups Can Promote a Survivor's Recovery

Groups provide rewarding relationships and opportunities for empowerment. The togetherness of a group provides protection against terror and despair and promotes recovery from trauma. Recovery can take place through human relationships during which the veteran redevelops trust, autonomy, self-confidence, and love.¹²

The group provides a place:

- For joining together and recognizing that others have faced similar challenges, and to draw from each others' experiences, strengths and hopes.
- Where veterans feel valued and valuable as a result of being able to help others who have suffered.
- For increasing awareness of how a veteran relates to others by giving and receiving feedback.
- To recognize a veteran's symptoms of distress in a supportive group setting
- For improving communication by discussing feelings and thoughts that a veteran may have found difficult to express.
- For friendship, companionship and emotional support.
- Where first-hand experiences of support outside the group through other organizations can be shared.
- For recounting events and breaking the silence that is common in conflict situations.
- For promoting social change through lobbying and advocacy to get authorities to address veterans' needs.
- For raising awareness about the "forgotten veterans" of a conflict.
- For finding out how to access resources, health care, support services, housing, employment and social benefits.
- For practicing new behaviors and ways of relating to others.
- For learning new interpersonal skills and tools for resolving conflicts nonviolently.

¹² Paraphrased from Judith Herman, "Trauma and Recovery. The aftermath of violence from domestic abuse to political terror," Basic Books, 1997.

What Groups Can Do

How Groups Can Promote Peer Support and Extend Outreach: A small group of veterans can locate and contact other veterans who may be struggling to deal with financial, health or mental health problems. If the group has something to offer (social activities, sports, a project, a campaign) then veterans will become interested and engaged. Each veteran extends the group's reach to other veterans that he or she may know.

Groups Can Help Veterans Generate Income: Income-generating projects work well when there are a number of enthusiastic members who work together to make things happen. Veterans can learn marketable skills or get help from the group to start a business, a garden, etc. Money can be divided so that some goes back into group activities. Groups can apply for grants or loans to do bigger projects.

Groups Can Improve Communication Between Communities: Groups that engage in activities with other similar groups—such as sports teams—promote communication and attract positive attention. Such events make the group part of a much larger community and can attract resources and new members through joint events.

Groups Can Exert Influence on Local Government: Groups can engage in campaigns or lobbying for causes, or can get attention during holidays and special occasions.

A Group is More Than the Sum of Its Members: Each person brings with them their own knowledge, friends, relatives and resources. With enthusiasm and a sense of ownership members of the group contribute effort and ingenuity to solve problems and help others.

Groups Can Draw Attention to Survivor Issues and Other Problems: Groups have been involved in stopping or preventing violence, discrimination, corruption, and injustice. A particular example is groups of persons with disabilities who educate the public on the needs and capabilities of PWDs and thus reduce stigma and misinformation.

Groups Can Evolve into Self-Sustaining Organizations: With support from donors and benefactors, a veteran support group can incorporate and become an NGO, thus making it more sustainable and increasing its capacity to provide services.

TOOLS AND IDEAS 24: How to Start a Peer Support Group: A Step-By-Step Guide for Peer Support Workers

1. Find out What Groups Already Exist. Are there existing support groups that address the same concerns? If so, could you establish a partnership and share resources?
2. If possible, look for and learn from experienced group leaders. Ask for sample materials they may have used such as flyers and pamphlets.
3. Form an initial organizing committee for planning the group. This should be made up of veterans that are interested in starting the group. You should help start the group in an advisory capacity. He r she will act as a meeting facilitator and encourage co-leadership and rotate tasks to emphasize empowerment from the beginning.
4. Help the organizing committee to define the planned group's shared concern. The group's focus can be as general as, for example, women veterans of war, or as specific as a female amputees who are in abusive relationships.
5. The organizing committee must decide who can join the group. At the beginning, most groups limit membership to those who have the shared concern or problem.
 - Are there instances when veterans should not be allowed to join, such as veterans who are intoxicated or mentally impaired?
 - Is it okay for members to drop in, or will meetings be closed to non-members? Who decides if a new veteran can join and how is the decision made?
 - May family, friends, relatives and visitors also be included?

Try to attract a diverse membership of different ages and cultural backgrounds, both male and female, within the population that the group is restricted to (e.g. military veterans or widows, etc.)

6. Help the organizing committee decide on a purpose for the group, i.e. emotional support, education, or advocacy. There may be several main focus areas at first. Help the organizing committee write down a simple statement of purpose such as:
 - Women veterans of limb loss providing emotional support and practical help to one another.
 - Family members of combat veterans seeking new ways of reducing stress and anxiety.
 - Parents of children with disabilities working to advocate for the rights of children with disabilities.
7. Advise them to keep the group small at first, between 4 and 15 people. This will give every veteran a chance to participate. If the group gets too large later on, it can be broken down into smaller sub-groups.

8. Ask the organizing committee to pick a name for the group. Encourage them to be creative and pick a name that is interesting, inviting, and relevant to the group's goals.
9. Have the organizing committee decide on how often the group should meet. Will it be weekly, monthly, or only a few times a year? Exchange phone numbers so everyone can stay in touch and support each other in between meetings.
10. Find a location where people will feel comfortable sharing feelings and experiences. It may be possible to find a free meeting space, for example, at a local church, hospital, school, or community center. Have them decide on a meeting day, time and duration that seem most convenient for the support group members. Most groups meet once a month for 2 to 3 hours. Find out about any barriers that may prevent potential members from attending.
11. In order to create a safe environment the organizing committee should decide on a level of anonymity and confidentiality. In some support groups members only give their first names. In many groups, members are asked to say nothing outside the group about what was seen and heard in the meetings. Or they may be allowed to discuss what they've heard in the meetings with people outside the group as long as they do not disclose any information that would identify a veteran.
12. The organizing committee needs to consider how the group will pay expenses and if the group needs to collect money from members. There may be no need to collect money at first. Many groups collect small donations to cover the cost of refreshments, group events, guest speakers, etc.
13. Eventually the group will need to decide if they want to be incorporated as a non-profit group, legally registered as an association, or to remain a stand-alone group.
14. What meeting format would be most effective given the group's purpose? Would it be an open topic discussion group or would a combination of discussion time, education, socializing, and event planning be more useful? Consider a possible agenda for a typical meeting, which might include:
 - Formal opening of the meeting.
 - Check-in by members to see if anyone wishes to make an announcement or bring to the group's attention any leftover business from the previous meeting.
 - Introduction and greeting of new members.
 - Discussion, education, information sharing.
 - Business or finance report if money is collected, and the announcement and promotion of future meetings.
 - Formal closing.
15. What ground rules/guidelines will the group follow? These are also called the group norms or group boundaries, including rules around talking such as:

- We express our thoughts and feelings using “I statements” and do not judge or criticize or tell other group members what to do.
 - We listen actively and respectfully when someone is talking and avoid side conversations.
 - We know what we share is private and will not leave the group.
 - We share the responsibility for cooperating and making the group function well.
 - We have the opportunity for more or less equal time to speak or the right not to participate in a discussion.
 - We do not interrupt other group members. If we do, we return the conversation to the person who was speaking.
 - We each have a desire to change our behaviors and thinking and recover.
16. What type of leadership will the group adopt? The organizing committee may want to select two or three people to lead the first meeting together. Shared leadership prevents leader burnout and allows other members to “co-own” the group by contributing their skills, knowledge, resources, interests, talents. Get group members to participate actively in the group, for example, by
- Greeting new group members as they walk in the door.
 - Preparing the meeting space, setting up chairs.
 - Arranging refreshments
 - Helping decide on and coordinate activities, for example, in making a newsletter, inviting guest speakers, selecting topics for meetings, planning social activities, events, or field trips.
 - Exchange names and phone numbers, with other members to continue to support one another in between meetings.
 - Set up a care committee that reaches out to veterans who are sick or discouraged.
17. Assist the organizing committee in developing a plan for outreach to veterans sharing the particular concern or challenge. A community outreach plan might include:
- Creating a simple flyer or pamphlet, including the group’s name, purpose, intended membership, meeting place and starting and ending time. The flyer should be placed in public places such as schools, clubs, shops, hospitals, banks, libraries, post offices etc.
 - Planning and making presentations for religious leaders, agency directors, health professionals, social workers, civil leaders, and local businesses leaders who might be interested in spreading the word about the group.
 - Consider preparing press releases for local media outlets.

TOOLS AND IDEAS 25: How to hold a successful group meeting

- Make an effort to start the meeting on time.
- You and the organizing committee can begin by introducing themselves and explain why they are there.
- Invite everyone else to introduce themselves. They may also wish to share their reasons for coming to the group.
- Greet new members and make them feel welcome; encourage them to participate.
- Describe the group's purpose and guidelines. This serves as an orientation for newcomers as well as a reminder for returning members.
- Review the agenda. Also note the closing time, but let people know that they may leave early if they need to do so.
- Main business. Depending on the group's purpose, this may take the form of a support discussion or raising certain issues related to the group's activities. The organizing committee may offer suggestions and then open the floor for comments and ideas.
- The agenda may include guest speakers, more formal or informal discussions of particular topics, sharing of information and resources, and special social activities.

Close the meeting on time:

- Ask members to tell the group briefly "What was it like for you to be in this group tonight?" Ask people what they learned about themselves during that particular meeting.
- "Let's do a quick go-around and have everyone say a few words on how the group is progressing so far and make any suggestions for change."
- "Before we close tonight, I'd like to share with you some of my own reactions and observations of this meeting."
- Ask if anybody has any feedback that they would like to give another member or to any or all of the leaders.
- Ask if here are any issues that members would like to return to or explore in the next session.

Suggestions for reviewing the group's progress:

Below are some yardsticks to measure what the group has accomplished:

- Do members give and receive support on a regular basis?
- Do 'older' members help out newcomers?
- Are members "graduating" from the group?
- Is the group achieving all its goals?
- Build review and change into the way you run the group and make special efforts to check on what you're doing. Be proud of your achievements!

TOOLS AND IDEAS 26: The Group Action Plan (GAP)

Examples of Group Action Plan Objectives

Here are three examples of how Group Action Plan objectives might look, using the SMART format. Each objective is followed by suggestions for activities that would help to achieve the objective. The third example is presented on the next two pages as it might appear on a Group Action Plan form.

1. *By December 2009, the People Beyond Disabilities Group in Murray Town will have designed and built with help from community residents and leaders and village government officials, a wheelchair ramp to the community hall to provide easy access for people with disabilities to meetings and social events.*

Activities could include:

- identify necessary resources (ramp design, financial resources, in-kind contributions such as materials and labor from group and community members, technical supervision)
- development of time line
- plan monitoring and evaluation, etc.

2. *By October 2009, the Group of Widows Beyond Violence Group in Murray Town will have organized an "open house" at the village hall to demonstrate their skills, to increase the awareness of people with and without disabilities of their extraordinary artistic abilities.*

Activities could include:

- identify necessary resources (in-kind and cash contributions to cover cost of refreshments and production of informational materials including profiles of group members and their stories)
- secure support from local government and other influential community groups
- find volunteers to help transport equipment to the village hall
- advertise event, especially to young people with disabilities
- set up an information campaign to raise awareness of the needs of widows.

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Group Action Plan (GAP)
Group Name: Right to Play Group
Name of Group Leader: Charles
Name of Assistant Group Leader: Monica
Average Number of Group Members: : 34
Date Group Formed: 1-1-09
Address where Group Meetings take place: Auditorium, St. Mary's School in Boston

Objective 1:

By the end of June 2009, 50 students between the ages of 12-16, with and without disabilities, at St. Mary's School in Boston, will have increased knowledge of the rights of people with disabilities.

No.	Actions/Activities	Who will be responsible for completing action/activity?	Target Completion Date	Outcome/Result at time of target date	Remarks (if any)
1.	Identify and contact at least 3 partner organizations (such as local children's rights and disability organizations) that will co-organize/co-sponsor the event		13 weeks prior to event		
2.	First meeting with partner organizations and brainstorm on target audience, event objective and desired outcome, format, content, (fun) activities, and preferred venue		12 weeks prior to event		
3.	Second meeting with partner organizations to agree on target audience, event objective and desired outcome, format, content, activities		11 weeks prior to event		
4.	Third meeting with partner organizations to agree on preferred venue and prepare a budget/list of needed resources		10 weeks prior to event		
5.	Solicit in-kind and cash donations from local organizations to cover cost of refreshment, arts and crafts materials, etc.		start 8 weeks prior to event		
6.	Fourth meeting with partner organizations to agree on event details and action plan for preparing the event		start 9 weeks prior to event and review weekly		
7.	Hold a meeting with principal/teachers of identified school (that has both students with and without disabilities and is committed to supporting the cause and the event) to discuss the event proposal and agree on a date and time line for the event		8 weeks prior to event		
8.	Hold meeting with partner organizations to refine action plan and divide up and assign responsibilities for preparation, the actual event, clean		8 weeks prior to event		

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	up and follow-up				
9.	Maintain close contact with designated contact person at school and make sure preparations are proceeding in accordance with time line		start 8 weeks prior to event		
10.	Prepare and distribute flyers to invite students/parents/guardians and teachers to the event		7 weeks prior to event		
11.	Develop design for age-appropriate brochure on the international convention for the rights of people with disabilities to be handed out to students during the event		6 weeks prior to event		
12.	Seek professional help (pro bono if possible) with layout and printing of brochure		5 weeks prior to event		
13.	Send reminder flyer to children/guardians/teachers and find out how many children will attend		3 weeks prior to event		
14.	Advertise event in local media, preferably for free		2 weeks prior to event		
15.	Purchase materials, supplies, etc.		2 weeks prior to event		
16.	Transport decorations to school and organize and oversee set up the evening prior and clean up after the event		1 day prior to event		
17.	Day of fun and rights awareness for children with and without disabilities to increase knowledge about international rights of people with disabilities		Event Day		
18.	Hold follow-up meeting with partner organizations to evaluate event and identify lessons learned		immediately after event		
19.	Hold meeting with school to debrief, follow-up, and evaluate event and, if possible, get commitment from school to conduct follow-up activities		1 week after event		
20.	Organize and hold follow-up meeting with partner organizations to assign follow-up responsibilities, and possibly agree on co-organizing another event in the future		1 week after event		

Date: _____ **Group Leader's signature:** _____

Assistant Group Leader or Witness Signature: _____

EXERCISE: Developing Group Objectives Using the GAP

Procedure: Divide into groups of at least 3 persons. Each group should imagine that it is founding a self-help group for combat veterans.

1. Name your group.
2. Decide what your main theme is, referring to these group types:
 - Community service groups
 - Emotional support groups
 - Social groups
 - Sports clubs
 - Economic opportunity groups
 - Women's groups
 - Youth groups
 - Advocacy groups
3. Assuming that your group has adequate funds, develop a list of 3 objectives, each with appropriate activities, for your group for the next year. Decide on a time frame for each activity, including how long that activity will take.
4. Present your work to your colleagues in 5-10 minutes.
5. Discussion:
 - Do these objectives seem specific, measurable, achievable, relevant, and timely? Would you suggest different objectives?
 - How well do the designated activities match the objectives? Are they sufficiently detailed to make up a plan of action?
 - How likely is it that the group will be able to accomplish these objectives within this time period?

DAY 3

DAY 3 (morning):			
8 - 10	120 min	Peer Support Role Play Exercise	Pairs exercise
10 - 10:15	15 min	BREAK	
10:15 - 12	105 min	Wrap-up: <ul style="list-style-type: none"> - Verbal & Written Evaluations - Closing Remarks - Posttest - Certificates 	Discussion, test, graduation
12 - 1	60 min	LUNCH BREAK	

Role Plays

We will conduct a series of role plays where each participant will perform once in the role of Peer Support Worker and once in the role of veteran.

We are doing this exercise for several reasons:

1. It will give you each a chance to experience what the PSW feels when he or she is providing peer support to a veteran.
2. It will give you a chance to make decisions and solve problems the way you must when working with veterans.
3. It will give you a chance to pose questions or problems the way veterans do when they meet with PSWs.

After each role play we will discuss what we saw. I will ask the role players to comment on what happened, then I will ask the audience to comment. Finally I will offer my own remarks.

Please be respectful when others are conducting their role plays, and try to be gentle and constructive in your criticisms. Role playing in front of others is stressful and we don't want to make it more difficult than it is.

EXERCISE: Peer Support Role Plays

Procedure: Each role play will involve one participant in the role of Peer Support Worker and a facilitator or another participant in the role of veteran. The situation will assume that the Peer Support Worker has met the veteran before but knows little or nothing about him or her. The veteran will present a problem to the Peer Support Worker and ask for advice. The Peer Support Worker must provide some type of support and other advice or a solution to the problem.

You will then discuss aspects of the role play related to:

1. The type of **problem** and the **solution** agreed upon by the PSW and the veteran
2. **Body language** on the part of the PSW
3. **Verbal communication** between the PSW and the veteran
4. The use of **peer support** techniques by the PSW during the role play
5. The **attitude** and **responses** of the veteran and the PSW in the course of the role play.

NOTE: Participants may develop their own scenarios if they wish, but the problem must be made clear to the audience within the first few minutes of the role play.

Recommendations for participants performing role plays:

Be conscious of your body language: Posture, gestures, tone of voice and facial expressions are important. Show concern, interest and self-confidence, and observe other participants when they are performing role plays.

Offer support but avoid stock assurances: Sincerity counts; it is difficult to provide quality peer support unless you care about the veteran. Watch your colleagues to see if they seem sincerely concerned and supportive.

Provide a realistic solution to the problem: The veteran is counting on you to help them out. If you don't know the answer, think of someone who might know it. Transportation, communications, and information are all relevant here. Watch others to see if they can provide a realistic course of action to address the problem.

Stay calm: Your self-confidence and ability to reason will make the difference between a problem and a crisis. Don't let the veteran's desperation infect you.

Course Evaluation Form

Your opinion of this course will help us make it better. Please rate the elements of the course:

Topic	Very Good	Good	Not Good, Not Bad	Bad	Very Bad
Overall contents					
Exercises					
Handouts					
Length of course					
Location where course was held					
Instructor					

Course Contents:

What topic or section of the course did you enjoy **most**?

What topic or section of the course did you enjoy **least**?

Were any topics **missing** that you think should be included?

Was the course **too long** or **too short**? How many days should this course take?

What **changes** would you recommend in this course?

Any other comments:

Topic Evaluation

How would you rate the topics presented in this training?

	Very Good	Good	Not Good, Not Bad	Bad	Very Bad
What is Trauma?					
Exercise: Helps, Doesn't Help					
5 Steps to overcoming a tragedy					
Posttraumatic Growth					
How Empowerment Helps Veterans Recover					
Knowledge, attitudes and skills needed to offer quality peer support					
Monitoring a veteran's progress					
The Individual Recovery Action					
The SF-36					
Communication Techniques					
Setting boundaries, managing expectations					
Crisis Resolution with Veterans					
Peer support visits					
Working with Families and the Community					
Working with veterans' support groups					
Role plays					

Any other comments:

How would you rate other aspects of the course?

	Very Good	Good	Not Good, Not Bad	Bad	Very Bad
Discussion					
Location of the course					
Written materials					

Was there anything missing that you think should be included?

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