

PEER SUPPORT:

a brief guide

The aim of this document is to provide information about the nature of peer support. It will aid those setting up peer support whether for groups or individuals

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Introduction to Peer Support

Peer support has gained in prominence over recent years.

There is no universally agreed definition of peer support

However, formal or structured peer support groups and programs have developed, in a range of settings eg
-in the work places,
-those with shared experience of traumatic events.

Peer support can develop spontaneously or in less structured ways such as
-parent-infant groups or
-“men’s sheds”



Peer support is a way of giving and receiving support based on
-respect,
-shared responsibility
-mutual agreement

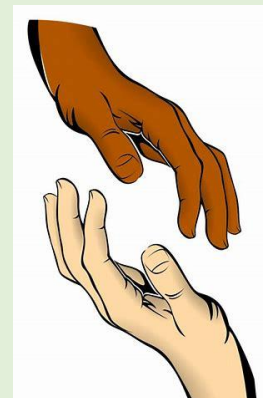


Whether Peer support is “one-to-one” or in groups it requires:

- Commitment
- Shared responsibility
- Mutual understanding of what is helpful
- To be located in a safe and private space



And it actually needs to happen!



As the name suggests central to peer support are **two** main concepts: that of it being between peers and that of it being supportive

Peers and Support

The Nature of a Peer

- varies with the context of the particular peer support
- is someone who has or is sharing a similar experience
- eg
 - someone who has also recently become a parent or
 - someone who works in the same industry or
 - attending the same training program or
 - experienced a similar natural disaster

Effective peer support can only occur between participants who consider each other as equal or with in groups of equals.

Openness and trust are essential in Peer Support

In the workplace context Peer Support provides a safe place for workers to connect with others with similar experiences.

It is hard to establish peer support where the participants are of different ranks within an organization, where one is the others supervisor or employer. Although such relationships can be supportive, it is not **peer** support.

Participants need to be of similar standing in an organization so there is not a power imbalance or they can metaphorically walk alongside each other

The Nature of Support

Is:

Ways of offering support vary and can include

listening,
understanding,
empathizing
sharing of experience

in ways that lead to

- empowering* participants to find new or rediscover coping strategies
- assisting* in developing problem solving and decision making skills
- may include *helpful suggestions* of ways to get through a difficult time that's related to shared or similar experiences

Isn't:

Supervision: where a more experienced colleague or "superior" advises and helps the junior colleague learn, develop and experience and acquire skills

Mentorship: A senior, wise advisor who helps their mentee negotiate the trials and tribulations of their career

Advocacy: taking up the cause of, speaking out and acting on behalf of another (usually disadvantaged) individual or group of people

Therapy and Clinical treatment: where highly trained clinicians may treat mental health conditions with evidence based therapies which may include specific psychotherapies and /or medication

Peer Support

The most important aspect of what you can do as a peer support worker is to bear witness. With peer support we are not concerned with investigating an individual's particular vulnerabilities or sensitivities. Indeed we do not look within the individual for the cause of the difficulties at all.



Instead we walk alongside them through what continues to be an extraordinary experience for them.

We may need to bear witness to:

- realistic fears
- overwhelming grief
- moral distress or injury
- realistic grievance or blaming
- anger and rage

and we understand these experiences as likely to be reasonable responses to an extraordinary situation. We can empathise, we can provide a space for reflecting and feeling, we can help them to feel understood and we can accompany our peers through this. This is no small thing. We know that trauma shared is far less likely to have lasting ramifications. Our attachment system has a powerful soothing capacity. The most important regulator of emotions is the experience of being known and understood, through our connectedness to others. This is what peer support offers.

Peer support differs from a clinical approach to mental health in that we do not seek to fix a problem. Nor do we assume that there is a problem with our peers. We do not correct thoughts, nor attempt to rationalize or shy away from strong feelings. We do not leave our peers alone with their suffering.

To do this well we must relinquish the desire to rush in and fix a problem. This can sometimes be hard for mental health professionals



So if you find yourself feeling pulled into action mode and taking over (writing letters, giving advice, suggesting tools to use) you may run the risk of overriding their ability to find and recruit their own coping strategies. You may also be slipping away from accompanying your peer and leaving them alone with a feeling or thought that one, or both, of you is finding too difficult to sit with.

Try to remain alongside your peer's mind and heart. Although this way of being together may seem as though you are not *doing* very much, the value of this shared experience is immensely protective and is well documented.

Peer Support

Helpful principles

Connect

- establish points of connection first and foremost
- without trust there cannot be openness

Develop a collaborative focus

- find out what they are there for
- what are they hoping to get out of it

Stay curious



- especially about mind and heart
- ask (don't tell or presume)
- help them elaborate their internal experience through your interest in them

Empathically validate

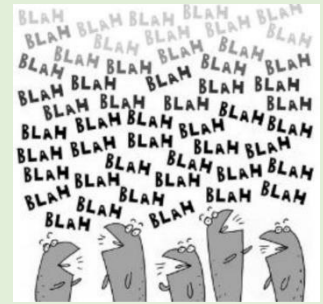
- convey that you 'get' their mind and feelings (after they have shared them)



- hold their heart and mind in mind

Watch out for/ Not so helpful

Falling into theorizing and intellectualising

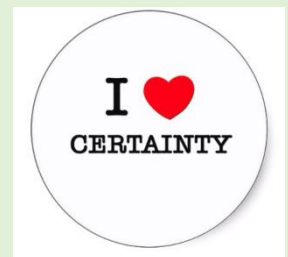


Reaching for a quick fix. Problem solve only



if there are safety concerns or if they request this

Being clever or all knowing. You are not required to be an expert in peer support.



A bit of bumbling and humility is allowed and encouraged

Expressing judgement. This is especially true where they have experienced moral distress or injury and shame may run deep

Only share your own experience if you have reflected on it and are fairly certain they would find it helpful or if they have specifically asked to know. Be mindful not to share "how I managed it better" recollections which can be experienced as shaming

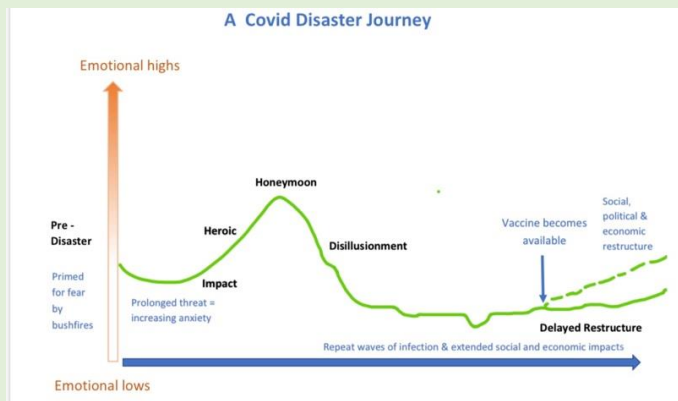
Above all foster trust, mutual respect and understanding

Running a Peer Support Group

Practicalities

A reminder of the benefits of group peer support

- relief that you are not going through this alone



- normalising the challenge of navigating this period of threat, restriction, repeated change & uncertainty
- letting go of the pressure to go it alone



- broadening perspective by seeing things from different viewpoints
- balancing hope & despair
- valuing connectedness

Logistics

- Timing & frequency
- Location: virtual or face-to-face

Ground rules

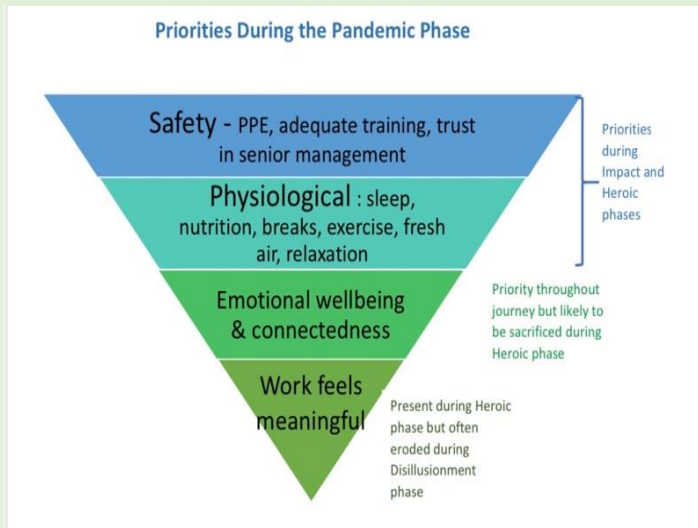
- establish clear sense of purpose
- emphasize confidentiality
- demonstrating & encouraging active listening
- compassionate stance
- respectful collegial space
- validate concerns & bear witness

In practice

- people are met where they are, as equals
- turn taking & joining in
- finding common ground
- clarifying what is happening

Participants

- help each other to put difficult things into words
- develop &/or rediscover coping strategies
- reflect on pacing & self-care
- work things out together
- appreciate each other's contributions
- slow things down to elaborate on experiences



Possible challenges for the group:

- demoralization
- rushing into “fix it” mode
- becoming overly competitive
- being judgmental
- blaming
- being overly directive
- getting stuck in “group think” (google it!)
- jumping on a bandwagon
- ignoring elephants in the room

Typical things that might arise:

- noticing more about self & others
- reflecting on your coping & that of others
- discovering what is most important to you now
- acknowledging different paths to get back on track
- a space to reflect
- appreciation that everything is not solvable
- recognizing what has helped in the past
- a space to be kind to yourself & others
- chance to get out of the fast lane

Watch out for:

- coping strategies are not working or are potentially harmful to self or others
- repeated binge alcohol pattern
- persistent numbing, fear or high stress
- despair & compassion fatigue

As these may indicate the need for a different pathway (eg/ a clinical assessment)



When Peer Support isn't enough

Peer support is usually greatly appreciated by participants. However sometimes one or both parties recognize it is not enough, not working or a different kind of help is needed.

Remember peer support:

- has boundaries and limits
- does not have a pass or fail

Even when aims and goals of peer support are clear and agreed upon from outset participants' needs and circumstances change.

First

Think about the possible reasons:

Interpersonal

- personality clash or poor fit of participants in groups
- quarrels /disagreements arising with in group
- no longer respectful /confidentiality not maintained
- support no longer meeting objectives



Boundary crossing

- interactions moving away from peer support becoming more like friendship, supervision, counselling or therapy

If structural problems:

- find a new time
- meet more /less often
- new location

Mutual recognition that need for peer support is over

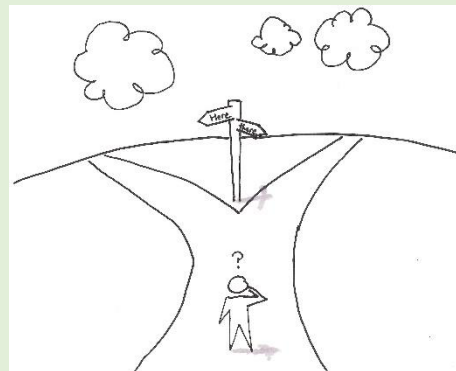
Participants needs

No longer met by peer support:

- physical or mental illness needing clinical treatment
- moves away or job changes
- too many other responsibilities
- finds hard to keep the commitment

External factors-

- reason for peer support no longer exists
- crisis has resolved



Then

It can be hard to address this without a sense of letting others down or feelings of failure.

Recognize not working

Best to overt the issue and discuss options;

Tactful suggestions of alternate help

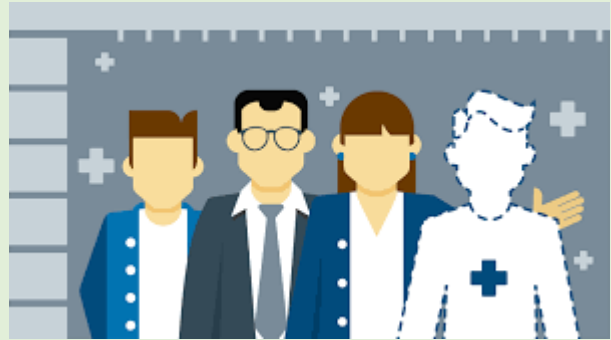
- supervision
- referral to GP, crisis centre, mental - health team

Additional actions for group peer support:

- Discuss breakdown in group processes
- Encourage all group members in negotiating way forward

Consider:

- change in dynamics of group if a participant leaves
- effect on rest of group if a member becomes unwell/leaves
- whether it is appropriate to discuss ex-member's situation with remaining group



Also

Work out how to handle future meetings when peer support over:

- show no recognition in public setting
- nod and move on
- collegiate
- friendship

NB one party becoming the others treating practitioner not advised

Interested in reading more?

Peer Support

Although aimed at clinical work these videos on ambitTV from the Anna Freud National Centre for C & F may be of interest:

Thinking together:

<https://www.youtube.com/watch?v=iUaWgJ2ibiE>

Balancing support and challenge:

<https://www.youtube.com/watch?v=EjdE7W0M5Cs>

Groups

Although clinically based, these resources maybe helpful for running groups:

- Mentalization-Based Treatment Techniques in Group Therapy

Klassen, Karis. *International Journal of Group Psychotherapy*. 2017 supplement 1, Vol. 67, pS99-S108. 1p.

DOI: 10.1080/00207284.2016.1218767. , Database: Psychology and Behavioral Sciences Collection

- <https://www.amazon.com.au/Theory-Practice-Group-Psychotherapy-Fifth/dp/0465092845>
- Chapter 7 in <https://www.booktopia.com.au/handbook-of-mentalizing-in-mental-health-practice-anthony-w-bateman/book/9781615371402.html>