

Crisis Support Solutions, LLC

First Steps in Providing Peer Support



Introduction

Hi and welcome to [First Steps in Providing Peer Support](#). Thank you for downloading this eBook and learning the various ways Peers initially engage with individuals in distress.

This manual is for any peer wanting to learn “how to” start helping people in need. Providing insights to these introductory steps are often and unintentionally overlooked by trainers and coordinators alike. This was certainly true for me.

As peer program coordinator, I prided myself on recruiting, interviewing and providing basic training. One of my favorite moments was (what we affectionately called) our “lanyardizing ceremony”. During each class graduation, I would identify the students that completed the requirements to become a peer on our team. I would cue one of our instructors to play the ceremonial music (which was the final song from Star Wars Episode IV). The music would play and (like Leia) I would put the coveted CISM lanyard around the necks of our new peers. Someone would do the Chewbacca yell and pictures would follow.

Inevitably, a new peer would soon find me and ask an incredibly important question: “Now what?” Early on in my coordinating position, I wasn’t sure what they were asking, so I would often get a follow up: “What do I do to start helping people?”

What do you do to start helping people? What a strange question, I first thought. Then I realized that we were not teaching the “first steps” in providing peer support. The answer: “Wear your lanyard and wait for someone to approach you” was not an adequate way to address this important concern. A quick pat on the back and a “good luck to you” wasn’t good enough for new peers eager to make a positive difference in their world.

Hence, [First Steps in Providing Peer Support](#), a “how to” instructional guide designed to teach you the various methods for moving towards someone experiencing distress.

In my experience, there are three (3) typical ways a Peer is called to engage: (1) a third party notifies you about a person in distress, (2) the person in distress contacts you directly for help or (3) you notice a person in distress. For the benefit of learning, I’ve chosen to create a scenario.

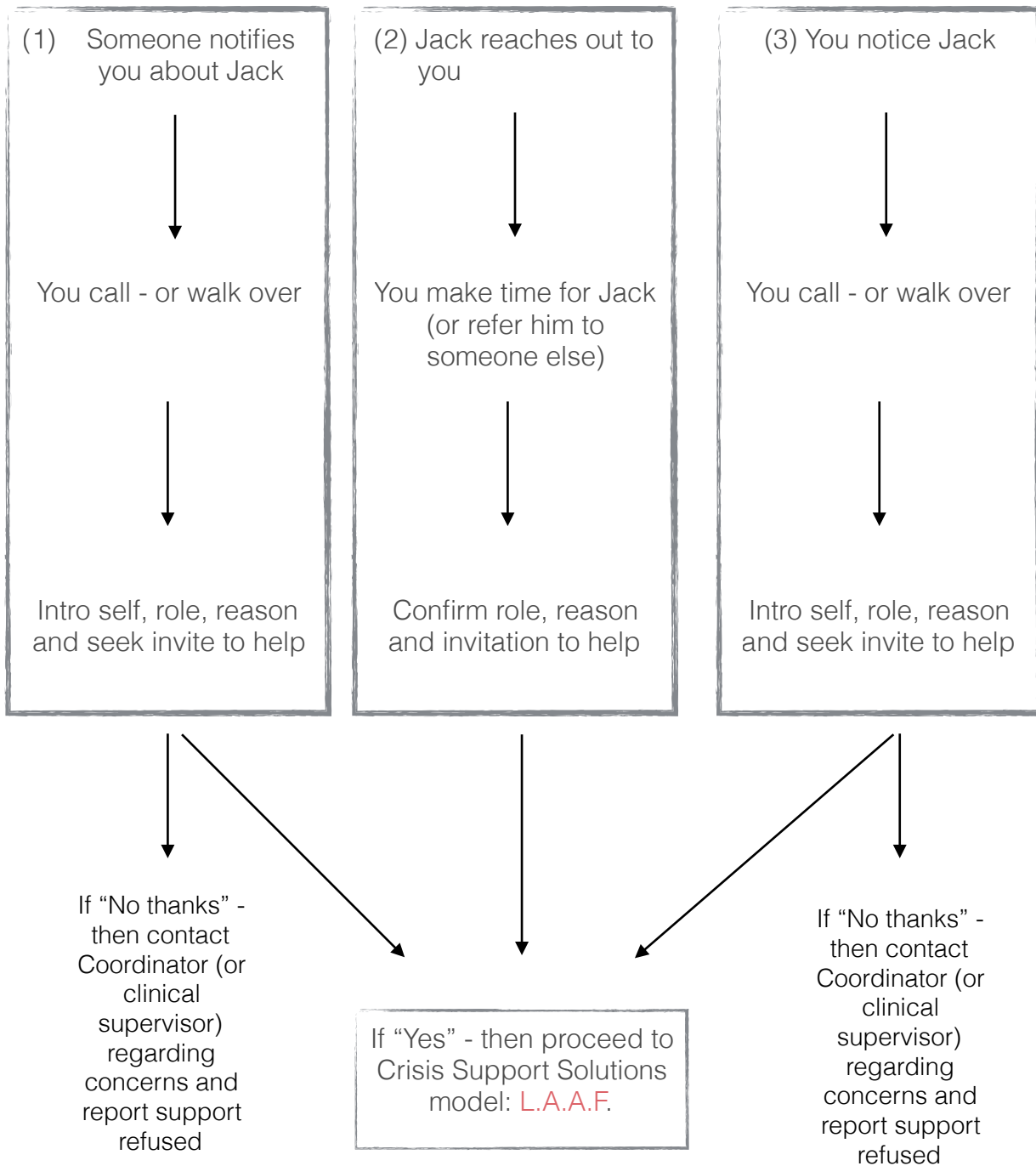
Meet Jack. Jack is your coworker and friend. Jack is apparently upset. Other colleagues have noticed that Jack hasn’t been “acting” like himself. There seems to be a growing concern about Jack.

We will use this scenario and move through the three (3) ways that you may be called to engage Jack - or someone like Jack - in the future. These instructions are for in-person or on-phone support.

Your coworker, Jack, appears upset. Time to go to work...

First Steps Flow Chart

Your coworker, Jack, appears upset



1. “Someone notifies you about Jack”

Since you are identified as “Peer”, you may find that people contact you with concerns for another. This is a common occurrence in peer support. In this scenario, coworker Karen has concerns about Jack and reached out to you. It’s important that you listen to the Karen’s concerns. As you listen, keep in mind that Karen is sharing from a limited perspective and the information may not be entirely accurate.

In this scenario, Karen tells you that Jack is not acting like himself. Instead of his normal outgoing self, he has started “isolating” from friends at work. He keeps his door closed and, on occasion, Karen has heard Jack yelling in his office. Karen is also worried about Jack’s appearance. He’s normally a “sharp” dresser with shirts pressed and tucked and now he’s all disheveled. Karen even wonders if he’s sleeping in his office. Karen knows he’s married and has heard him mention that he’s hit a “rough patch” at home. Karen is concerned. It seems that Jack is really going through a difficult time and Karen doesn’t want it to get worse for him.

Feel free to ask Karen any questions you may have, then thank Karen for recognizing Jack and reaching out to a Peer for help. We recommend reminding and reassuring Karen of program confidentiality.

Contacting Jack

Now it’s on you to contact Jack. How will you go about this? If you’re nearby, will you stop in to see him? Or will you call first? If not nearby, then you’ll likely pick up the phone and “cold call”. This first contact will depend on your relationship with Jack and your level of comfort as a Peer. Regardless of *how* you make contact, it’s important that you *do* make contact. (Note: we recommend contacting your program coordinator or clinical supervisor any time you are uncomfortable and need further instruction.)

Whether meeting in person or calling on the phone, it’s important that your “opening” include your role and reason for contacting Jack. It may sound something like this:

Hey Jack, it’s Ben. I’m calling (or stopping by) because there are people around you that care about you and think you might be struggling a bit. They reached out to me because I’m a Peer and they know that I’m trained to listen and talking with me is confidential. So that’s why I’m calling (or knocking on your door). It seems like something’s going on, so I’m just checking in...

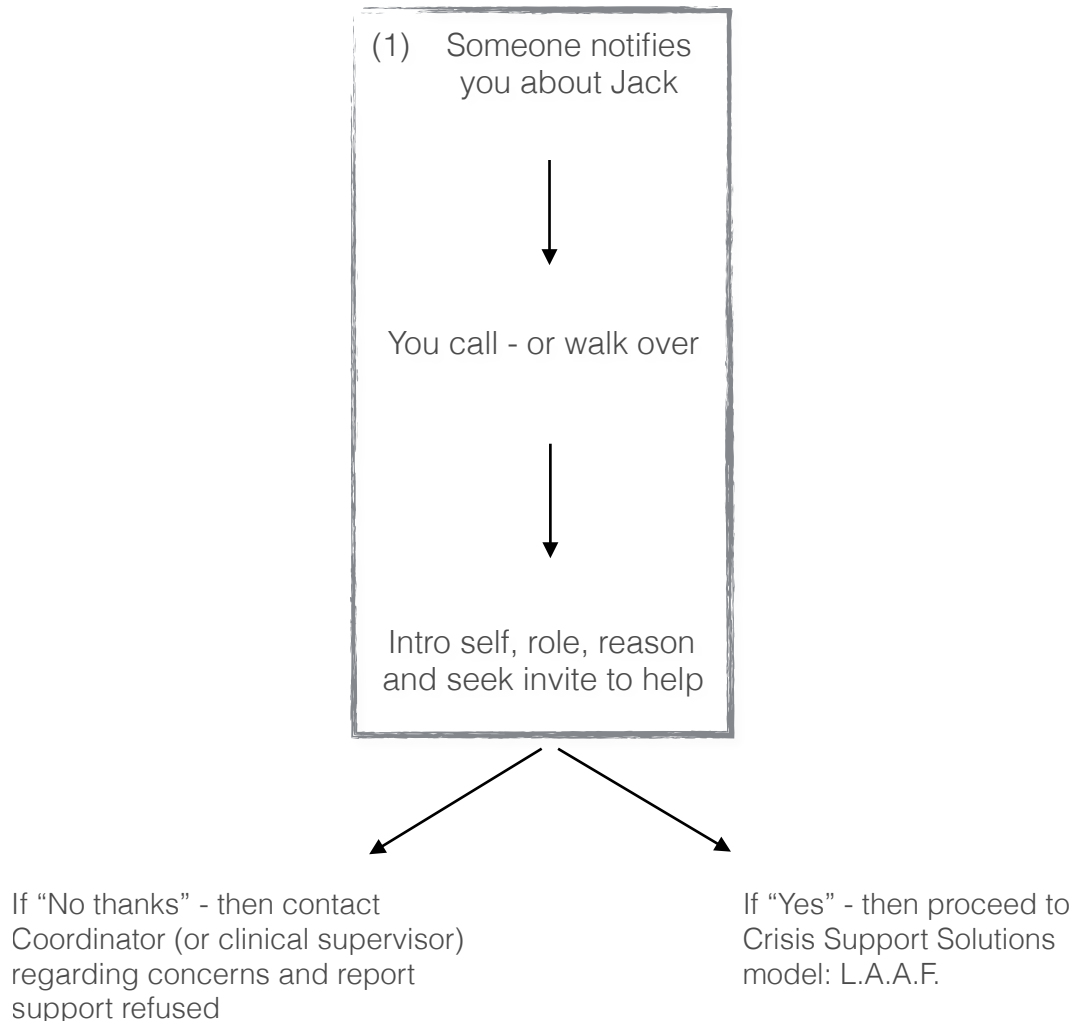
This is a tricky opening! The unintended consequence is that Jack could hear: “Hi Jack. People are noticing that you’re a mess and they’re talking about you behind your back...” If this is the *message* Jack hears, then the natural response is to get offended and / or defensive. It’s imperative that you stay grounded in love and compassion, while reminding Jack that you’re not interested in rumors or gossip, you are on the phone (or in his office) to listen and support Jack. With that, he either offers a “no thank you” (in some form or fashion) or starts talking.

Reporting “Refusal”

You may have heard the terminology “refusal of service” or “right to refusal”. This is not a judgment or criticism of a person’s decision to decline support. A common core value among many peer programs is to “uphold the dignity and rights of all involved.” Everyone has the right to talk - or not talk. We often believe that it is the individual that will determine which is best at that time.

Having said that, you may need to report the interaction to your program coordinator or clinical supervisor. Reporting concerns up your peer program “chain-of-command” is NOT gossip or a violation confidentiality. For more on reporting requirements and information sharing, contact your program manager or refer to your peer program policy manual. Once information is passed, it is then up to the coordinator or clinician to take next steps (if any).

If Jack does decide to share his struggle with you, then you I encourage you to keep reading. We address *role*, *reason* and *invite* in the next section.



2. “Jack reaches out to you”

Given that you are identified as a Peer in the office, Jack may choose to reach out to you directly. It could be obvious that Jack is looking for peer support as he may say something like: “Hey, you’re a Peer...I’m looking for some advice. Do I make an appointment or something?” Or the exchange may be far more subtle as you find yourself filling your coffee cup in the break room and Jack drops a “hint” about being upset with his home situation.

Regardless of how Jack approaches you, once you realize that Jack is seeking peer support then it’s up to you to determine if / when you will provide it. You both may have time at that moment. However, before Jack “opens up”, consider finding a quiet spot, away from others, so that Jack’s dignity can be upheld and information kept confidential.

If you are interested in supporting Jack, but currently unavailable, then coordinate a time that you can meet (or call back). If Jack states that he really needs to talk with someone right away, then contact your program coordinator or another Peer that is available. If you have concerns that Jack could be a danger to himself (or someone else), then contact your program coordinator immediately (and / or follow program policy).

Confirm role, reason and invite

Whether you meet with Jack at that moment, or schedule a later time, it’s important to confirm that Jack is seeking peer support from you. Talking to a trained peer is different than chatting with a friend. By confirming that Jack wants to talk to you, the “Peer”, you now have “professional” responsibilities:

- (1) to hold what Jack says in strictest confidence,
- (2) to report to your program coordinator (or clinical supervisor) any concerns you may have regarding danger to self or others and
- (3) to follow up with Jack, or refer Jack to the next level of care.

It’s important that both you and Jack are clear on your role. Knowing that Jack is looking for support from a trained peer will help set the expectation.

Whether Jack is aware or not, there is an expectation that you will listen without being critical or pass judgement on the choices he’s made so far. There is an expectation that you will be helpful to Jack, offering guidance that he may even call “advice” (although we don’t give advice). There is also an expectation that you will show him compassion, be kind to him, even if he’s not being kind and compassionate to himself. Finally, there’s the expectation that you won’t share his business and spread gossip. Jack may not call it “confidentiality”, but a reputable program and a reputable peer is known and trusted.

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With your role and reason confirmed, Jack will begin to share his story with you. This is the time that you lean in and listen up. This is also the time that you put into practice the Crisis Support Solutions model LAAF (Listen, Assess, Address and Follow up).

Involved in this process is, what we call, *scoring an invite*. Far too often - in their haste to help - peers go where they are not “invited”. As soon as a problem is presented, some peers fall into the trap of “too quick to fix”. With great enthusiasm and best intention, we fail to understand the person’s need. In short, we fail to consider the person altogether.

You may be itching to offer feedback or make a recommendation; whereas, Jack may need a safe place to vent and have his feelings validated. In order to avoid the “too quick to fix” misstep, you must confirm what Jack is actually wanting or needing.

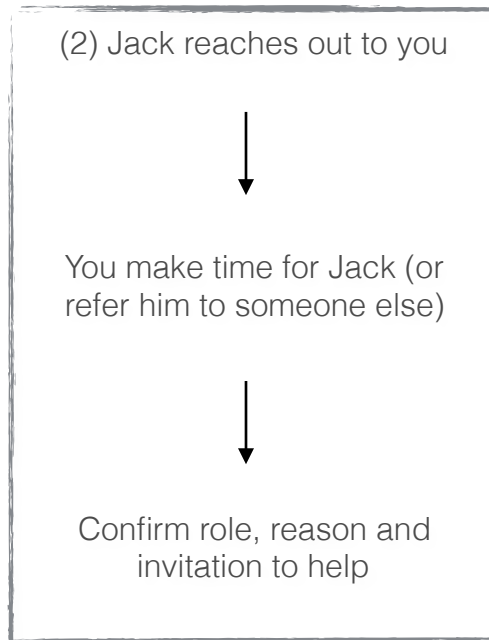
Jack is talking to you for a reason. He needs something. The most likely answer to the unspoken question: *What does Jack need?* is “HELP”. But what kind of *help* will actually be *helpful*? Whether Jack shares a few sentences or a whole novel, listen closely for the “invite”.

- Is he inviting your feedback?
If so, you may hear him ask: “So, what do you think? Did I do that right?”
- Is he inviting a perspective change or reframe?
If so, you may hear him say: “None of this makes any sense to me.”
Or, “I don’t know what to think about all this.”
- Is he inviting you to explore additional options?
If so, you may hear him ask: “What other options do I have?”
Or, “I don’t know what else I can do at this point...”
- Is he inviting you to offer recommendations?
If so, he may come right out and ask: “What do you think I should do?”
Or, “What would you do if you were me?”

Providing peer support is not a matter of “right” or “wrong” - like most relationships - it’s a matter of identifying and meeting needs. We often say in training, “Never go where we’re not invited.” The double-negative sentence structure aside, this is a good guideline. *Scoring an invite* increases the likelihood that your help will actually be helpful.

You made time for Jack. You confirmed that he was seeking support from a trained peer. You provided him a safe and confidential space to share his situation with you. Then you listened for - and confirmed - the “invite”. He opened the “door” and now you’re ready - with confidence - to walk through it.

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If "No thanks" - then contact Coordinator (or clinical supervisor) regarding concerns and report support refused

If "Yes" - then proceed to Crisis Support Solutions model: L.A.A.F.

3. “You notice Jack”

Because of your peer training, you will begin to notice changes in behavior and / or mood. You're not “spying” or keeping track - you're just simply aware. In this scenario, you're now aware that Jack isn't “acting” like himself. There are some behavioral changes and emotional outbursts that grab your attention. Given your role as peer - and positive rapport with Jack - you decide to knock on his door (or give him a call).

(Procedural note: Some peer coordinators wish to be notified before making contact, while others wish to be contacted after or only when there's a problem. If / when unsure, contact your peer program coordinator for specific guidance.)

Making your approach with reason and role

Like scenario #1, the “cold call” is tricky and is handled in a similar way. Before jumping out of your chair - or jumping on the phone - pause! Take a minute to remind yourself of your reason and your role.

Your role is peer - not “Chief Fixer” or “Senior Know-it-All”. Too often, we view someone's struggle as our opportunity to *save the day!* So we quickly spring into action and assume responsibility for finding the “solution”. Your role is NOT to *save* them. Instead, your role is to *support* them. We do this by providing a compassionate presence, listening and engaging and offering assistance when “invited”. Your reason for knocking (or calling) is to share with Jack that you've noticed him struggling and you are offering a “safe place” to share any concerns and receive support if he chooses.

Now that you're grounded in a peer “mind-frame”, you are ready to engage Jack. First, it's important to ask Jack if you can have a few minutes of his time. As previously stated, peer support recognizes - and respects - the needs of others. Jack may need to finish his report more than he needs to vent his frustrations. Asking if this is a good time demonstrates consideration and gives Jack the opportunity to freely engage in conversation with you.

If Jack says “no - not a good time” - then ask when might be a good time. Jack may suggest grabbing coffee in a half-hour or lunch tomorrow. If Jack expresses no interest at all, then consider sharing concerns with program coordinator or clinical supervisor.

If Jack says “yes - it's a good time to talk” - then practice confidentiality and ensure conversation is private. As you begin, it's important to identify yourself as a “peer” (for the same reasons stated in scenario #2).

It's also important to use “I” statements, such as: “I've noticed...”, “I'm concerned...”, etc. The opposite of “I” is “You”. “You” statements are often perceived as accusatory and can illicit a defense response.

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Here's an example of an opening:

Hey Jack. Thanks for taking the time. I'm here because you seem stressed. I've seen you get upset here lately and it looks - to me - like you're struggling with some things. Because of that, I've been thinking about you. You know I'm a Peer and I just wanted to come by (or call) and offer support. Unless you tell me you're about to hurt yourself or someone else, you know what you say to me - stays with me. I know hearing myself talk it out with someone I trust helps me a lot. I don't know what kind of support you have in your life right now, but I just wanted to offer up listening ear and help where I can...

Did you catch the “no pressure sales pitch”? I'm selling a *listening ear*. I'm selling a *safe place to vent*. I'm selling possible *perspective change* or *reframe* of distorted thinking... But it's up to Jack to “buy”. It's up to Jack to share his struggle. I will not feel rejected or take it personally if Jack says, “Thanks, but no thanks.”

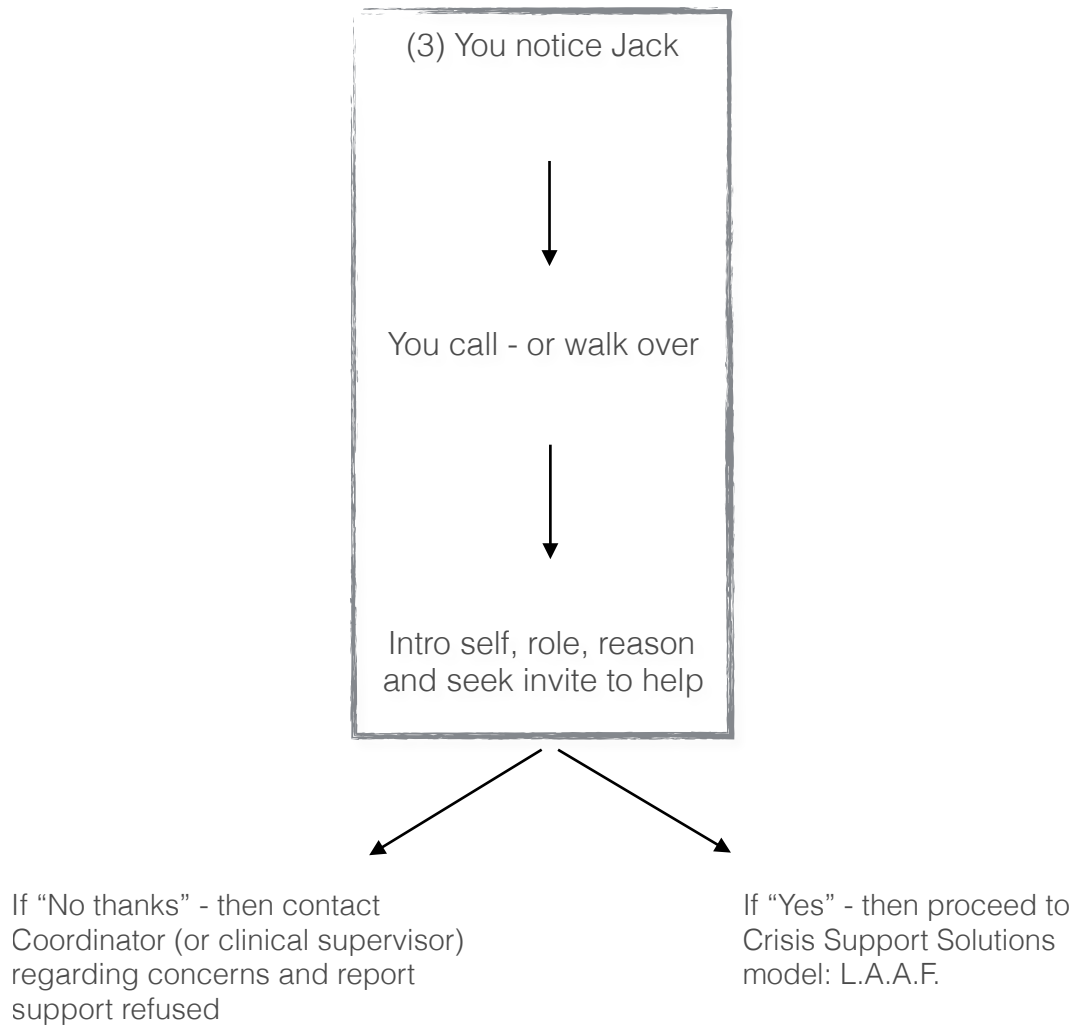
Even if Jack decides NOT to share his struggle and receive support, you still did an amazing thing. You *validated* Jack! By *seeing* Jack - acknowledging his struggle - you communicated that you are paying attention and willing to give attention. Along with validation, you expressed care for his wellbeing. How many people notice someone struggle, then actually take time and energy to courageously move toward someone and communicate that they care? This is heroic work!!

Similar to a previous scenario, it is up to you to share your observations and interaction with your peer coordinator or clinical supervisor.

If Jack does decide to share his struggle with you, then listen out for the “invite” (as explained in scenario #2).

Obviously, the learning does not stop here; these are just the *first steps*. To continue your training, move to the next phase of Peer Support work and LAAF (Listen, Assess, Address and Follow up). This is the Crisis Support Solutions model for peer response. You can find this model - and other courses - on our website: www.crisissupportsolutions.com.

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In Closing

Jack has a lot going on in his life right now - so he may forget to thank you. If you'll allow me, I want to express appreciation on behalf of Jack - and all the others - that you notice and offer support on a routine basis.

Caring about hurting people is some of the hardest work you'll ever do. If people are reaching out to you, calling you with concerns, or you're noticing others struggle - then this is a testament to your skillful care and compassionate presence.

The drawback to this heroic work is the potential for emotional, mental and spiritual fatigue. This type of burnout is known as "compassion fatigue" - it's real and can be debilitating. There are occasions when Helpers need help too. Your cape will get stuck. You'll lack energy to leap over a tall building. You may even lose your capacity to care. Be mindful of this. Surround yourself with trusting, compassionate people that can demonstrate care for you. Maintain healthy boundaries and learn about depersonalization and detachment.

Finally, remove the pressure to be perfect and recognize that in your "humanness" you will miss something, forget to say something or fall short of your mark. Be kind to yourself and recognize that you are doing the best you can with what you've been given. To borrow a line from a prayer by Saint Teresa of Avila, "trust that you are exactly where you are meant to be."

For more on *When Helpers Need Help* email: dorie@crisisupportsolutions.com.

Thank you again for downloading this eBook. At Crisis Support Solutions, our mission is to *help you help others*. I hope you found this information helpful.

Blessings on you and those you help!

Together,
Dorie

About the Author

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Dorie is the CEO, partner and co-founder of Crisis Support Solutions, LLC. Dorie is committed to the [Crisis Support Solutions](#) (CSS) mission to help people help each other. Dorie and CSS believe that the only way to survive a difficult time is alongside the compassionate presence of a trusted soul. With training, connecting and coaching the core of CSS work, Dorie develops content and curriculum for in-class training or online support via webinars, coaching calls, refresh courses, quick guides and more.

Before going full time with CSS, Dorie worked for the past twelve (12) years as a Critical Incident Stress Management (CISM) Specialist and Peer Support Program Coordinator at the [Federal Law Enforcement Training Center](#) (FLETC) with the US Department of Homeland Security at Glynco, GA. As Peer Support Program Coordinator, Dorie spent countless hours updating policy, drafting procedures, garnering support from leadership, connecting with counterparts in other agencies, exchanging ideas, learning from missteps, training team members and all for one single purpose: so that volunteers could be proud members of a Peer program that reflected the value and worth of their service and the people they served.

From this background, Dorie has designed several Coordinator courses (to include “Seven Steps to Start Up” - a coordinators guide to develop and/or enhance a peer support program in their agency). CSS recognizes that coordinators and champions alike need information, organization, understanding and encouragement in order to strengthen the most capable and cost effective support resource in any organization: Peers.

Dorie has been in the helping business her entire career. Whether as a legal advocate in a battered women’s shelter, a treatment planner at a drug and alcohol rehab center or a chaplain at a hospital, Dorie has been present with people in crisis and recognizes the great responsibility that comes with caring for those in need. No longer providing direct client services, Dorie is now committed to helping people help each other as leader of the CSS team. Dorie’s vision is to be a “force multiplier” - sharing information, education, networking opportunities and daily encouragement to those on the “front lines”, providing direct support.

About Crisis Support Solutions, LLC

At Crisis Support Solutions our mission is to *help people help each other*.

Our goal is to empower “helpers” to be credible, courageous and caring supporters because we believe that the only way to survive (and thrive) is along side the compassionate presence of a trusted soul.

We help empower “helpers” in three main ways:

1. By providing you exceptional education and skill-based training.
2. By providing you a secure space to connect and encourage one another.
3. By providing leadership and direction in this every-growing field, introducing concepts and conversations that challenge the status quo and shift current paradigms.

Programs and services we currently offer include (but not limited to):

- **Basic Peer and Crisis Support School**: Foundational courses for providing Peer Support and Crisis Stabilization services. Delivered in-class or live webinar, this comprehensive “support school” provides introductory knowledge and basic-level skills for listening, assessing and addressing those experiencing distress.
- **“After-Basic All-Star”** - once you complete basic training, become a member of this premium website and elevate your skills to “all-star” status. Be capable anytime, from anywhere with instant access to the following:
 - Live monthly Webinars delivered by subject matter experts on topics based on input from members. Can't make it live? Each webinar is recorded and available for download anytime you're ready.
 - Live monthly Coaching Calls - ask the experts and join the discussion as we learn from - and encourage - each other.
 - Mini-refresh courses - new content rolled out regularly addressing every nuance of support work from “how to build rapport on a cold call” to “recognizing compassion fatigue in me” and everything in between.
 - “Go-Guides” - convenient crisis stabilization audio guides and support materials needed as you go meet an individual (or group) in crisis.
 - Community-based discussion forums - share your experience and learn from each other in our topic-specific community.
- **Coordinator’s Course 1: Seven Steps to an Effective Peer Support Program**
Build the foundation of your program as you move through this 5-week, online course. Each week you will join your instructor and colleagues for a live webinar to discuss fundamentals, roadblocks and rewards unique to your program.

First Steps in Providing Peer Support

These 7 steps address concerns relevant to every peer support program: getting policy approved, ensuring protocols are followed, recruiting, training and orienting new peers, running team meetings and supervision sessions, collecting stats, reporting outcomes and more.

This program is not just designed for “input” but “output” as well. Each week, participants will be given templates and tools for drafting (or enhancing) various documents, forms and memos to become a “Leadership Review Package” ready to present to management for feedback and approval. Wherever you are in the process, this course will equip you with knowledge, skills and a community network necessary to manage a program and coordinate support for those in need.

For more on these services
- or to discuss customized training for you and your team -
email info@crisissupportsolutions.com



Be Capable