

Survivor Corps Workshop Guide

Peer Support Program Manager's Workshop Facilitator's Manual

Rwanda, January 2009



**SURVIVOR
CORPS**

RISE ABOVE. GIVE BACK.

Peer Support Program Manager's Workshop

Course Description

Three-Day Course for Program/Operations Managers of Potential Partner Organizations

Course Objective

The purpose of this 3-day Peer Support Workshop is to introduce Program/Operations Managers to the key elements of peer support and how it can be implemented as an effective way of supporting trauma recovery. It introduces peer support, the Survivor Corps experience in using peer support, and reviews important issues related to operationalizing peer support

By the end of the Workshop participants will:

- Understand how trauma affects people psychologically and emotionally
- Understand the key elements of peer support as a proven means of supporting trauma recovery
- Understand the skills required to be a good Peer Support Worker
- Understand how their organization can integrate peer support into their work with survivors
- Identify at least one potential mechanism by which peer support can be integrated into their program.

Course Outline

I. Surviving and Thriving After Trauma

This session will review common reactions people have when they live through a traumatic experience and how peer support can help them overcome their traumatic responses. This will include a discussion of the process of recovery and how connecting with people who have gone through and successfully moved on with their lives after a similar experience can help a person to “bounce back” and grow after a tragedy strikes. These sessions are important for the Program/Operations Manager so they understand how people commonly react when faced with a traumatic event and the important role that peer support can play in their recovery. With this understanding they will be better able to manage peer support staff and support their work.

Workshop participants will discuss:

- How trauma affects people psychologically and emotionally
- Survivor Corps's 5 Steps to overcoming a tragedy
- The concept of Posttraumatic Growth
- The concept of peer support

II. Introduction to Peer Support

Building on the discussion of surviving and recovering after trauma, the next set of sessions goes into more specifics about peer support. These sessions are important for the Program/Operations Manager so they understand the purpose of peer support and what is involved in providing peer support. Knowing how peer support works will help the Program/Operations Manager to be better able to recruit, supervise and guide peer support staff and/or volunteers as well as to be better able to monitor and evaluate their program.

Workshop participants will learn:

- How peer support promotes growth and self-confidence
- The importance of empowerment and how it helps survivors recover
- Peer Support Skills – knowledge, attitude and skills needed to offer quality peer support
- Communication skills for providing peer support
- Setting boundaries and managing expectations
- How to involve families and the community in a survivor's recovery

III. Operationalizing Peer Support

This set of sessions will introduce different possibilities of implementing a peer support program and will encourage the participants to outline at least one realistic possibility for their organization to pursue. This session is not intended to direct organizations on which peer support method to choose to but to help them consider all the implications involved in starting a peer support program, and to choose for themselves the best method to meet their specific needs. Workshop participants will discuss:

- The Survivor Corps experience, a case study
 - Roles and responsibilities of Peer Support Workers
 - One-on-one peer support
 - How to monitor a survivor's progress
 - Action planning and objective setting
 - Group peer support
 - Small grants
 - Linking and referring to local services
 - Community service
- Implementing a peer support program, operational considerations
 - Detailed analysis of peer support programs around the world
 - Brainstorming new and creative ways to implement peer support

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- Making the final decision, which peer support program to choose and factors to take into account
 - Expense
 - Personnel needs
 - Impact on the survivor
 - Socio-economic conditions
 - Cultural context

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Program Schedule

DAY 1

MORNING			
7:30- 8:00	30 min	Registration	
8:00 – 8:45	45 min	Opening events: - Welcome & Introductions - Pretest - Participant Expectations for Workshop - Overview of Agenda	Short Individual Presentations Question & Answer Discussion, Test POWERPOINT
8:45 – 9:15	30 min	Brief Introduction to Survivor Corps	Lecture & Discussion POWERPOINT
9:15 – 10:00	45 min	Surviving and Thriving After Trauma How trauma affects people psychologically and emotionally Exercise: <i>Helped Me, Didn't Help me</i>	Lecture & Discussion Group Exercise
10:00 - 10:15	15 min	BREAK	
10:15 – 10:30	15 min	Survivor Corps' 5 Steps to overcoming a tragedy	Lecture & Discussion POWERPOINT
10:30 – 11:15	45 min	Posttraumatic Growth Exercise: <i>The Posttraumatic Growth Inventory</i>	Lecture & Discussion Individual exercise
11:15 – 12:00	45 min	Introduction to Peer Support - How Empowerment Helps Survivors Recover	Lecture & Discussion POWERPOINT
AFTERNOON			
1:00 – 1:45	45 min	Exercise: <i>The Recovery Chart</i>	Exercise
1:45 – 3:00	75 min	Peer Support Skills Knowledge, attitudes and skills needed to offer quality peer support - Communication skills for providing peer support - Setting boundaries, managing expectations	Lecture & Discussion
3:00 – 3:15	15 min	BREAK	
3:15 - 4:00	45 min	Involving Families and the Community in Survivors' Recovery - Involving family members in a trauma survivor's recovery - How groups can promote a survivor's recovery	Lecture & Discussion
4:00 –	60	Survivor Groups	Lecture & Discussion

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5:00	min		
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DAY 2

MORNING			
8:00 – 10:00	120 min	The Survivor Corps experience <ul style="list-style-type: none"> - One-on-one peer support - Group peer support - The Individual Recovery Action: Planning, objective setting and monitoring progress - The Two Year Time Limit - SF-36 	Lecture & Discussion POWERPOINT
10:00 - 10:15	15 min	BREAK	
10:15 – 12:00	105 min	<ul style="list-style-type: none"> - Small grants - Linking and referring to local services - Community service 	Lecture & Discussion
AFTERNOON			
1:00 – 3:00	120 min	Implementing a Peer Support program, operational considerations Exercise: Peer Support programs around the world	Group Exercise
3:00 – 3:15	15 min	BREAK	
3:15 - 5:00	105 min	Peer Support Program Considerations and Factors <ul style="list-style-type: none"> - Expense - Personnel needs - Impact on the survivor - Socio-economic conditions - Cultural context 	Lecture & Discussion

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DAY 3

MORNING			
8:00 – 10:00	120 min	Presentations: East African Examples of Operationalizing Peer Support	Presentations
10:00 - 10:15	15 min	BREAK	
10:15 – 12:00	105 min	Exercise: <i>The Peer Support Dream</i>	Exercise
AFTERNOON			
1:00 – 3:00	120 min	Exercise: <i>The Peer Support Reality</i>	Lecture & Discussion
3:00 - 3:15	15 min	BREAK	
3:15 – 4:00	45 min	Workshop Wrap-up Next Steps Posttest	Lecture & Discussion Test
4:00 – 4:15	15 min	Final Workshop Evaluation	Evaluation
4:15 – 4:30	15 min	Certificates	Graduation

DAY 1

Opening events:

Participant Introductions [20 min]

Facilitators and participants will introduce themselves briefly and describe their expectations for the course.

Introduction to the Workshop [15 min]

Facilitator: Welcome to Survivor Corps's workshop on Peer Support in Practice. This workshop is designed to bring together organizations that work with survivors of trauma, to discuss trauma psychology and recovery through peer support.

We are all interested in helping survivors in their recovery. Of the various tools and methods that are useful in our work peer support has been shown to be both practical and effective. Over the next three days, we will share with you what our experience with peer support has taught us, and we will explain how Survivor Corps has implemented peer support-based programs around the world. We also look forward to hearing what your experience has been, and how you could make use of peer support in your work.

The purpose of the workshop is to serve as a decision-making forum for program managers, so that you can decide whether the Peer Support Approach that we describe here would improve the services you offer and if so, how you would go about starting a peer support program or improving an existing one. Our workshop methodology includes experiential learning, i.e. learning basic peer support skills by practicing them.

We will open with a discussion of the psychological effects of trauma and how people naturally respond to a traumatic experience. We will then explore the process by which peer support assists a survivor during the recovery process, and look at the knowledge and skills that a Peer Support Worker should have. We will talk about empowerment and communication as the foundations of peer support.

We feel that it is important for you to understand the mechanics of peer support as an interpersonal process intended to help the survivor deal with his or her feelings and to reach a level of emotional comfort and even growth. Once you can visualize what a Peer Support Worker actually does with survivors, it becomes easier to see how a peer support program might be implemented and how your own organization could develop these services.

The second day of the workshop will focus on operationalizing peer support. We will first look at Survivor Corps's own history and experience in some of our current programs. From there, we will compare peer support programs run by

other organizations in other countries, and take a look at the many different ways that survivors can receive peer support. To end the day, we will discuss practical considerations for managers in designing and operating a program that provides peer support for survivors.

Our final day will focus on two exercises that help you consider how you might apply all this information to your own program characteristics and needs. The final afternoon will include an open discussion with you on your experience in providing peer support here in East Africa. We truly hope that these discussions will help you decide whether or not your organization is able and willing to adopt or adapt the peer support approach.

Overview of Agenda [10 min]

Facilitator: Let's briefly go over the schedule for the next three days.

[POWERPOINT PRESENTATION HERE: AGENDA]

Pretest / Posttest [15 min]

1. A traumatic experience may be one in which
 - a. A person's life, health or sanity are threatened or adversely affected
 - b. An individual's ability to integrate his/her emotional experience is overwhelmed
 - c. An individual witnesses something terrible
 - d. A person endures frightening or painful circumstances over a period of time
 - e. All of the above

2. Resilience is NOT:
 - a. A combination of protective factors and interactive processes
 - b. A person's ability to recover from negative emotional experiences and flexibly adapt to the changes and demands of stressful risk
 - c. A tendency to respond to stress with aggressive and confrontational behavior
 - d. The capacity to deal with, overcome, learn from, or even be transformed by adversities

3. Reactions to trauma can include:
 - a) Gratitude for having survived
 - b) Anger, fear, and insecurity
 - c) Recalling the traumatic event repeatedly
 - d) Guilt about having survived when others did not
 - e) All of the above

4. Posttraumatic Growth refers to the phenomenon of:
 - a) Gaining weight after a traumatic experience.
 - b) Suffering from nightmares, increased vigilance, and depression after a traumatic experience.
 - c) Offering assistance and encouragement to one who has suffered a traumatic experience.
 - d) Changing in positive ways, spiritually, emotionally, and psychologically, following a traumatic experience.
 - e) Becoming more financially successful after a traumatic experience.

5. Peer Support should include which of the following?

- a) Making decisions for the survivor
- b) Telling the survivor that "everything will be all right."
- c) Giving money to the survivor
- d) Providing emotional support and encouragement to the survivor
- e) Telling the survivor, "Stop feeling sorry for yourself."

6. Which statement about empowerment is NOT TRUE?

- a) Empowerment means knowing what your choices are or making the effort to find out what they are
- b) Empowerment means waiting for others to do things for you
- c) Empowerment means knowing that you have certain rights and that others must respect your rights
- d) Empowerment means learning new skills in order to improve your life
- e) Empowerment means not waiting or expecting other people to do things for you or to make decisions for you

7. Which of the following is a natural milestone of progress in a survivor who is recovering from a traumatic experience?

- a) The survivor generates his or her own income through employment.
- b) The survivor needs help making decisions and is afraid to act on them alone.
- c) The survivor avoids contact with other people outside the home, has no interest in other people and does not enjoy having visitors.
- d) The survivor deals with stress or difficult feelings poorly, either through substance abuse, anger, or depression.
- e) The survivor is reluctant to leave the house; will not leave the immediate area because of lack of access and barriers to mobility.

8. Which statement is NOT TRUE about Active Listening?

- a) Active listening is the act of showing that you are paying attention and that you care about what the other person is saying, thinking, and feeling.
- b) Active listening makes use of both verbal and nonverbal communication.
- c) Active listening makes use of appropriate non-verbal communication to show the survivor in crisis that you're listening attentively and empathically.
- d) Active listening means listening while engaging in activities such as writing, walking around the room, looking at your watch, or stretching.
- e) Active listening includes leaning toward the survivor with an expression of interest and concern and maintaining good eye contact.

9. When initiating services to a survivor it is important to manage expectations by:
- a. Explaining that your organization is prepared to do whatever is necessary to help the survivor recover.
 - b. Mentioning that you may be able to arrange financial assistance.
 - c. Presenting information about you, your organization, and the services that you intend to provide using simple, direct language and leaving space for the survivor to ask questions.
 - d. Offering a guarantee that the survivor is going to be “just fine.”
 - e. Not being too specific about what your organization can do to prevent raising false hopes.
10. Strategies to empower survivors and prevent dependency include:
- a) Limiting services to a fixed time period to encourage the survivor to work towards an end point
 - b) Giving the survivor large quantities of cash
 - c) Providing the survivor with a list of objectives and activities as part of their individual recovery action plan
 - d) Solving the survivor's problems before they can cause psychological stress
 - e) Encouraging family members to make decisions for the survivor
11. The purpose of an Individual Recovery Action Plan is to:
- a) Give survivors the courage to envision a positive future for themselves and to actively work toward making it happen.
 - b) Reinforce self-confidence by encouraging the survivor to carry out activities successfully and achieve objectives.
 - c) Gauge a survivor's progress by having a clearly outlined plan.
 - d) Encourage the survivor to work on priorities in the areas of economic opportunity, health, and rights.
 - e) All of the above.
12. It is possible to measure the impact of Peer Support by:
- a. Using psychological surveys to assess vitality, self-esteem, social integration, or posttraumatic growth, given before and after peer support.
 - b. Doing a complete physical examination with x-rays and blood tests.
 - c. Asking the survivor if they feel any different as a result of peer support.
 - d. Asking the Peer Support Worker if peer support has made a difference in the survivor's life.
 - e. All of the above.

True or False?

1. Most survivors go on to develop permanent psychological problems after war.

T F
2. People who experience posttraumatic growth often have closer, more intimate, and more meaningful relationships with other people.

T F
3. The success of peer support depends partly on the ability of the Peer Support Worker to establish a trusting relationship with the survivor.

T F
4. Empowerment is the process of enhancing an individual's capacity to make choices and to transform those choices into desired actions and outcomes.

T F
5. Survivors cannot experience posttraumatic growth and posttraumatic stress at the same time.

T F
6. Following a traumatic event, a short period of withdrawal from social contact is normal while the survivor deals with the trauma.

T F
7. It is not possible to measure survivors' perceptions of their own physical and social functioning such as pain, energy, vitality and psychosocial well-being.

T F
8. Community service refers to service that an individual survivor or group of survivors provides for the benefit of their community.

T F

Brief Introduction to Survivor Corps [30 min]

Facilitator: Survivor Corps (formerly known as Landmine Survivors Network) was founded in 1997 to provide assistance to victims of landmines around the world. In 2007, we began to work with survivors of all types of violent conflict, particularly survivors of war. Our work has emphasized survivors helping survivors recover from trauma and reclaim their lives to become fully participating members of society. In order to make Survivor Corps' peer support approach available to many different groups of survivors, we have adopted a partner-driven strategy in which we train and provide support to partner organizations who work with survivors.

Survivor Corps helps survivors return to a "normal" life and grow from their experience. Many survivors find that their lives are richer and more meaningful after successfully overcoming their trauma. We want this recovery and growth to become self-perpetuating, so that survivors who are further along in their recovery will offer their support and help others get through their trauma. We encourage all survivors to give back to their communities by helping others who are in need. We believe that by bringing survivors together we can create communities of survivors who will work to heal the wounds of war and to prevent violent conflict.

[POWERPOINT PRESENTATION HERE: INTRODUCTION TO SURVIVOR CORPS]

Surviving and Thriving After Trauma [45 min]

How Trauma Can Affect People Psychologically and Emotionally

Facilitator: **What do we mean by 'trauma' or 'traumatic experience'?** [Write participants' responses on a flipchart page.]

This is a standard definition developed by noted researchers in this field:

Psychological trauma can be defined as “the unique individual experience of an event or enduring conditions, in which:

- The individual's ability to integrate his/her emotional experience is overwhelmed, or
- The individual experiences (subjectively) a threat to life, bodily integrity, or sanity.”

It is important to note that different people can have a variety of different responses to the same event, depending on the individual's experience/perception of the event. And it is not predictable how a given person will react to a particular event. It seems that the more endangered, overwhelmed and helpless a person feels, the more traumatized they are likely to be.

Please take a moment and remember a traumatic event or a difficult time in your life. You may want to bring to mind a stressful time that is not too painful or too emotionally overwhelming to remember.

Question	Possible Answers
1. What went through your mind in the first few hours after the experience?	<ul style="list-style-type: none"> - I don't believe this is happening to me. - I must be dreaming. - There has to be some kind of mistake, and soon everything will go back to normal. - This is the worst day of my life. - I would do anything to make this go away, to go back to yesterday.
2. What feelings did you experience? What behaviors did you exhibit?	<ul style="list-style-type: none"> - Shock - Sadness - Anger - Fear - Numbness - Helplessness
3. Did you have any difficulty comprehending what had happened to you?	<ul style="list-style-type: none"> - At first I couldn't believe it was really happening. - I felt confused, disoriented. - I kept asking why? Why me?
4. What recommendations would you make to someone who has just been through a very similar experience?	<ul style="list-style-type: none"> - Keep telling yourself, 'I will get through this.' - Find someone you can talk to - Make a plan of action and see it through - Distract yourself by keeping busy

Common Reactions to a Traumatic Event

On a flipchart page, write REACTIONS TO A TRAUMATIC EVENT, with two columns: **Thoughts or Feelings** and **Behavior**. Responses can include the following [highlight any reactions in the chart not identified by the participants]:

Category	Thoughts and Emotions	Behaviors
Re-experiencing the Traumatic Event	Recalling the traumatic event repeatedly	Easily startled
	Intrusive thoughts or images	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, overreaction 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 physical and psychological “arousal”	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

TOOLS AND IDEAS 1 – Human Responses to Trauma and Stress

We think of a traumatic experience as one in which a person's life, health or sanity are threatened or adversely affected, including events that are witnessed. Whether or not a specific event will lead to traumatization depends on the response of the survivor. We all know of survivors who experienced terrible events but were apparently not "traumatized", or at least they do not openly manifest the signs of psychological trauma. On the other hand, some people exhibit the signs of psychological trauma after a seemingly trivial event. What is trauma and what determines an individual's response to a particular event?

Definition of Psychological Trauma

Psychological trauma can be defined as "the unique individual experience of an event or enduring conditions", in which:

- The individual's ability to integrate his/her emotional experience is overwhelmed, or
- The individual experiences (subjectively) a threat to life, bodily integrity, or sanity."¹

What are the protective factors and risk factors for developing psychological trauma?

Risk Factors:

- Event factors: Severity/intensity, nature, frequency, length of exposure, proximity of the event and experienced alone or with others
- Individual's personal factors: biological predisposition, physical and mental health, age and stage of development, past history of trauma/abuse, limited pre-trauma coping and self-care skills, pessimism, values and beliefs, meaning of the event for the individual.
- Environmental factors: negative reactions and lack of social support; lack of community resources.
- Research has shown that traumatic experiences are more likely to have long term traumatic effects if they are prolonged and repeated. In other words, the impact of traumatic experiences can be cumulative. The higher the dose of trauma, the higher the potentially scarring effects.
- Research has also shown that social isolation, ostracism or marginalization are all associated with a more intense and severe traumatic response.

¹ Pearlman LA, Saakvitne KW. *Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors*, 1st ed. New York: Norton, 1995, p. 60.

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Protective Factors

- Social support from family, friends, intactness of community, positive attitudes of society
- Optimism, self esteem
- Spirituality
- Adaptability
- Ability to find meaning
- Curiosity/Openness to experience
- Aptitude
- Sense of humor
- Active coping

Resilience is a combination of protective factors and interactive processes; a person's ability to bounce back from negative emotional experiences and flexibly adapt to the changes and demands of stressful risk; capacity to deal with, overcome, learn from, or even be transformed by adversities.

Exercise: Helped Me, Didn't Help Me

Facilitator: How do other people usually react to someone who is traumatized when they display these behaviors? How did people react to you? Let's make a list of what people did that was helpful and not helpful.

Procedure: Using two flip charts (or flip chart pages), set up a page for "DIDN'T HELP ME" and another for "HELPED ME".

Facilitator: Write on one color of sticky note, things you found helpful, and on another color things you wish people had not done. Each person will read and then post their notes on a flip chart at the front of the room. Some examples (add others as they are voiced): [DIDN'T HELP ME]

- Felt sorry for me
- Did everything for me
- Ignored me
- Made decisions for me without asking me

Now, what did people do that was helpful, that made you feel better, that helped you get better? Some examples (add others as they are voiced): [HELPED ME]

- Listened to me
- Came to visit me
- Helped me make decisions about the future
- Introduced me to other survivors
- Showed me how to... (Use crutches, wrap my residual limb, take my medication, etc.)

What about "Left me alone"? Is that helpful or not helpful?

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Survivor Corps's 5 Steps to Overcoming a Tragedy [15 min]

About the Five Steps [15 min]

Facilitator: Survivor Corps' Five Steps are presented here as a framework around which the training of Peer Support Workers is constructed. The 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 hundreds of survivors and their stories.

The Five Steps are not intended to be a chronological progression nor are they obligatory but are suggested here as a construct for conceptualizing the active recovery process. At Survivor Corps we think of recovery as an active process with the survivor as the principle actor. The Peer Support Worker is just the facilitator.

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 Peer Support Worker steps in to become the catalyst for change. The Five Steps are expressed in a "you-can-do-it-yourself" style, to motivate and inspire survivors while acknowledging their pain and feelings of loss. The Peer Support Worker must be able to "help survivors help themselves" through this process.

[POWERPOINT PRESENTATION HERE: THE FIVE STEPS]

TOOLS AND IDEAS 2 – The Five Steps to Overcoming a Traumatic Experience²

1. Face Facts. One must first accept the harsh reality about suffering and loss, 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 survivor needs to recognize how their life has changed as a result of the trauma. It is natural to go through a phase of denial before accepting what has happened, and a phase of grief or mourning is common. But these phases do not necessarily last a long time, and facing the facts is a prerequisite to the next steps.

2. Choose Life. That is, “I want my life to go on in a positive way. I can will myself into a more positive future.” Seizing life, not choosing death or surrendering to stagnation, requires letting go of past injuries and resentments. It can be a daily decision.

Once they accept the reality of their situation, many survivors lose interest in going on with their lives, as they perceive their future to be hopeless and miserable. Making a conscious decision to ‘get through it’ allows the survivor to look at options and priorities, and start thinking about the future.

3. Reach Out. One must find peers, friends and family to help get one through and break the isolation that can accompany traumatic events. “It's up to me to reach out and reclaim my place in the world. How can I be an asset to my community and not a drain?”

Isolation and loneliness are common in the weeks following a traumatic experience. Finding someone to discuss feelings with, who can offer empathy and support can relieve much of a survivor's emotional burden, and allow him or her to express natural 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?”

Isolation and depression can lead to inertia and a lack of willpower to attempt to change things. This often leads survivors to tolerate being treated with pity and charity and to stay in the same place emotionally. Survivors benefit from gradually going back to socializing actively, going back to work and getting involved in group activities. A new activity requires survivors to develop new goals and priorities and gives them less time to dwell on the past.

² White J. *I will not be broken: 5 steps to overcoming a life crisis*. 1st ed. New York: St. Martin's Press, 2008.

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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 survivor's readiness to look beyond themselves and reach out to others, and to give again, through service and acts of kindness, is a sign that they have come through the worst of their trauma and are growing from it. Moreover, giving back is therapeutic in itself, because it builds self-confidence and nurtures a desire to help alleviate the emotional burden of other survivors.

Posttraumatic Growth: Positive Change after Trauma [45 min]

Facilitator: We have all known or heard of survivors for whom successfully overcoming a traumatic experience produced a positive change, a new appreciation for life and a strong desire to help others. Can you think of examples of anyone you have known personally or have heard about, of people who have changed positively as a result of a traumatic experience?

For many years psychologists and psychiatrists have used the term “Posttraumatic Stress Disorder (PTSD)” to refer to signs and symptoms that trauma survivors show (see TOOLS AND IDEAS 1, above: Human Responses to Trauma and Stress). PTSD has become a broadly accepted and somewhat overused term and many people believe incorrectly that it is an inevitable result of a traumatic experience.

In the 1990s the concept of Posttraumatic Growth was introduced. Posttraumatic Growth refers to a survivor's ability to change in positive ways, spiritually, emotionally, and psychologically, following a traumatic event. While Posttraumatic Growth implies that a survivor has recovered from his or her trauma, it is often seen in people who are still experiencing negative effects of trauma, including the signs and symptoms of PTSD.

PTSD is a medical diagnosis that was developed in order to facilitate the treatment of survivors. Posttraumatic Growth is a non-medical concept that refers to more than just illness and recovery. It encompasses five areas of personal development:

Most survivors will display some of the behaviors and express some of the feelings associated with posttraumatic stress disorder (PTSD). We are not going to discuss PTSD in much detail. Why? Because it is more useful to think of the survivor as a healthy person trying to overcome a trauma, rather than a sick person trying to get well. Many survivors identify themselves with their illness (PTSD) and have difficulty overcoming it because it becomes part of how they view themselves, as damaged or broken and dependent on medical treatment. It is more productive to focus on interacting with other people and living positively in society. To do that, we want to think about some of the thoughts and feelings that interfere with a survivor's social interactions.

What factors do you think contribute to personal growth after a traumatic event?
What factors would hinder a survivor's growth and inhibit recovery?

TOOLS AND IDEAS 3 – Posttraumatic Growth³

The Five Areas of Posttraumatic Growth

Appreciation of life: An increased appreciation for life in general, and many smaller aspects of it, along with a changed sense of what is important, is a common element in the experience of many persons who have struggled with major difficulties. Individuals typically report this as a major shift in how they approach and experience their daily lives. This sense of “being so lucky” is not uncommon. A radically changed sense of priorities can accompany the increase in appreciation for what one still has. A typical change in priorities is an increase in the importance of what before might have been considered 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, more intimate and more meaningful relationships with other people can also be part of the individual’s experience of posttraumatic growth. A study of posttraumatic growth in bereaved parents has provided us with some good examples of this change. As one bereaved parent said, “I realize that relationships with people are really important now ... and I cherish my husband a lot more.” However, the experience of deeper and more meaningful relationships can occur along with the loss or disappearance of other relationships, because, as one person said “you find out who your real friends are in a situation like this.” The experience of an increased sense of compassion, particularly for others who now share the same difficult fate, is another way in which the greater connection to others occurs. As another bereaved parent said, “I’ve become more empathetic towards anybody in pain and anybody in any kind of grief.”

Personal strength: A general sense of increased personal strength, or the recognition of possessing personal strength, is another domain of posttraumatic growth. Another bereaved parent reported to us: “I can handle things better. Things that used to be big deals aren’t big deals to me anymore. Like big crisis problems, they will either work out or they won’t. Whichever way it goes, you have to deal with it.” The identification of strength is often correlated, almost paradoxically, with an increased sense of being vulnerable. Growth in this domain is experienced as a combination of the clear knowledge that bad things can and do happen and the discovery that “if I handled this then I can handle just about anything.”

New possibilities: Posttraumatic growth can also be seen in the individual’s identification of new possibilities for one’s life or of the possibility of taking a new and different path in life. One of the people who talked with us about her personal loss was influenced by her own struggle with grief to become an oncology nurse, where she could try to provide care and comfort to other persons facing suffering and loss.

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

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Spiritual change: Growth in the domain of spiritual and existential matters is another way in which some persons experience positive change in their struggles with stress and loss. Individuals who are not religious, or who are actively atheistic, can also experience growth in this domain. There can be a greater engagement with fundamental existential questions and that engagement in itself may be experienced as growth.

What can we do to promote PTG?

Although the phenomenon of posttraumatic growth was first identified about 30 years ago, there are still many unanswered questions about what produces it. Researchers believe that innate personality characteristics play a role, as do experiences early in life in interacting with the individual's family and other people. It has been observed that many individuals who grow following a trauma possess a firm belief in the fundamental goodness of people and an optimistic outlook on life in general.

Many studies indicate that care and emotional support from hospital staff and from the survivor's family and friends in the immediate post-trauma period are crucial to prevent PTSD and promote PTG. The Peer Support Worker can try to involve family and close friends in the survivor's recovery so that everyone can cope and grow collectively and acknowledge common challenges to develop a powerful and clear collective vision of a future that is both possible and positive.

Survivor support groups and "thematic" groups such as those that help survivors find work or generate income, are also important in bringing survivors together to share their feelings and experiences in a safe environment.

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TOOLS AND IDEAS 4 – Posttraumatic Growth Inventory

INSTRUCTIONS: Indicate for each of the statements below the degree to which this change occurred in your life as a result of your 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

Source of scoring/information sheet: <http://locator.apa.org/ptgi/>

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

Factor I: Relating to Others

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

If you answered 0 or 1 for many of the questions in this section, keep in mind that it may take time to experience change in the areas addressed by this question. Also remember, posttraumatic growth is an ongoing process. Your answers to these same questions may change over time as you change - as you develop and build upon your strengths 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 responses change.

Factor II: New Possibilities

People who experience trauma typically score approximately 18 within the category of new possibilities. If you answered with 4 or 5 to many of the questions in this section you may be noticing that you are beginning to make choices in a more conscious manner according to a plan. 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 consider the following:

If you answered 0 or 1 for many of the questions in this section, keep in mind that it may take time to experience change in the areas addressed by this question. Also remember, posttraumatic growth is an ongoing process. Your answers to these same questions may change over time as you change - as you develop and build upon your strengths 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 responses change.

Factor III: Personal Strength

People who experience trauma typically score approximately 15 within the category of personal strength. 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

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hardships you encounter in the future. If you answered 0 or 1 for many of the questions within this section consider the following:

If you answered 0 or 1 for many of the questions in this section, keep in mind that it may take time to experience change in the areas addressed by this question. Also remember, posttraumatic growth is an ongoing process. Your answers to these same questions may change over time as you change - as you develop and build upon your strengths 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 responses change.

Factor IV: Spiritual Change

People who experience trauma typically score approximately 5 within the category of spiritual change. 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 consider the following:

If you answered 0 or 1 for many of the questions in this section, keep in mind that it may take time to experience change in the areas addressed by this question. Also remember, posttraumatic growth is an ongoing process. Your answers to these same questions may change over time as you change - as you develop and build upon your strengths 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 responses change.

Factor V: Appreciation of Life

People who experience trauma typically score approximately 11 within the category of appreciation of life. 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 consider the following:

If you answered 0 or 1 for many of the questions in this section, keep in mind that it may take time to experience change in the areas addressed by this question. Also remember, posttraumatic growth is an ongoing process. Your answers to these same questions may change over time as you change - as you develop and build upon your strengths 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 responses change.

Introduction to Peer Support [45 min]

Facilitator: What you see on the “Helped Me” pages is the essence of Peer Support. Peer support is a natural empathic process where survivors of a traumatic experience help other survivors deal with their thoughts and emotions and successfully overcome tragic experiences. We at Survivor Corps respond to the need for this kind of social support worldwide, in close collaboration with likeminded organizations, to make it widely available to survivors of violent conflict.

We believe that all survivors 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 survivor, a peer is another amputee, obviously. But can a lower-limb amputee be a peer to an upper limb amputee? Can a young man be a peer to an elderly woman? Can an earthquake survivor be a peer to war refugee?

[Discussion]

The similarity of the experiences and the individuals is important, but it is only part of the equation. The rest is in the relationship between supporter and survivor, the ability of the supporter to establish a rapport and a bond. During the recovery process, survivors regain their self-confidence, live independently, and participate in decisions that affect them. A peer can provide empathy and guidance based on his or her personal experience that fits the survivor’s needs closely.

[POWERPOINT PRESENTATION HERE: INTRODUCTION TO PEER SUPPORT]

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Empowerment in the Process of Recovery [45 min]

Facilitator: Let’s think about the concept of ‘empowerment’.

Empowerment has been defined as the “capacity to make effective choices and then to transform those choices into desired actions and outcomes⁴.” Judy Chamberlin says that empowerment is a process, not an end-point⁵, and we can then relate “the empowerment process” to the recovery process.

Let’s think a little more about what empowerment means in the practice of peer support.

Question	Possible Answers
1. If we want to measure a person’s degree of empowerment, what do we measure?	<ul style="list-style-type: none"> - Empowerment is composed of three elements: the existence of viable choices, the fact that the survivor actually makes choices, and the desired outcome resulting from having made the choices. - The survivor’s knowledge and understanding of available choices - The survivor’s ability to research choices, to compare information, and to select the best one. - The survivor’s willingness to make a choice, to independently choose a course of action and pursue it. - The outcome resulting from the choice, as compared to the survivor’s expectations.
2. How might a person’s behavior demonstrate empowerment?	<ul style="list-style-type: none"> - The survivor is willing to take advantage of existing opportunities to improve his or her life. - The survivor seeks information and weighs relevant factors before deciding on a course of action. - The survivor is not intimidated when facing a barrier, but seeks to overcome it. If the barrier is an individual, the survivor negotiates in order to resolve the problem.

⁴ Alsop R, Bertelsen MF, Holland J. *Empowerment in Practice: From Analysis to Implementation*: World Bank Publications, 2006.

⁵ Chamberlin J, “A Working Definition of Empowerment.” National Empowerment Center, 2007.
http://www.power2u.org/articles/empower/working_def.html.

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	<ul style="list-style-type: none"> - If the outcome does not meet expectations, the survivor analyzes why not and seeks to improve the outcome. using the above steps.
<p>3. What is the difference between someone who is not empowered and someone who is?</p>	<p>A survivor who is not empowered</p> <ul style="list-style-type: none"> - does not have a variety of choices to make; - does not have access to information that would expand his or her available choices; - assumes that his or her situation cannot be significantly improved and does not act to improve it; - does not seek information prior to making a choice; - is not aware of the choices or information about choices that are available to him or her; - does not attempt to improve an unsatisfactory outcome.
<p>4. When we act to empower somebody, what should we do?</p>	<ul style="list-style-type: none"> - Provide information about the available choices. - Facilitate access to more information about each choice. - Encourage the survivor to take advantage of opportunities to improve his or her life. - Encourage the survivor to inform him- or herself in regard to choices he or she needs to make. - Teach the survivor to negotiate with individuals who may prevent the survivor from making certain choices. - Encourage the survivor to improve an unsatisfactory outcome by analysis, information-gathering, and persistence.

TOOLS AND IDEAS 5 - What 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 waiting or expecting other people to do things for you or to make decisions for you

Empowering a survivor means:

Helping the survivor think about priorities before making decisions:

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

Encouraging the survivor to try new activities:

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

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

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

Being supportive and helpful while the survivor is learning:

- Listen non-judgmentally when survivors 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 survivor's shoes, and let the survivor know you are doing this.

Exercise: The Recovery Chart [45 min]

Facilitator: What can we identify as the natural milestones of progress in a survivor who is recovering from a traumatic experience?

Procedure: Participants divide into pairs. For each item on the Recovery Chart, one pair should describe the ideal “Recovery Endpoint”, where the survivor has reached his or her potential. Pairs can spend a few minutes writing out their answer and then each pair should present their answer to the group for discussion.

At the end of the exercise, hand out the table with the second column completed, and discuss the answers.

Facilitator: Note that recovery is not a linear “all or nothing” process with a start and an endpoint. In fact, recovery is an iterative process, and many survivors can still occasionally struggle with the aftermath of their trauma and experience post-traumatic growth at the same time.

The milestones are:

- a) as a result of peer support, a survivor is motivated and able to get out of bed and move around the house;
- b) as a result of peer support, a survivor is able to reconnect with their family and they are collectively recovering from trauma
- c) as a result of peer support, a survivor is getting out of the house and attending support group meetings to practice being in community in a safe environment
- d) as a result of peer support, a survivor is participating in community life beyond the safe environment of a support group.

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TOOLS AND IDEAS 6 - Exercise: The Recovery Chart [45 min]

The Recovery Chart: For each item on the Recovery Chart on the next page, describe the ideal "Recovery Endpoint", where the survivor has reached his or her potential.

Economic well-being:	
The survivor does not take responsibility for his/her own or his/her family's self-sufficiency.	
The survivor begs or receives charity to support him or herself.	
The survivor lacks adequate skills for sustainable employment.	
Psychosocial well-being:	
The survivor needs help making decisions and is afraid to act on them alone.	
The survivor avoids contact with other people outside the home, has no interest in other people and does not enjoy having visitors.	
The survivor deals with stress or difficult feelings poorly, either through substance abuse, anger, or depression.	
The survivor is reluctant to leave the house; will not leave the immediate area because of lack of access and barriers to mobility.	
The survivor does not participate in community activities.	
The survivor does nothing when discriminated against or denied his or her rights.	
Physical well-being:	
The survivor has health problems but does not see a health care professional regularly and is not receiving treatment.	
The survivor is unable to engage in many activities because of pain and fatigue.	
The survivor drinks alcohol, smokes heavily, or uses drugs to escape from reality.	

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The Recovery Chart (with suggested answers)

Economic well-being:	
The survivor does not take responsibility for his/her own or his/her family's self-sufficiency.	<i>The survivor contributes to the family's economic self-sufficiency and/or maintenance.</i>
Survivor begs or receives charity to support him or herself.	<i>The survivor generates his or her own income through employment and/or contributes to maintaining a family.</i>
The survivor lacks adequate skills for sustainable employment.	<i>The survivor has marketable technical or professional skills after completing vocational training.</i>
Psychosocial well-being:	
The survivor needs help making decisions and is afraid to act on them alone.	<i>The survivor makes informed decisions and acts on those decisions.</i>
The survivor avoids contact with other people outside the home, has no interest in other people and does not enjoy having visitors.	<i>The survivor interacts socially in a positive and spontaneous manner, seeks company and engages in conversation with people outside, and displays curiosity and a sense of humor.</i>
The survivor deals with stress or difficult feelings poorly, either through substance abuse, anger, or depression.	<i>The survivor is able to cope constructively with stress, disputes with others, or with occasional difficult feelings.</i>
The survivor is reluctant to leave the house; will not leave the immediate area because of lack of access and barriers to mobility.	<i>The survivor moves around or travels without restriction in spite of mobility and accessibility challenges.</i>
The survivor does nothing when discriminated against or denied his or her rights.	<i>In cases of discrimination or disrespect for the rights of people with disabilities, the survivor self-advocates and engages in dialogues to affirm their rights.</i>
Physical well-being:	
The survivor has health problems but does not see a health care professional regularly and is not receiving treatment.	<i>If the survivor has a chronic medical condition, he or she has knowledge of self care and seeks necessary treatment and appropriate monitoring by a health care professional.</i>
The survivor is unable to engage in many activities because of pain and fatigue	<i>The survivor is physically capable of engaging in normal daily activities or sports without significant pain or fatigue.</i>
survivor drinks alcohol, smokes heavily, or uses drugs to escape from reality	<i>The survivor does not need tobacco, drugs or alcohol to cope with his or her difficult thoughts and feelings.</i>

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Peer Support Skills [75 min]

Facilitator: As program managers, you need to know what to look for in a prospective Peer Support Worker. What qualities or characteristics are necessary in order to provide a good foundation for Peer Support? What beliefs or convictions help the person who provides Peer Support to be effective and confident? Which of these qualities can be improved through training or capacity-building? Which of them are 'built in' to someone's personality? Why is this distinction important when you are seeking personnel to provide Peer Support?

Participants' answers may include the following:

TOOLS AND IDEAS 7: Knowledge, attitudes and skills needed to offer quality Peer Support

- Understanding of the effects of psychological trauma and the process of trauma recovery
- Good knowledge of locally available health services, government services, and other organizations that can provide assistance to survivors
- Familiarity with health problems common among survivors of trauma and the ability to recognize those that require immediate medical attention
- Knowledge of how to maintain health and prevent common illnesses
- Basic knowledge of the rights of persons with disabilities and dedication to defending them
- Understanding how to be a role model
- Confidence when speaking to strangers
- Skills for obtaining information through interviews and observation
- Ability to explain ideas clearly and calmly
- Ability to deal appropriately with strong emotions
- Ability to listen well
- Ability to manage expectations
- Ability to recognize and resist manipulation or cajoling
- Patience in the face of bitterness, hostility and grief
- Persistence in the face of obstacles and challenges
- Honesty with survivors
- Transparency with survivors

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Communication skills: Listening, Understanding and Validating [45 min]

Facilitator: Peer support and building trust is about communication: Listening and talking about feelings, hopes, the past and the future. For a Peer Support Worker to really make a difference in a survivor's life, he or she must master certain skills in order to make the survivor feel comfortable and build a trusting relationship.

<p>1. When you talk to someone about something important, what do you expect to see them doing?</p>	<ul style="list-style-type: none"> - Makes eye contact - Sits facing me - Replies occasionally, make comments or ask questions - Nods
<p>2. What kinds of things would you expect them to say to you during the conversation?</p>	<ul style="list-style-type: none"> - Something that shows they have heard me - Agree or disagree in a reasonable, thoughtful way - "That's true, that's a good point, you're right..."
<p>3. How can you tell if someone is not interested in or not listening to what you are saying?</p>	<ul style="list-style-type: none"> - Doesn't look at me - Does something else, looks at something else - Seems anxious or bored - Interrupts with unrelated comments
<p>4. When someone talks to you about something important, what can you do and say to show them that you are listening and interested?</p>	<ul style="list-style-type: none"> - Make eye contact - Sit facing the other person - Reply occasionally, make comments or ask questions - Nod - Say something that shows I have heard them - Agree or disagree in a reasonable, thoughtful way - "That's true, that's a good point, you're right..."

TOOLS AND IDEAS 8 - The "LUV Triangle"⁶

Listening, Understanding, and Validating

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 verbal and nonverbal communication.
- Using appropriate non-verbal communication to show the survivor in crisis that you're listening attentively and empathically. Nonverbal communication signals that a person sends through their posture, gestures, eye contact, facial expression, or tone of voice that communicate feelings, level of comfort, and attentiveness.
- For example, body language such as facing the survivor in an engaged, inviting, and non-threatening manner
- Leaning toward the survivor with an expression of interest and concern
- Maintaining good eye contact helps the Peer Support Worker connect with a survivor in distress.
- Occasional silence may encourage the survivor to speak by giving them time to gather their thoughts and feelings and put them into words. Silence can be used as a means to show support and to let the survivor decide when they want to continue their story. But it needs to be used with caution in order for the survivor not to think the Peer Support Worker is confused or not interested.

Understanding

- The use of verbal communication in the form of comments and questions can build trust, put the survivor at ease, and show that you are interested and concerned about the survivor.
- Restating or echoing means using the same key words that the survivor in crisis used.
- Mirroring back to the survivor some of his or her own words to signal that the Peer Support Worker is listening, and to clarify that s/he understood the survivor correctly. Mirroring should not be overdone, otherwise the Peer Support Worker sounds like a parrot, which might further aggravate the survivor.
- Paraphrasing means for the Peer Support Worker to use her/his own words to summarize the main points of the distressed survivor's statement. It serves to

⁶ 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.

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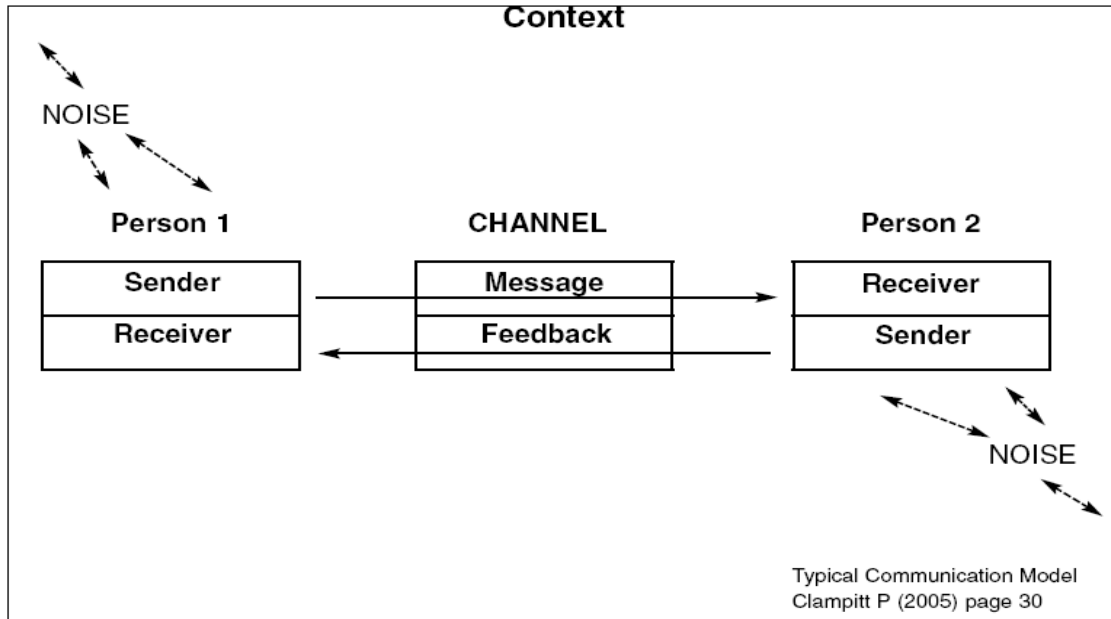
check for accuracy of understanding, clarify ambiguous statements, and engage the survivor in a conversation. Examples are:

- So, in other words...
- So, I heard you saying that...
- Reflecting of emotions may help survivors in distress to recognize and accept their emotions. It may also help survivors to talk about emotions that they might otherwise be very hesitant to talk about. Examples:
 - You seem upset...
 - You seem very sad...

Validating

- Smiling to connect with the survivor with warmth and empathy
- Nodding one's head to signal acknowledgment and regard
- Nudging the survivor to go on with minimal encouragement such as
 - Please go on...
 - I see...
- Conveying faith in the survivor's resilience by being present and showing respect for the survivor's inner strength and resourcefulness.
- Communicating confidence in the survivor by refraining from expressing skepticism or even arguing with the survivor.

TOOLS AND IDEAS 9 – Basic Principles of Communication⁷



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 transmitted
4. The Channel: the means used to transmit the message
5. Feedback: the Receiver's response 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.

Communication has seven basic elements:

⁷ Clampitt PG. *Communicating for managerial effectiveness*. 3rd ed. Thousand Oaks, Calif.: Sage Publications, 2005.

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Setting Boundaries and Managing Expectations [15 min]

Facilitator: Expectations are established as soon as a survivor comes in contact with the Peer Support Worker or the organization that they work for. If expectations are unrealistic, they will not be met, which will undermine the peer support relationship.

Let's think about expectations and how they can be handled.

Question	Possible Answers
1. What information would affect expectations that a survivor might have about Peer Support before meeting a Peer Support Worker for the first time?	1. Hearsay, friends' opinions 2. Advertising: printed, online, radio or TV 3. Opinions of others who have received peer support 4. Information about other organizations that help survivors
2. How can first impressions of a Peer Support Worker influence a survivor's expectations?	5. Is he or she neat, professional? 6. Does he or she appear knowledgeable, competent? 7. Is he or she warm, friendly, sympathetic? 8. Does he or she appear concerned about me? 9. Does he or she make a lot of promises? 10. Does he or she distribute printed material explaining what services will be offered? 11. Does he or she answer questions clearly?
3. What measures can a Peer Support Worker take to establish realistic expectations?	12. Don't make promises outside of what you are actually planning to do. 13. Answer all questions clearly; if you don't know the answer to a question, make sure you get back to the survivor with the answer as soon as you can. 14. Leave printed materials with the survivor (pamphlet, brochure) that describe your role and the services to be provided. 15. Ask a few probing questions to make sure the survivor has understood what you are going to do.

TOOLS AND IDEAS 10 - Guidelines for Managing Expectations:

- Organize your initial interview 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 survivor and his or her family to ask questions.
- For survivors who are literate, written materials such as a pamphlet describing services are very useful.
- Developing a plan of action with the survivor—such as Survivor Corps's Individual Recovery Action plan (IRAP) also keeps expectations real and clearly communicates what is expected of the survivor.
- You may occasionally still have to handle requests for services that are outside your organization's scope of peer support in terms of geographic area or eligibility criteria. Be courteous, patient and gently yet firmly reiterate your organization's scope of services.
- Some survivors may require tremendous support to progress in their recovery. Introducing them to other survivors who are familiar with the services your organization provides can help them understand what you can do and why you do it that way. Sometimes it may be more persuasive to hear it from a friend.

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Involving Families and the Community in a Survivor's Recovery [60 min]

Facilitator: Recovery from trauma must involve the survivor's family, significant others, and the community in which the survivor lives. Following a traumatic event, a short period of withdrawal from social contact is normal while the survivor deals with the trauma and processes his or her anger and grief. During this phase the goals of peer support include helping the survivor work through these emotions until they are capable of socializing again.

The caring support from family members and close friends is crucial during this phase and may help prevent long-term effects of psychological trauma. Family members may also require support in dealing with intense emotions and crisis situations. While the Peer Support Workers primary work relationship is with the survivor, the Peer Support Worker should, to the extent possible and appropriate, include family members in discussions about the survivor's recovery. It is important for the family as a unit to understand what to expect, and to collectively recover from trauma.

TOOLS AND IDEAS 11 - Involving the Family in a Survivor's Recovery⁸

Working through a crisis with a survivor's family involves the same four steps of crisis resolution. The Peer Support Worker takes on the role of facilitator or mediator, an important responsibility fostered by having established a relationship of trust with the survivor and (hopefully) 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. You can get some idea of a family's natural dynamics by observing them together with the survivor. After a crisis there may be tension, anxiety and differences of opinion. The Peer Support Worker should try to steer this energy in a positive direction to strengthen the family's collective ability to envision a positive future and fortify their resolve to achieve realistic objectives. 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 survivor do things and make decisions. This is not necessarily wrong, but when it seems to be undermining the survivor's control over his or her life, the Peer Support Worker can explain the importance of empowerment and how it is necessary to the recovery process. In particular, the survivor must participate in making decisions that affect his or her life.
3. Other family members may reject a survivor if they believe that the survivor is not contributing to the family or is causing stress or discord. Family members may not express their negative feelings openly, but tensions can erupt eventually, leading to a crisis. To avoid this, it is best to try to get family members to express their feelings, either privately or while together. The goal is for the survivor to be included in the everyday life of the family, with respect and dignity on all sides.

⁸ 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.

Survivor Groups

Facilitator: Survivor groups can be a powerful way of complementing individual peer support to help survivors overcome social isolation and collectively heal from trauma. A group is also a great forum for giving and receiving psychosocial support. Groups help heal “inside out and outside in.” In other words, they help build and strengthen relationships between the survivor’s inner side, the “psycho” part of psychosocial, and the external, social side. 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 implement a community service project. In contrast, emotional support groups are more focused on the recovery needs of individual survivors.

What are some examples of types of survivor groups that you may know of here in East Africa?

Answers should include most of the following:

- Emotional support groups
- Social groups
- Sports clubs
- Economic opportunity groups
- Women’s groups
- Youth groups
- Community service groups
- Advocacy groups

TOOLS AND IDEAS 12 – How Groups Can Promote a Survivor's Recovery

“Groups provide the opportunity not only for mutually rewarding relationships, but also for collective empowerment...The solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience....Recovery is based upon the empowerment of the survivor and the creation of new connections. Recovery can take place only within the context of relationships. The survivor recreates the psychological faculties that were damaged or deformed by the traumatic experience. These faculties include the basic capacities for trust, autonomy, initiative, competence, identity, and intimacy.”

--Judith Herman, “Trauma and Recovery. The aftermath of violence from domestic abuse to political terror,” Basic Books, 1997.

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 survivors feel valued and valuable as a result of being able to help others who have suffered.
- For increasing self-awareness of how a survivor relates to others by giving and receiving feedback.
- For practicing more constructive and effective coping skills/responses to life situations by practicing new behaviors and ways of relating to others.
- To recognize a survivor's symptoms of distress in a supportive community setting
- For improving communication by expressing feelings and thoughts that a survivor may have been hesitant to express.
- For friendship, companionship and emotional support.
- Where first-hand experiences of support outside the group through other organizations can be shared and broader coping techniques exchanged.
- For recounting events and breaking the silence that is common in conflict situations.
- For initiating social change through lobbying and advocacy to get authorities to address their and other survivors' needs.
- For raising awareness about exclusion and the “forgotten survivors” of a conflict.
- For networking about how to access resources, health care, support services, housing, employment and social benefits.
- For acquiring and practicing life skills as well as tools for resolving conflicts nonviolently in- and outside of the group.

What Groups Can Do

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

Groups Can Help Survivors Generate Income: Income-generating projects work well when there are a number of enthusiastic members who work together to make things happen. Survivors 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 survivor group can incorporate and become an NGO, thus making it more sustainable and increasing its capacity to provide services.

DAY 2

How Survivor Corps Provides Peer Support [120 min]

Facilitator: Survivor Corps has many years of experience helping landmine survivors and other amputees recover from their traumatic experience through a holistic peer support approach. We accomplish this through an intensive system of one-on-one, and increasingly, group peer support. During the time we work with the survivor (typically 2 years or less) the Peer Support Worker helps the survivor develop an Individual Recovery Action Plan (IRAP), identify concrete means by which to accomplish this plan, and support them along this path to recovery.

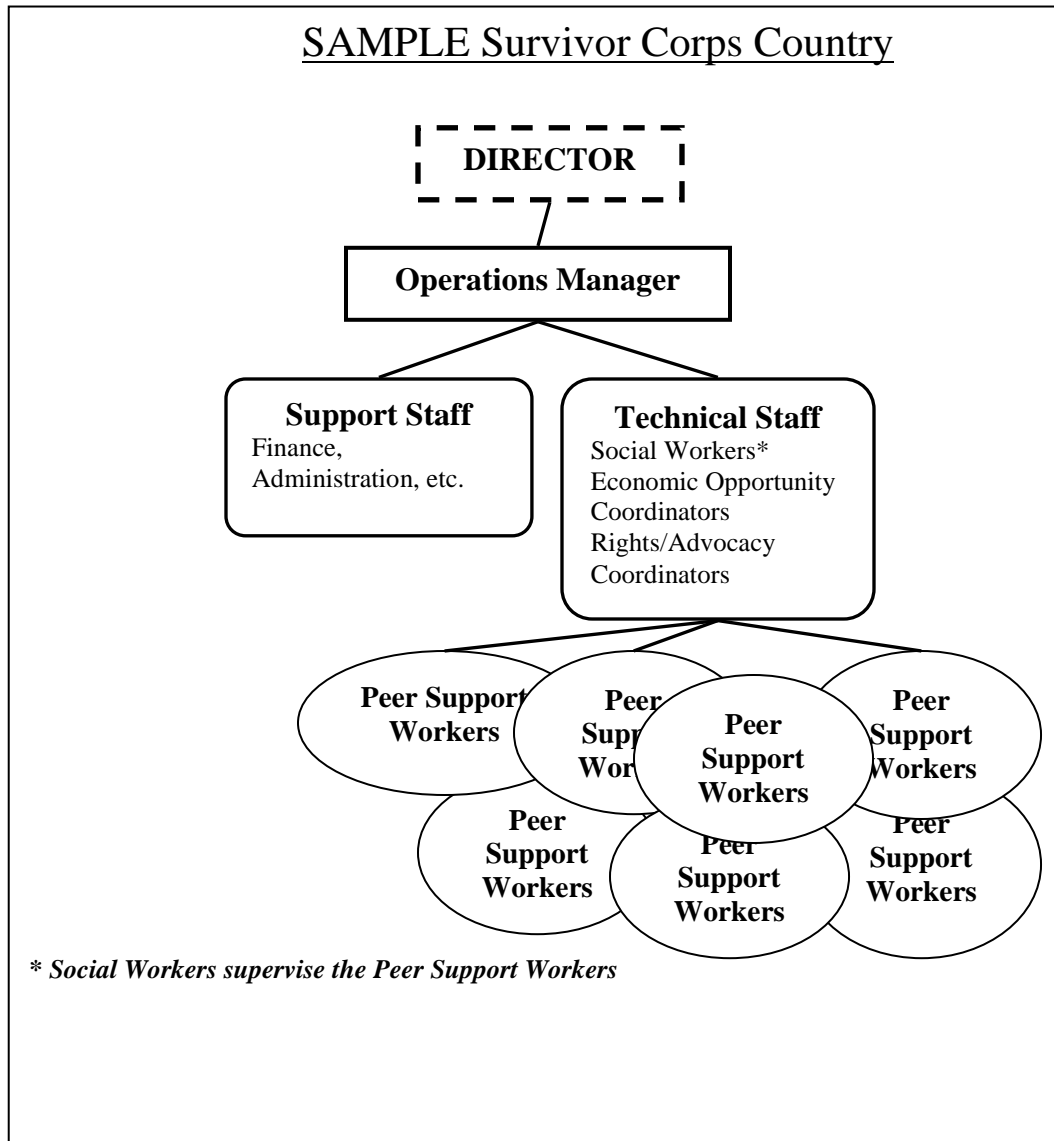
Peer support is the hallmark of Survivor Corps's programs. Survivor Corps employs peer support staff called Peer Support Workers who are themselves amputees and who provide peer-to-peer (one-on-one and survivor group) counseling and support to amputees. They serve as role models, helping survivors envision new possibilities and stimulating new hope for the future. Finally, Survivor Corps Peer Support Workers help survivors make connections with each other in survivor support groups, sports and social clubs, or through employment support groups. For many survivors a connection may be the crucial step to re-entering community life. Rebuilding connections to family and local society helps isolated survivors, amputees and people with disabilities return to being productive and contributing members of their communities.

The following handout is a simplified country office organization chart. We present this chart (TOOLS AND IDEAS 14) as an example to help explain Survivor Corps's work. We are in no way suggesting your organization restructure or follow the same organizational structure. For this discussion we will describe four key positions; Director, Operations Manager, Social Workers and Peer Support Workers.

[POWERPOINT PRESENTATION HERE: THE NINE PROGRAM COMPONENTS - HOW SURVIVOR CORPS PROVIDES PEER SUPPORT]

TOOLS AND IDEAS 13: Sample Survivor Corps Country Office Structure

The following handout is a simplified country office organization chart. This chart is presented as an example to help explain Survivor Corps's work. We are in no way suggesting your organization restructure or follow the same organizational structure.



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Each Survivor Corps Country Office has a Director that represents Survivor Corps and is ultimately responsible for the functioning of the office. In addition, the Director serves as a community role model for landmine survivors, persons with limb loss, and other persons with disability since they themselves are amputees.

The Operations Managers supervise the day to day operations of the office and oversee all staff. The Social Workers play an important role in supervising, training and guiding Peer Support Workers in their work to ensure that landmine survivors and persons with limb loss due to other causes have access to physical, psychological, social and economic rehabilitation and reintegration.

Of course none of Survivor Corps's work would be possible without the Peer Support Workers. As we have already discussed, the Peer Support Worker is the direct contact to the survivor. All Peer Support Workers are amputees or persons with disabilities and provide the peer support to survivors.

TOOLS AND IDEAS 14: Sample Survivor Corps Peer Support Worker Job Description

Under the direct supervision of the Social Worker, the Peer Support Worker will:

1. Guide the physical, psychological, social and economic rehabilitation and reintegration of landmine survivors and persons with limb loss in assigned geographic area.
2. Promote field-level cooperation between Survivor Corps and other service providers working to support survivors.
3. Maintain survivor files and ensure files are accurate, complete, confidential and up-to-date.
4. Maintain working relationships with service providers in assigned geographic area; update information about existing service providers, register new organizations, and link and refer survivors to service providers.
5. Submit verbal and/or written reports of activities on a weekly basis.
6. Serve as a role model for survivors and the community.
7. Assist in the organization of group activities.
8. Promote and advocate for the rights of survivors.
9. Comply at all times with Survivor Corps policies and in accordance with Survivor Corps principles and values, and serve as a fully collaborative member of the Survivor Corps team.
10. Work with the survivor to identify Direct Assistance (small grants) projects, submit proposals to the Direct Assistance Review Committee, and monitor implementation.
11. Visit the hospital twice a month minimum to receive information about new amputees.
12. Conduct at least 40 home visits to survivors as scheduled in monthly planner.
13. Write stories about successful survivors.
14. Encourage survivors to participate in sports.
15. Encourage survivors to participate in community service.

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Facilitator: We will now review Survivor Corps's approach to peer support. The Survivor Corps approach is only one of many ways to implement a peer support program. Ultimately, each organization will have to decide for themselves which approach is best for their organization. After reviewing the Survivor Corps approach, we will proceed by looking at many other examples from around the world.

TOOLS AND IDEAS 15: Survivor Corps' Use of Peer Support

One-on-One Peer Support

In recent years Survivor Corps has also begun working more with groups of survivors, its primary means of offering peer support remains as one-on-one support. This one-on-one support mainly comes in the form of home visits. Peer Support Workers visit the homes of survivors on a regular basis. The Peer Support Workers will base the frequency of visits on the severity of problems faced by the survivor.

This intimate one-on-one relationship allows the Peer Support Worker to offer support in ways that someone who has not experienced a similar tragedy can not. It is the experience, strength and hope of someone who had successfully overcome a similar form of trauma that helps survivors through their darkest moments and beyond. At Survivor Corps, we see the healing power of the human connection in the form of peer support in the Peer Support Workers' daily work with survivors. Peer-support counseling programs are a good way of providing culturally-appropriate care, support, nurturance, and guidance for survivors in their recovery process. Peer support effectively enhances survivors' ability to advocate for themselves and to reach out and give back to others.

Survivor Group Peer Support

While Survivor Corps's primary Peer Support Approach uses one-on-one visits, we are currently expanding our programs using a group support methodology. Survivor Corps has found that groups are a more cost effective way of providing support to trauma survivors compared to visiting individual survivors in their homes. Survivor Corps has found that groups can be a powerful way of complementing individual peer support in helping survivors overcome social isolation and collectively heal from trauma.

Peer groups can take on many forms and have many different purposes. Some groups are purely for emotional support while others take on an activity or aim to produce something. Typically, those in a group have something in common that goes beyond their disability or other form of wound inflicted as a result of violent conflict. For example, a group of amputees will have many things to share with each other but a group of female amputees may have even more in common and may be able to support each other better. Survivor Corps currently works with the following types of groups:

- Support groups
- Social groups
- Sports clubs/games
- Arts and crafts groups
- Economic opportunity groups
- Women's groups
- Youth groups
- Community service groups
- Advocacy groups

TOOLS AND IDEAS 16: The Individual Recovery Action Plan

An important part of the recovery process is for the survivor to identify and verbalize life priorities (objectives) in the areas of economic opportunity, (mental and physical) health, and rights/advocacy as well as to develop a plan on how to reach the identified priorities. In Survivor Corps we call this the Individual Recovery Action Plan, or IRAP. The IRAP consists of objective(s) and specific steps (activities) by which to meet this objective. The Peer Support Worker can help the survivor identify their objectives and well as outline a realistic plan of activities designed to reach their objective.

Developing a plan and writing it down can be a major step forward for survivors who have languished for weeks, months or years, not having the courage to envision a positive future for themselves and to actively work toward making it happen. The act of creating such a plan is a sign of hope, and the belief that the plan can be implemented is motivating. Carrying out activities successfully and achieving objectives one by one reinforces the survivor's self-confidence. In addition, having a clearly outlined plan also helps the Peer Support Worker gauge a survivor'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 format facilitates the creation of 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 survivor can expect to attain them

Relevant, not unrelated to other goals in the survivor's life.

Timely, attainable within a reasonable time frame.

The Two Year Time Limit

Survivors receive support from Survivor Corps for up to two years. The two year limit encourages survivors to be committed to his or her recovery process and to proactively take the necessary steps to progress in their recovery, with the support of the Peer Support Worker. The Peer Support Worker cannot work with the survivor for an unlimited period of time so setting a time limit sets up clear expectations to avoid unrealistic expectations and dependency.

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

Individual Recovery Action Plan (IRAP)

Individual Recovery Action Plan (IRAP)			
Survivor and Staff Identification			
Name of Survivor	Name of Coordinator Assigned Name of Family Member / Relationship to Survivor	Name of Coordinator	Name of Supervisor
Survivor Code	Family Member Code	Assigned Coordinator	Assigned Supervisor Code

History of Form Completion				
4.001 Date of First Contact with Survivor: ____/____/____ Day Month Year	4.002 Meeting date(s) to complete Initial Interview Form: (Day/Month/Year) 1. _____ 2. _____ 3. _____	4.003 Meeting date(s) to complete IRAP: Meeting 1 ____/____/____ Day/Month/Year Meeting 2 ____/____/____ Day/Month/Year Meeting 3 ____/____/____ Day/Month/Year	4.004 Meeting results: What was the result of the meeting 1? <input type="checkbox"/> Reached Q # <input type="checkbox"/> IRAP completed What was the result of the meeting 2? <input type="checkbox"/> Reached Q # <input type="checkbox"/> IRAP completed What was the result of the meeting 3? <input type="checkbox"/> IRAP completed	4.005 Date(s) of IRAP Review Meeting(s): (Day/Month/Year) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____

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Health									
4.006 Describe Health Recovery Objective:	4.007 Activities to be taken to achieve recovery objective	4.008 By Whom Activity is to be taken (Survivor /FM/ PSW/)	4.009 Anticipated Completion Date of Activity Day/Month/ Year	4.010 Date Activity Began Day/Month/ Year	4.011 Date Activity Completed Day/Month/ Year (if activity was not taken, place zero in column)	4.012 Result of Activity 1. success- ful 2. unsuccess- ful	4.013 Date of Result of Activity Day/Month/ Year	4.014 Recovery Objective Status 1. Currently being worked on 2. Achieved 3. Not achieved	4.015 Date recovery objective was Achieved or Not achieved Day/Month/ Year

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Economic Opportunity									
4.016 Describe Economic Opportunity Recovery Objective:	4.017 Activities to be taken to achieve recovery objective	4.018 By Whom Activity is to be taken (Survivor/FM/PSW)	4.019 Anticipated Completion Date of Activity Day/Month/Year	4.020 Date Activity Began Day/Month/Year	4.021 Date Activity Completed Day/Month/Year (if activity was not taken, place zero in column)	4.022 Result of Activity 1. successful 1. unsuccessful 2. unsuccessful	4.023 Date of Result of Activity Day/Month/Year	4.024 Recovery Objective Status 1. Currently being worked on 2. Achieved 3. Not achieved	4.025 Date recovery objective was Achieved or Not achieved Day/Month/Year

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Social Empowerment									
4.026 Describe Social Empowerment Recovery Objective:	4.027 Activities to be taken to achieve recovery objective	4.028 By Whom Activity is to be taken (Survivor / FM/ PSW)	4.029 Anticipated Completion Date of Activity Day/Month/ Year	4.030 Date Activity Began Day/Month/Year	4.031 Date Activity Completed Day/Month/Year (if activity was not taken, place zero in column)	4.032 Result of Activity 1. successful 2. unsuccessful	4.033 Date of Result of Activity Day/Month/Year	4.034 Recovery Objective Status 1. Currently being worked on 2. Achieved 3. Not achieved	4.035 Date recovery objective was Achieved or Not achieved Day/Month/Year

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Community Service							
4.036 Describe Community Service Project	4.037 Is this an Individual or Group Project? 1. Individual 2. Group	4.038 Will the community service project entail providing: 1. Goods 2. Services 3. Other	4.039 Briefly describe the good, service or other.	4.040 Who will benefit from community service project: 1. Another survivor 2. An individual or family 3. An institution or organization 4. The community-at-large	4.041 Project Status 1. Currently being worked on 2. Completed 3. Not completed	4.042 Date community service project undertaken Day/Month/ Year	4.043 Date community service project completed Day/Month/ Year

Conclusion

Written Materials

4.044 Did you give the Survivor any written materials during any of the meetings to complete the IRAP? Yes No (Skip to signature page)

4.045 Describe the materials you gave the Survivor: (Check all that apply)

- Health (**describe**): _____
- Economic Opportunity (**describe**): _____
- Social Empowerment (**describe**): _____

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I, the Survivor, agree to my recovery objectives as documented above and that they truly reflect my priorities and needs. I am committed to undertaking the actions described above in a timely manner. We, the Recovery Team Members, agree to support the Survivor in achieving his/her recovery objectives and to undertake the actions as they apply to us in a timely manner.

Recovery Team Member Signatures	Recovery Team Member Names (printed)	Date signed
Survivor's signature :	Survivor's name (printed)	
Family Member's signature:	Family Member's name (printed)	
Economic Opportunity Coordinator's signature:	Coordinator's name (printed)	
Supervisor's signature	Supervisor's name (printed)	

TOOLS AND IDEAS 17: The SF-36

Survivor Corps is in the beginning stages of implementing a new system to monitor a survivor's recovery process. After a great deal of research, Survivor Corps has decided the so-called SF-36 meets our specific needs the best. The SF-36 is a multi-purpose, short-form 36-question health survey. It is designed to measure health status and changes in physical and social functioning including pain, energy, vitality and psychosocial well-being from the survivor's perspective. It is a generic measure and can be used on all ages and include all health conditions. Since the SF-36 also measures changes over time we hope it will help Survivor Corps track progress of each survivor's perceived physical and mental health during their time with Survivor Corps. Therefore, the SF-36 is given to survivors during the initial interview, at one year or mid-point in Survivor Corps's work with a survivor, 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 (Peer Support Worker) is trained to recognize health issues that require medical attention and to link or refer the survivor for health care and Survivor Corps will pay for these services if need be. The Peer Support Worker plays a very important part in the process of helping the survivor 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 survivor has more confidence, feels good about their lives, and feels positive towards the future, they will feel better both physically and mentally. Therefore, the SF-36 is a good tool for evaluating the Survivor Corps approach and measuring the impact of peer support.

If you organization is interested in learning 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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SF-36v2™ Health Survey Standard Version

This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities.

Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully, and click on the circle that best describes your answer. *Thank you for completing this survey!*

1) In general, would you say your health is:

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Excellent | Very good | Good | Fair | Poor |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2) Compared to one year ago, how would you rate your health in general now?

- | | | | | |
|--------------------------------------|---|-----------------------------------|--|-------------------------------------|
| Much better now
than one year ago | Somewhat better
now than one year
ago | About the same as
one year ago | Somewhat worse
now than one year
ago | Much worse now
than one year ago |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3) ~~Walking~~ Walking ~~how often~~ how often ~~you are able to~~ you are able to do activities you might do during a normal day. ~~Does your health~~ Does your health ~~limit you~~ limit you in these activities? If so, how much?

- | | limited
a lot | limited
a little | Not
limited
at all |
|--|-----------------------|-----------------------|--------------------------|
| j. Bathing or dressing yourself | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| a. <u>Vigorous Activities</u> , such as running, lifting heavy objects, participating in strenuous sports | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. <u>Moderate Activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Lifting or carrying groceries | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Climbing <u>several</u> flights of stairs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Climbing <u>one</u> flight of stairs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Bending, kneeling, or stooping | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Walking <u>more than a mile</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Walking <u>several hundred yards</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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4) During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Cut down on the <u>amount of time</u> you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>Accomplished less</u> than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Were limited in the <u>kind</u> of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5) During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Cut down on the <u>amount of time</u> you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>Accomplished less</u> than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did work or activities <u>less carefully than usual</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all	Slightly	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) How much bodily pain have you had during the past 4 weeks?

None	Very Mild	Mild	Moderate	Severe	Very Severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8) During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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9) These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Did you feel full of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you been very nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Have you felt downhearted and depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Did you feel worn out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Have you been happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Did you feel tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10) During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11) How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. I seem to get sick a little easier than other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am as healthy as anybody I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I expect my health to get worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My health is excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOOLS AND IDEAS 18: Small Grants

A small grant is support in the form of goods (prosthetics, food, tools, fabrication material, sales stock) and services (training, education) by Survivor Corps to survivors receiving peer support from a Survivor Corps Peer Support Worker.

The purpose of the small grant is to help survivors meet a self-identified objective as stated in the Individual Recovery Action Plan, enabling them to progress in their personal trauma recovery process. Small grants are given only when all other possible means of reaching those objectives has been determined to be unavailable or insufficient. Except in very rare cases (such as money for bus or taxi fares), Survivor Corps never gives cash directly to survivors.

Small grants are offered on a short-term basis while other sustainable solutions are sought. In every case, small grants are used to help survivors support themselves, become independent and autonomous.

Cost Sharing: Survivor Corps asks all survivors receiving a small grant to share some of the cost of the project. Cost sharing is when a survivor contributes financially to the cost of the project, either from his or her own savings, or through funds granted or borrowed from individuals (family/friends) or institutions (micro-finance loans or government entitlements), which the survivor will pay back in the future. Cost sharing is essential to improving the sustainability of the small grants program by reducing the required input of Survivor Corps resources. It is also fundamental in ensuring the long-term success of the related projects by empowering the survivor through the associated ownership inherent in the investment made on their part.

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Links and referrals to services [15 min]

Facilitator: 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. Peer Support Workers must develop a network of contacts among other organizations and agencies that work with veterans and who are able to assist them in specific ways.

Survivor Corps Peer Support Workers 'link' or refer veterans to other organizations for assistance depending on the situation. A 'link' is when a Peer Support Worker accompanies a veteran to a service provider and helps the veteran obtain assistance. A referral is when the Peer Support Worker 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 appropriate for 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 minimal orientation.

TOOLS AND IDEAS 18: Linking and Referring

As discussed earlier, Survivor Corps does not provide direct services to survivors. However, Survivor Corps's Peer Support Workers play a critical role in helping survivors connect to existing services in their communities. Survivor Corps believes it is important to never replace existing services and to provide survivors with tools such as knowledge of self-care and self-advocacy, to be independent of Survivor Corps. One such tool includes the ability to find and access existing community services on their own. We refer to this as linking and referring.

Link (as defined by Survivor Corps) – measures taken by an Peer Support Worker to accompany a survivor to locally available service providers.

Referral (as defined by Survivor Corps) – measures taken by an Peer Support Worker to direct a survivor to locally available service providers. In a referral, the OW does not accompany the survivor.

Survivor Corps Peer Support Workers link and refer survivors to help them find employment, go to school, get health care, advocate for their rights, and obtain prostheses or other mobility devices. This kind of “networking” is one of the most important parts of the peer support approach, because it allows a survivor to access resources independently and to develop his or her own “support network”.

TOOLS AND IDEAS 19: Community Service

The objective of community service is to provide meaningful and productive opportunities for an individual survivor or a group of survivors to contribute to their community.

Community service fulfills a vital role in facilitating the inclusion of survivors into society. Community service can change both a community's perception of survivors and a survivor's perception of his or her role in society. Programmatically, community service is a part of a survivor's Individual Recovery Action Plan (IRAP). The importance of community service is twofold: (a) it contributes to a survivor's recovery by providing an opportunity to be a role model and connect to the community and (b) community service can be seen as an indicator of the recovery process, marking when the survivor is ready to become a role model for other survivors.

All survivors receiving peer support may be expected to perform community service. Community service should be discussed with the survivor during the first contact and presented as part of the Survivor Corps program for recovery. Survivors are expected to complete their community service within the one year period that they are receiving services.

Community service empowers survivors to achieve recovery objectives through an improved sense of inner 'self' and social identity. It is based in the belief that:

Internal

- By moving from *beneficiary* to *benefactor*, survivor feels that he/she not only is not a burden on, but a contributing member of the community.
- Making a difference in the lives of other survivors and community members evokes a sense of satisfaction, pride and personal growth.
- Sharing experiences, knowledge and skills with other survivors contributes to one's own recovery process as well as to the recovery of other survivors.

External

- Undertaking community service with dignity leads to survivors being contributing and valued community members.
- Increasing a survivor's awareness of responsibility to give back to the community inspires other survivors to be active, responsible and concerned citizens and role models.
- Community service promotes a survivor's inclusion, participation and sense of belonging in the community.
- By performing community service, a survivor can change the community's perception of survivors.

Remember: Community service should not be forced on anyone, even though it should be "strongly encouraged". Let the survivor decide what he or she would like to do, based

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on some of these examples, or allow him or her to choose from a list of possibilities.

Some Examples of Community Service

Below is a list of community service projects performed in Survivor Corps overseas networks during the past four years.

Individual Community Service:

Donations:

- A pair of crutches to a person with disability;
- Bread to children of a rural school for a period of two months;
- 100 kg of agricultural produce to another survivor'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 survivor'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 survivor.

Services:

- A carpenter made a ramp for the Annual Survivor Artisan Exhibition at the local art gallery to ensure improved access for persons with disabilities.
- Baker prepared bread, pastry and pies for another survivor's family.
- Built an accessible bathroom in another survivor's house.
- Talked about alcoholism to an alcoholic survivor (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 local association of persons with mental disability and contributed maintenance work in their premises (4 days).
- Helped a survivor chop firewood for the winter
- Manufactured and installed wood doors in a communal house (two days)
- Mentored another survivor, 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 survivor.
- Provided transport for a survivor to the rehabilitation center.
- Repaired 15 desks for kids and 3 desks for teachers at a school (one week).
- Sewed uniforms for another survivor's children.

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- Helped another survivor find a job.
- Made a table and chairs for a poor neighbor's family
- Taught math to students free of charge,
- Taught other survivors how to wrap their residual limbs.
- Trained other survivors in motor mechanics.

Group Community Service Projects:

- A group of survivors painted doors and windows, cut the grass and cleaned a church.
- A group of survivors assisted a local survivor 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/amputee sports club organized a fundraising tournament.

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Implementing a Peer Support Program, Operational Considerations [120 min]

Facilitator: There is no one standard as to the method of providing peer support but there are some common themes to how organizations have operationalized peer support. Survivor Corps is but one organization that provides peer support. Introducing peer support to your organization's operations could include the development of a new program or the alteration of an existing program. There are advantages and disadvantages to each method. The following is a list of examples of peer support programming found through out the world. These approaches are not appropriate for every country and/or situation but they can inform an organization's decision.

Exercise: Review each of the examples of peer support listed in TOOLS AND IDEAS 20. Participants should think about each one in terms of the context in which their organization works, and try to come up with advantages and disadvantages not listed. Cultural context, socioeconomic and political factors will most likely change the advantages and disadvantages of the examples.

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TOOLS AND IDEAS 20: Examples of Peer Support Around the World

Examples of Peer Support Programs

	ADVANTAGES	DISADVANTAGES
<p>Home visits: Peer Support Workers travel to the survivors' homes for peer support visits. Typically, the Peer Support Worker has a list of survivors that they visit on a regular basis. How often they visit depends on many factors such as distance, the survivor's situation, the survivor's request, etc.</p>	<ul style="list-style-type: none"> - High survivor satisfaction - Customized one-on-one support - Easy to involve the family - No travel required for the survivor - Peer Support Worker can observe the survivor in their home setting - Peer Support Worker can strengthen the family's collective recovery from trauma 	<ul style="list-style-type: none"> - Expensive (travel, staff time, etc) - Time consuming for the Peer Support Worker - Travel dangers - Family intrusion
<p>Hospital visits: (a) Patients dealing with trauma are connected to a Peer Support Worker. This may or may not lead to long term support, depending on the patient's wishes. (b) Patients contact the peer support service provider for help. This request could also come from health professionals, direct care providers, Social Workers, family members or friends on the behalf of the patient.</p>	<ul style="list-style-type: none"> - Each person dealing with trauma is reached at least once - At the time of trauma may be the best time to receive peer support for some - Those that will not ask for help themselves are still reached 	<ul style="list-style-type: none"> - At the time of trauma it may be too early for peer support for some - Lack of privacy - Peer Support Workers must be "on call" and available at all times for new patients
<p>Telephone helpline: Survivors call a telephone number staffed by a peer for support in dealing with a specific trauma (e.g. amputation, sexual assault, etc.).</p>	<ul style="list-style-type: none"> - Convenient - no need for staff or survivor to travel - Confidential – both staff and survivor can remain anonymous - Can reach rural areas 	<ul style="list-style-type: none"> - Impersonal - Phone service not always dependable or available - Difficult to provide follow-up, especially if caller remains anonymous
<p>Online discussion pages: People with similar experiences post questions, comments and experiences on an internet page.</p>	<ul style="list-style-type: none"> - Convenient - Confidential - Participants are able to share and hear multiple survivor stories - Participants are able to receive feedback from multiple peers - Worldwide reach 	<ul style="list-style-type: none"> - Quality control - The advice coming into the discussion page is not necessarily that of someone trained or experienced - Not everyone has computers or internet access - Expensive start up and maintenance costs
<p>Group support meetings: People with similar experiences come together to form a group. This group can be collectively led or organized by an experienced supporter.</p>	<ul style="list-style-type: none"> - Can reach many people at one time - Can decrease staff costs if not visiting people individually - Participants are able to share and hear multiple survivor stories - Participants are able to receive feedback from multiple peers 	<ul style="list-style-type: none"> - Participants must travel to a certain place at a certain time which may not be possible - Some people are intimidated by groups and speaking in front of groups - Can be impersonal with too many people

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<p>Recovery workshops: Recovery workshops focus on a specific aspect of recovery and are taught by a peer with that experience.</p>	<ul style="list-style-type: none"> - Expert led discussion - Opportunity to hear many different people's experiences 	<ul style="list-style-type: none"> - Can be impersonal - Some people are intimidated by groups and speaking in front of groups
<p>Live-in center: Clients live together in one place. These are places to spend the day only or for a long-term stay. Centers are staffed with trained professionals and should be a temporary experience to help the recovery process.</p>	<ul style="list-style-type: none"> - Clients can be monitored constantly, especially important if someone has suicidal thoughts - Participants are able to share and hear multiple survivor stories - Participants are able to receive feedback from multiple peers 	<ul style="list-style-type: none"> - Clients are isolated from the outside world instead of integrated - Leaving the center is difficult for some - Expensive to set up and expensive to operate
<p>Pen pals: People with similar experience write letters to share experiences, offer support and express feelings.</p>	<ul style="list-style-type: none"> - Putting thoughts and feelings on paper is therapeutic for some - Inexpensive - Possible world-wide reach 	<ul style="list-style-type: none"> - Slow turn around - No guarantee letters arrive to their destination - Can be impersonal - Can be difficult to connect survivors - Target population should be literate
<p>Informational materials: Materials such as brochures, posters, and books about specific situations written by someone that has been through a similar situation.</p>	<ul style="list-style-type: none"> - Can reach a large number of people - Relatively inexpensive - Materials can be read again and again - Materials can direct people to specific follow-up care 	<ul style="list-style-type: none"> - Can not guarantee the person reading the material understands the material - No guarantee the materials will be read, even if distributed - Target population should be literate
<p>Service for a fee: Trained professionals offering counseling services for a fee.</p>	<ul style="list-style-type: none"> - Potential money making venture for an organization - If clients come on their own and pay a fee for service they are motivated and want assistance - Professional standards can be adhered to and monitored 	<ul style="list-style-type: none"> - Not all potential clients can afford to pay for services - Each counselor can only see a few people a day

Making the Final Decision [60 min]

Peer Support Program Considerations and Factors

Facilitator: We will now look at the many factors that influence the decision of what type of peer support program your organization might want to implement. Because of the varied and unique characteristics of organizations some of these factors may be more important to you than others. Keep this in mind during this next discussion and please share when you agree, disagree or have factors to add.

Review TOOLS AND IDEAS 20.

Facilitator: Many factors influence the expense of running a peer support program. In your organization what are your primary expenses?

Write answer on a flipchart. Answers might include:

- Personnel (salary, taxes, benefits, etc)
- Set up costs such as computers, vehicles, telephones, etc.
- Recurring operations costs such as utilities, communications, rent, repairs/maintenance, office supplies
- Direct monetary or in-kind support to beneficiaries
- Personnel Needs
- Peer Support Workers Skills Set by Implementation Method
- Volunteer vs. Paid Staff Impact
- Socio-economic Conditions
- Cultural Context

TOOLS AND IDEAS 21: Peer Support Program Considerations

Expense

Of primary consideration for many organizations is the cost of program operations since most organizations have a limited budget and must watch expenses carefully. How much a program costs is often the deciding factor on future plans. In addition, more and more donors require governments and non-governmental organizations to report the money spent per beneficiary.

The expense incurred operating a peer support program depends on the type of program selected and the country context in which the organization is working. Direct one-on-one service is typically the most expensive type of program because of the large number staff required and logistics to accomplish the program. However, in terms of impact on the survivor, one-on-one support might have the most impact.

Personnel needs

Implementing a program using peer support has many implications on the personnel needs of an organization. The primary implication concerns an organization's hiring practices. By committing to a peer support method of operation, organizations commit to hiring individuals that have survived and recovered from a situation similar to the experiences of those being served. For example, organizations serving pregnant mothers infected with HIV should staff their program with women infected with HIV and who have delivered children while infected. It is important to note that it is not enough to hire someone who has simply survived a trauma. Those that take on the role of Peer Support Worker need to have not only survived a trauma, but they must have fully recovered and claimed their place in society.

The number of Peer Support Workers required to operate a program depends on the type and complexity of the program being implemented. Some programs, such as one-on-one house visits, require a large number of peer support staff while others, such as group support, require only a few.

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Peer Support Worker Skill Set by Implementation Method

Home visits	<ul style="list-style-type: none"> - Ability to communicate effectively, including good listening skills - Ability to effectively and respectfully handle potentially complex family dynamics - Ability to empathize with another survivor's unique situation - Capable of sharing personal experiences of recovery
Hospital visits	<ul style="list-style-type: none"> - Ability to communicate effectively, including good listening skills - Ability to empathize with a newly injured survivor's unique situation - Ability to be effectively adapt the length of the visit and intensity of discussion to survivors needs. - Capable of sharing personal experiences of recovery
Telephone helpline	<ul style="list-style-type: none"> - Ability to communicate effectively, including good listening skills - Ability to empathize with another survivors unique situation - Capable of sharing personal experiences of recovery - Ability to speak clearly - Ability to engage and stay engaged with survivors that may experience intense emotions - Ability to discern when to refer or connect survivor to medical or mental health related emergency services
Online discussion pages	<ul style="list-style-type: none"> - Ability to communicate effectively through computer - Ability to empathize with another survivor's unique situation - Capable of sharing personal experiences of recovery - Computer expertise - Read and write in target language - Excellent typing skills - Ability to discern when to refer to medical or mental health related emergency services - Ability to ensure appropriate use of online forum
Group support meetings	<ul style="list-style-type: none"> - Ability to communicate effectively, including good listening skills - Ability to empathize with another survivor's unique situation - Capable of sharing personal experiences of recovery - Comfortable speaking in front of groups - Understanding of group dynamics, including dealing with conflict within a group - Group facilitation skills and ability to handle difficult group situations, including conflict and crisis situations
Recovery workshops	<ul style="list-style-type: none"> - Ability to communicate effectively, including good listening skills - Ability to empathize with another's unique situation - Capable of sharing personal experiences of recovery - Comfortable speaking in front of groups - Presentation skills - Ability to recognize potential signs of distress in participants and respond effectively
Live-in center	<ul style="list-style-type: none"> - Ability to communicate effectively, including good listening skills - Ability to empathize with another survivor's unique situation - Capable of sharing personal experiences of recovery - Ability to recognize and effectively handle crisis or medical emergency situations
Pen pals	<ul style="list-style-type: none"> - Ability to communicate effectively through handwritten letters - Ability to empathize with another survivor's unique situation - Capable of sharing personal experiences of recovery - Read and write in target language - Capable of ensuring appropriateness of content of information exchange
Informational materials	<ul style="list-style-type: none"> - Read and write in target language - Computer expertise - Skilled at material creation, including content, design, and layout
Service for a fee	<ul style="list-style-type: none"> - Ability to communicate effectively, including good listening skills - Ability to empathize with another survivor's unique situation - Capable of sharing personal experiences of recovery in a skillful way

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Volunteers vs. Paid Staff

One of the first decisions facing organizations planning to use peer support is whether their peer support staff will be volunteer or paid. Both situations have positive and negative aspects and employing paid staff or using volunteers is something each organization must decide based on their specific situation.

Using volunteer Peer Support Workers has many advantages and many organizations choose this approach. What do you think are some of these advantages?

Answers may include:

Volunteer Staff	
Advantages	Disadvantages
Volunteers are often passionate about helping and sharing with those who are experiencing a challenge	In countries with little or no volunteer culture it may be difficult to recruit volunteers.
Volunteers save money	Volunteer staffed programs need oversight and will require specific training, especially if they are expect to offer direct peer support.
Volunteers bring a wide array of needed skills and different perspectives. Being able to tap into a larger pool of attributes and knowledge may allow to reach a wider target group of conflict survivors.	Volunteers can be less reliable than paid staff since the volunteering is only one of their many life commitments.
Volunteers bring renewed energy and excitement. Due to their limited involvement compared to paid staff, volunteers may be less prone to burnout and compassion fatigue.	Volunteers may be difficult to motivate without incentives.
Volunteers tend to work well in short-term projects where motivation and enthusiasm are high and are often less reliable for long-term commitments.	Volunteers may feel inferior to co-workers who are paid.
Volunteers increase community ownership. The more community members are involved in your project, the easier it will be to gain support for your work.	Job stress may lead to a high attrition rate among volunteers which may cause a lack of continuity in service provision.
Volunteers can bring an outside perspective that may help improve the effectiveness of an organization's procedures and services.	Volunteers may be less inclined to adhere to standards and policies than paid staff. It may thus be more difficult to ensure the quality of volunteer staff's services.

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Paid Staff	
Advantages	Disadvantages
Paid staff often have a long-term commitment to the hiring organization. This long term commitment helps maintain consistency, professionalism, and makes investing in their long term professional development attractive and cost-effective.	It is possible for clients/beneficiaries to feel paid staff only care about their recovery because they are paid to care and it may be difficult to change this perception.
Employer has more control over the work and time of paid employees.	Paid staff occasionally exhibit a patronizing attitude because of their "professional" status.
Pay raises, benefits and bonuses can be used as incentives to motivate paid staff to work harder, tolerate stress and demonstrate leadership.	Salaries and benefits can take up a large portion of the budget.

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Impact on the Survivor

Some types of peer support programs might have more impact on the lives of survivors than others. From Survivor Corps's experience, one-on-one peer support with individualized assistance has a great impact on the survivor and their recovery process. However, this does not mean other methods of providing peer support will not impact the survivor's life. Which method has the most impact depends on the specific situation and context in which the work is being carried out. It is usually true that combining several methods produces better results than any single method alone.

Socio-economic Conditions

The socio-economic conditions of survivors in the target area play a major role in deciding on which peer support strategy will be the most appropriate. This includes, but is not limited to, economics, literacy, education level and social status. If, for example, you work in an area with low literacy levels all written materials will need to take this into account by using pictures and diagrams. If you work in an area where many live in poverty it may not be appropriate to expect a survivor to spend money on traveling, phone calls, computers, etc.

Socio-economic conditions may also influence the make up of the peer support staff. If class is an important part of the society it may be important for the Peer Support Worker and the survivor belong to the same class.

Cultural Context

Cultural norms impact how peer support is given and received. How people give and receive support is different in each country, and sometimes within a country also. In some places people are comfortable sharing difficulties with someone they just met while in other places people do not feel comfortable sharing difficulties with anyone at all. In some countries men and women would not naturally form peer support relationships while in others it would be entirely appropriate. When designing a peer support program it is important to consider the cultural context of the survivors in the working area.

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DAY 3

**Presentations: East African Examples of Operationalizing Peer Support [120 min]
[Participating Organizations]**

Facilitator: We have covered the Survivor Corps peer support approach as a case study and we have discussed other types of peer support programs currently being implemented around the world.

At this point it is appropriate to look at how some organizations are doing Peer Support here in East Africa. During these presentations everyone should think about new ways to implement peer support with the people that you would like to help.

[PRESENTATIONS]

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Exercise: The Peer Support Dream [120 min]

Break into groups of five.

You are members of an executive board of a new organization. This organization is very well connected and has a rich donor willing to give you any amount of money for you to begin a peer support program. Also, since he is well connected, you do not have to worry about work permits and such.

1. With nothing holding you back but your imagination, which method of operationalizing peer support would you chose to implement and why? Describe your ideal peer support program assuming that you have unlimited funding. You may refer to any written materials that we have used in this workshop.

You have 20 minutes to make your decision and 10 minutes to present it to the other groups.

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Exercise: The Peer Support Reality [105 min]

The previous exercise is interesting but as we all know, most organizations work with limited budgets and other restrictions.

Working individually, consider your organization's reality and the country context in which you work.

1. Are there any methods of implementing peer support that could work for your organization?
2. If yes, please spend 20 minutes briefly outlining which method you chose and what you would need to do to make it a reality.
3. If you do not think there are any methods that could work for your organization, please choose the one that is the "least worst" and outline what it might look like and why you doubt it will be possible.

Additional questions:

1. What is the primary difference between your Peer Support Dream and your Peer Support Reality?
2. Is there any way to bring the two options closer together?

You have 20 minutes to make your decision and 10 minutes to present it to the other groups.

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Workshop Wrap-up: Closing Remarks [15 min]

Facilitator: This brief course is intended as an introduction to the principle components and considerations that a manager needs to be familiar with when launching a Peer Support program. You will need to decide how to design a program that fits your needs and capabilities and provides appropriate services to the survivors with whom you work. Survivor Corps is prepared to offer guidance and training to assist you in the final design of your program and its initial implementation.

Next Steps [15 min]

Posttest [15 min]

Final Workshop Evaluation [15 min]

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Final 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					
Cameron (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:

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Topic Evaluation

1. How would you rate the topics presented today?

	Very Good	Good	Not Good, Not Bad	Bad	Very Bad
Surviving and Thriving After Trauma					
Exercise: Helped Me, Didn't Help me					
Survivor Corps' 5 Steps to overcoming a tragedy					
Posttraumatic Growth					
How Empowerment Helps Survivors Recover					
Exercise: The Recovery Chart					
Peer Support Skills					
Knowledge, attitudes and skills needed to offer quality peer support					
Communication skills for providing peer support					
Setting boundaries, managing expectations					
Involving Families and the Community in Survivors' Recovery					
The Survivor Corps experience, a case study					
The Individual Recovery Action					
The SF-36					
Implementing a Peer Support program, operational considerations					
Peer Support programs around the world					
Peer Support Program Considerations and Factors					
Presentations: East African Examples of Operationalizing Peer Support					
Exercise: The Peer Support Dream					
Exercise: The Peer Support Reality					

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2. 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					

3. Was there anything missing that you think should be included?

Peer Support in Practice: Manager's Workshop
January, 2009

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