



ALAMEDA COUNTY BHCS  
ROUND THREE  
INNOVATION GRANT PROGRAM



# City of Fremont Human Services Department

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## Mental Health Peer Coaches for Older Adults



# City of Fremont Human Services Department

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## Mental Health Peer Coaches for Older Adults

### OUR STORY

The City of Fremont's Human Services Department's mission is to work to support a vibrant community through the creation and maintenance of services that empower individuals, strengthen families, encourage self-sufficiency, enhance neighborhoods and foster a high quality of life for all residents.

The goal of the Mental Health Peer Coach program is to reduce the level of social isolation and improve the sense of self-efficiency of Older Adults with severe mental illness. The program achieved this goal through embedding trained Mental Health Peer Coaches in the clinical treatment team of the City of Fremont's Mobile Mental Health Team. The program had a significant positive impact on both the Coaches and their Peers.

#### **For more information, please contact:**

Ihande Weber, LCSW  
Clinical Supervisor  
City of Fremont Human Services Department  
510.574.2032  
lweber@fremont.gov

**[www.fremont.gov](http://www.fremont.gov)**

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# Mental Health Peer Coach Program for Older Adults





*Human Services Department | Aging and Family Services*

3300 Capitol Avenue, Building B | P.O. Box 5006, Fremont, CA 94537-5006

510 574-2050 *ph* | 510 574-2054 *fax* | [www.fremont.gov](http://www.fremont.gov)

October 15, 2015

To: Alameda County Behavioral Health Care Services Innovation Grants Program  
Re: Submission of Final Report and Mental Health Peer Program Curriculum

We are happy to submit the enclosed final report and the curriculum for the Mental Health Peer Program. This experience has been extremely rewarding. We were able to include the voice of older adults with serious mental illness in the design of a program that has been evaluated to show positive effects on reducing isolation and increasing self-esteem in one of the most vulnerable populations: older adults with serious mental illness.

We encourage you to view a short (6 minute) video where you can hear the voices of the coaches and the peers who they support. There is a copy of the DVD enclosed, or please visit this link: <https://youtu.be/9U1M5MUWKcE>

The enclosed curriculum is the culmination of decades of work with the older adult population. The City of Fremont team built upon existing presentation to customize each session to support the program. We hope there will be others who replicate this program and are open to assisting the replication in any way we can.

We want to thank Alameda County Behavioral Health Care Services for providing the opportunity participate in the Innovation Program. We know we are contributing to efforts that will improve the well-being of individuals.

Sincerely,

Karen Grimsich, MPH  
Administrator  
City of Fremont Human Services Department

Ihande Weber, LCSW  
Clinical Supervisor  
Mobile Mental Health Team





# **SENIOR PEER COACHING PROGRAM**

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## Project Desired Outcome Report

Date Submitted: 10/19/15

**Project Name:** Senior Peer Coaching Program

**Grantee Organization:** City of Fremont – Human Services Department

**Grantee Contact Information:** Karen Grimsich, Administrator, Aging and Family Services

**Primary Project Contact:** Karen Grimsich, AFS Administrator  
Ihande Weber, LCSW, Aging and Family Services, Clinical Supervisor

### **Learning Questions: The Senior Peer Coaching Program addressed 2 learning questions:**

Question # 1: Can the use of trained peers of family members of consumers for home based outreach to socially isolated adults and older adults with serious mental illness reduce their isolation through relationship building?

Question # 2: Can volunteer opportunities that are interest-and skill level appropriate with significant peer or professional coaching decrease social isolation and improve self-esteem and quality of life for isolated adults and older adults with serious mental illness?

### **Program Goals**

The goal of the Senior Peer Coaching Program is to reduce the level of social isolation and improve self-esteem and/or sense of self-efficacy for Older Adults. The program achieved this goal through embedding trained Mental Health Peer Coaches in the clinical treatment team of the City of Fremont's Mobile Mental Health Team. Similarly, the goal for the coaches was to examine whether the volunteer opportunity to become a coach would reduce their social isolation and improve their self-esteem and/or sense of self-efficacy.

### **Program Design**

#### **Program Components**

- **Focus Group**

We held a focus group with 8 individuals from varied ethnic backgrounds who were clients in our Mobile Mental Health Program and could be potential peer coaches. The results of the focus group were charted for each questions asked; including the participant's perspectives on: (1) what was helpful to them as they experienced mental health crisis (2) their ideas to consider as the program is planned (3) their ideas of what training and what specific topics would be helpful for them (4) what kind of support would they need if they were to participate in the program as a peer coach (5) what they would need to maintain their current state of mental health (6) what benefits do they see as participants of the innovative program.

The demographic composition of the group consisted of 1) Gender: 4 males and 4 females; 2) Ethnicity: 2 Filipinos, 1 Chinese, 1 Afghan, 1 African American and 3 Caucasians; 3) Diagnosis: 7 with Major Depressive Disorder; 1 with Schizo-Affective Disorder; 4) Educational Level: 5 with college degrees, 1 with technical degree, 1 with 13 years of schooling, 1 with 6<sup>th</sup> grade education.

- **Development of the Training Curriculum**

The training curriculum was adapted from the City of Fremont's existing training curricula for Senior Peer Counseling Program (with sessions on active listening, empathy, motivational interviewing, cultural humility) and from the City of Fremont's Health Promotion Program (with sessions on illness perception, problem solving and personal empowerment to address the needs of isolated adults and older adults).

- **Outreach Methods and Training community Partners**

In June 2014 and 2015, the City of Fremont, in collaboration with the Tri-City Elder Coalition, hosted a community health fair featuring more than 100 vendors specializing in services for older adults. Over 2,000 community members visited the fair each year. Our program staff participated in the fair and conducted an active outreach activity that included highlighting our Senior Help Line as an access point for community seniors to access services.

The City of Fremont's Senior Citizens Commission, an City Council Appointed body, and all staff of the Human Services Department were informed of the project.

We outreached to the City of Fremont's First Responders: the Fire Department, Code Enforcement and the Police Department. Training was provided to understand how the first responders interact with isolated older adults and how the Human Services Department could best partner with them.

The program also outreached to different community providers including local community medical clinics, dental offices, optometrist clinics and other health and mental health providers.

- **Participant Recruitment**

Clients enrolled in the City of Fremont Senior Mobile Mental Health program were invited to apply to be a Peer Coach. The original program plan was to recruit and train 15 coaches. Unfortunately, 1 of them passed away before the program started and the 2 other possible coaches suffered from serious medical conditions.

These coaches applied for the Senior Peer Coach position and were subsequently interviewed and hired by the program if appropriate. The major requirements of becoming a peer coach are empathy, good listening skills, emotional stability, flexibility, motivation to learn, commitment to the program and the desire to help other isolated adults and older adults with mental illness.

The program trained and retained 12 coaches.

- **Training of the participants**

Utilizing the training curricula, all participants successfully completed the 7 weeks training with 14 training sessions. (Please refer to the training curriculum).

- **Program Evaluation**

The program evaluation was conducted by San Jose State. The evaluation (attached) utilized 2 assessment tools:

- General Self Efficacy Scale
- Revised UCLA Loneliness Scale
- Focus Groups

## **How did the Program impact the population served by this project?**

The Mental Health Peer Coaching program had a significant impact on reducing loneliness and social isolation in recipients of the program services. There was also a significant positive impact on self-efficacy for both mental health coaches and peers. There were also focus groups to qualitatively evaluate the impact of the program that showed a personal sense of accomplishment by the coaches, learning between participants, learning about self, and an increase in social engagement. Please see Peer Coaching Program Evaluation Report for details.

## **Program strategies**

The active involvement of consumers in the planning phase contributed greatly to the success of this project. Their participation at the initial focus group gave the project team a good sense of how training curriculum should be organized and what specific topics to be included in the training in order to meet the needs of the coaches.

There was a high level of team work among experienced professionals who brought their diverse clinical and cultural perspective to the curriculum development and enriched the final product.



The project team also conducted a systematic academic literature search of journal articles related to “peer counseling”, “mental health” and/or “older adults “ through major on-line databases. We have documented source citation tracking and article reference in more than 100 articles broadly related to these topics. This literature search enhanced our knowledge on how to best put the training curriculum together. Note: the literature search is not included in this final report. It was submitted during the process and is available as requested.

Lastly, this project will not be as effectively and successfully implemented without the other City Departments and community partners who supported the project.

### **Target Subpopulation**

Trained Mental Health Peer Coaches partner with isolated, older adults with serious mental illness to support their mental health recovery through emotional, resource and problem solving support. Coaches and peers reflect the diversity of the tri-city areas with different languages spoken. The supportive coach/peer relationship often occurs in the peer’s home and also in the community settings.

Peer coaches are comprised of stable clients from the Senior Mobile Mental Health program who have been trained, receive on-going supervision and are enthusiastic about giving back to other adult community members with severe mental illness. Peers served are experiencing moderate to severe depression, anxiety, loneliness, loss, family conflict and/or grief.

### **Involvement with BHCS stakeholders**

The City of Fremont, Human Services Department has been inclusive in the development of this program. As the coaches take on a new role/responsibilities, family members of both the coaches and peers have been supportive.

### **How are the strategies culturally responsive to the target population?**

The program recruited program participants of different ethnicity to reflect the diversity of the program population to be served. The coaches were trained on various topics on mental health, self-care and cultural humility to increase their awareness of their own cultural frame of reference, recognizing the importance of humility and respecting other cultural values and norms. The coaches continue to receive training and support to ensure they are practicing culturally responsiveness.

The nature of a peer program, aligning life experience and life stage, adds the responsiveness of the program.

### **How do you know that these strategies are effective in achieving the goal of reducing isolation for the target population?**

The Mental Health Peer Coaching program had a significant impact on reducing loneliness and social isolation in recipients of the program services. There was also a significant positive impact on self-efficacy for both mental health coaches and peers. There were also focus groups to qualitatively

evaluate the impact of the program that showed a personal sense of accomplishment by the coaches, learning between participants, learning about self, and an increase in social engagement. Please see Peer Coaching Program Evaluation Report for details.

On a more personal side, most of the coaches stated that being part of the program made them more resilient, more motivated to learn from each other, more aware of the importance of self-care, knowing their limitations, ie: recognizing the signs of overload, increased awareness of the challenges of aging, and becoming a more empathic listener. Both coaches and peers stated they are now more socially engaged including having more access to community resources, social organizations, church, clubs etc. and there has been an increase in their self- esteem improved.

Lastly, coaches indicated that their coaching experience gave them insight about themselves, their strengths and weaknesses, increased understanding of their own mental health issues which are factors supported their increased self- efficacy.

### **Describe the process for arriving at the Program Design supported by Evidence – base or community defined best practice findings.**

The Senior Peer Coaching Program supports the missions of the ACBHC by maximizing the recovery, resilience and wellness of older adults who are experiencing serious mental illness. With this in mind, the program design was implemented to utilize evidence-based practices including strength based approach, senior peer counseling, motivational interviewing, problem solving, active listening, cultural humility, and mindfulness based stress reduction techniques to meet the program desired outcome.

The Mental Health Peer Coaching Program was also built upon the Senior Peer Counseling Program that has been one of the best evidence-based models in the community for over 20 years and has shown significant improvement in maximizing recovery, resiliency and wellness in clients in both ethnic and the dominant culture in our community.

### **Quantitative and qualitative data that shows the effectiveness of the strategies:**

#### **Assessment Tools**

##### **Assessment of Training Curriculum**

Each session of the training was evaluated using a simple self-assessment rating form for participants to indicate their pre- and post-test comfort, knowledge and skills. The training evaluation was adapted from the training assessment tools created by I-Tech which is collaboration between the University of Washington and UCSF. Each training session was evaluated by participants and the questions were tailored specifically to the content of the session. The final training evaluation package consisted of 32 questions related specifically to the content of the training curriculum. Please refer to Peer Coaching Evaluation Report for detail data analysis.

## **Assessment Tools to evaluate the Effectiveness of the Senior Peer Coaching Program in accomplishing program goals.**

### **1. General Self- Efficacy Scale:**

Self-efficacy was assessed through General Self-efficacy scale created by Schwarzer and Jerusalem (1995) to assess a general sense of perceived self- efficacy to predict coping with daily hassles as well as adaptation after experiencing stressful life events. Ten items are designed to tap this construct. The scale refers to successful coping and is related to subsequent behavior, thereby making it relevant to clinical practice and behavior change. The scale has high reliability and criterion –related validity.

### **2. Revised UCLA Loneliness Scale:**

Social isolation was assessed through the UCLA Loneliness Scale-Revised (version 3). It is a 20 item scale designed to measure one’s subjective feeling of loneliness as well as feelings of social isolation. The measure was found by the authors (Russell, Peplau and Cutrona, 1980; Russell, 1996) to be highly reliable, both in terms of internal consistency and test-retest reliability over a one year period. Convergent validity for the scale was indicated by significant correlation with other measure of loneliness. Construct validity was supported by significant relation with measures of the adequacy of the individual’s interpersonal relationship, and by correlation between loneliness and measure of health and well-being.

## **Program Replication**

### **Recommendation for Program Replication**

- This program is a strong program model that showed positive results supported by both qualitative and quantitative data. This program model can be successfully replicated.
- When screening for possible program participants (coaches) make sure that they are stable emotionally, mentally, physically and in a stable and supportive environment.
- Slightly modify the training curriculum for the younger population and other community organization’s needs.
- Each agency interested in replicating this program should look into their HR employment requirements i.e.: stipend, finger printing and participant’s source of income including public benefits (medical insurance and SSI benefits) that may be affected if they receive additional income.
- Session on Action Planning (class 9) should be modified and divided into 2-3 sessions to maximize participant’s learning and lesson feelings of being overwhelmed.
- Slower pace of training works best for seniors to maximize their learning. Information should be doled out slowly, followed by actual review and then practice, practice and more practice.

- On-going training and supervision for the coaches should be built-in in the over-all training protocol. These meetings and trainings are an opportunity to receive supervision and on-going guidance for offering successful emotional, resource and problem solving support to their peer.
- Make sure to have a consistent training venue when providing the trainings.
- Training schedule should be sensitive to older adult's physical/medical needs and access to transportation.
- Healthy snacks and refreshments should be provided during training sessions.

### **Staffing Requirements**

- Replicate the current staffing requirements to include staff and student interns who have knowledge of psychotherapy, community resources, group dynamics, conflict resolutions skills and familiar with adult and older adult education principles.
- Use train the trainer model as an extension of the program and to further support the program.

### **Collaborators necessary to the success of the program:**

- Senior Mobile Mental Health Program: The senior Peer Coaching program was developed and implemented in collaboration with the Senior Mobile Mental Health Program.
- Senior Peer Counseling Program: Senior Peer Coaching Program modified and adapted the training Curriculum from the Senior Counseling Program.
- Health Promotion Program: Senior Peer Coaching Program adapted some of the Health Promotion activities.
- City of Fremont First Responders: Fire Department, Code Enforcement and the Police Department.
- Other City of Fremont programs i.e.: Information and Referral, Targeted Case Management, Senior Center and the Care Giver Support Program.
- San Jose State University: Senior Peer Coaching Program collaborated with Dr. Sadha Diwan, San Jose State University Professor, to develop tools for program evaluation and analysis, including evaluation tools in measuring effectiveness of the program design, program strategies and training curriculum in addressing program goals.
- Other community based organizations

## **17. Recommendation for resource, facilities and infrastructure requirements needed for support.**

- ✓ Consistent training venue and ADA accommodation/accessibility
- ✓ Easel Pads, pens, books,
- ✓ Comfortable chairs and tables
- ✓ Good lighting for seniors
- ✓ Refreshments
- ✓ Computers, projectors, speakers
- ✓ Video tapes
- ✓ Training material, binders, forms
- ✓ Budget



# Senior Peer Coaching Program Evaluation Report - Final

Prepared for the  
City of Fremont Department of Human Services  
by

Sadhna Diwan, Ph.D.  
Professor, School of Social Work  
Director, Center for Healthy Aging in Multicultural Populations  
School of Social Work  
San Jose State University  
One Washington Square  
San Jose, CA 95192-0124



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## Program Goals

The goal of the coaching program for the peers (recipients of services) was to reduce their social isolation and improve their self-esteem or sense of self-efficacy.

Similarly, the goal for the coaches was to examine whether the volunteer opportunity to become a coach would reduce their social isolation and improve their self-esteem or sense of self-efficacy.

## Assessment Tools

### Training Curriculum Evaluation

Each session of the training was evaluated using a simple self-assessment rating form for participants to indicate their pre-test and post-test comfort, knowledge, and skills. The training evaluation was adapted from the training assessment tool created by I-TECH which is a collaboration between the University of Washington and the University of California, San Francisco (see <http://www.go2itech.org/>).

Each training session was evaluated by participants and the questions were tailored specifically to the content of each session. The final training evaluation package consisted of 32 questions related specifically to the content of the training curriculum.

### Self-efficacy

Self-efficacy was assessed through the General Self-Efficacy Scale created by Schwarzer and Jerusalem (1995) to assess a general sense of perceived self-efficacy to predict coping with daily hassles as well as adaptation after experiencing stressful life events. Perceived Self-Efficacy reflects an optimistic self-belief that one can perform novel or difficult tasks, or cope with adversity in various domains of human functioning. Perceived self-efficacy facilitates goal-setting, effort investment, persistence in face of barriers and recovery from setbacks. It can be regarded as a positive resource. Ten items are designed to tap this construct. The scale refers to successful coping and is related to subsequent behavior thereby making it relevant for clinical practice and behavior change. The scale has high reliability (internal consistency) and criterion-related validity – i.e., positive correlations with constructs such as dispositional optimism and favorable emotions; and negative correlations with constructs such as depression, anxiety, and stress. (see Schwarzer & Jerusalem, <http://userpage.fu-berlin.de/~health/engscal.htm>).

### Loneliness or Social Isolation

Social isolation was assessed through the UCLA Loneliness Scale- Revised (version 3). It is a 20-item scale designed to measure one's subjective feelings of loneliness as well as feelings of social isolation. Participants rate each item on a scale from 1 (Never) to 4 (Often). The measure was found by the authors (Russell, Peplau, & Cutrona, 1980; Russell, 1996) to be highly reliable, both in terms of internal consistency and test-retest reliability over a 1-year period. Convergent validity for the scale was indicated by significant correlations with other measures of loneliness. Construct validity was supported by significant relations with measures of the adequacy of the individual's interpersonal relationships, and by correlations between loneliness and measures of health and well-being.

Russell, D., Peplau, L.A., & Cutrona, C.E. (1980). The revised UCLA Loneliness Scale: Concurrent and discriminant validity evidence. *Journal of Personality and Social Psychology*, 39, 472-480.

Russell, D. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66, 20-40.

## RESULTS

### Senior Coaches (Providers of Coaching Services)

Twelve seniors, most of whom have been clients of the Senior Mobile Mental Health program, were recruited to become coaches for the program. The coaches were required to attend the fourteen classes offered during a seven week training period. Participants who attended at least 11 of the 14 training sessions were qualified upon graduation to become Senior Peer Coaches. The majority were able to consistently attend the classes. A short survey including quantitative & qualitative questions was administered in 12 out of 14 training sessions to evaluate perceived changes in knowledge as a result of the training. No surveys were administered in sessions 10 & 14. Session 10 was designed for vignette discussion and session 14 was graduation.

### Evaluation of Training for Coaches

Table 1 shows that, based on paired t-test procedures, 26 out of 32 questions demonstrate statistically significant improvement between pre and post training scores. Thus, the pre and post tests assessing self-perceived increases in knowledge of training content show the program was successful in meeting its overall training goals. The first session of training did not show significant improvement in participants' understanding of training content. This could partly be attributed to participants' worries over Human Resources requirements which may have been a barrier to their full participation in the first class. Five of the 6 questions that do not show significant improvement in understanding class content are from the first three classes. Participants' scores showed improvement as their understanding of the purpose of the program increased.

**Table 1: Impact of Training on Knowledge (Pre & Post, n = 12)**

| Assessment Items  | Pre  | Post   | Assessment Items                              | Pre  | Post   |
|---|------|--------|---|------|--------|
| Understand Program  | 3.17 | 4.33   | Understand Mobile Mental Health Program       | 2.64 | 4.40** |
| Knowledge of Coach's Role                                 | 2.83 | 4.17*  | Understand Role of Peer Coach                 | 3.00 | 4.40** |
| Knowledge of Privacy & Confidentiality                    | 3.33 | 4.50   | Understand Treatment Plan                     | 2.73 | 4.36** |
| Understand Self   | 3.71 | 4.00   | Knowledge of Creating Self Care Plan          | 2.10 | 4.18** |
| Knowledge of 3 –S (self care, self compassion, strengths) | 3.21 | 4.36*  | Understand Triggers                           | 2.80 | 4.45** |
| Understand Active Listening                               | 3.86 | 4.43   | Capacity to Identify Strengths and Weaknesses | 2.25 | 4.18** |
| Understand Power of Coach Relationship                    | 3.14 | 4.29*  | Knowledge of Collaborating on Action Plan     | 1.86 | 3.25*  |
| Understand Active Listening Skills                        | 3.57 | 4.57*  | Know 5 Steps of Collaborative Action Plan     | 1.50 | 3.13** |
| Confidence in Reflecting Thought & Feeling                | 3.17 | 4.00   | Understand need for Weekly Action Plan        | 2.17 | 3.71** |
| Knowledge to Ask Helpful Questions                        | 3.00 | 3.86*  | Understand Boundaries                         | 3.20 | 4.20   |
| Understand Importance of Summarizing                      | 2.71 | 4.00*  | Understand Appropriate Self Disclosure        | 3.00 | 4.20** |
| Knowledge of Aging Realities                              | 3.44 | 4.56** | Knowledge of Handling Crises                  | 2.70 | 3.90** |
| Knowledge Mental Health Issues of Older Adults            | 3.44 | 4.63*  | Understand Timesheet                          | 2.50 | 3.94** |
| Understand Role as Peer Coach                             | 2.88 | 4.44** | Knowledge to Complete Weekly Action Plan      | 2.40 | 4.22** |
| Know Cultural and Narrative Humility                      | 2.67 | 4.10** | Knowledge to Complete Biweekly Activity Plan  | 2.38 | 3.70*  |
| Competency to Utilizing 4F                                | 2.44 | 4.30** | Knowledge of Termination                      | 2.27 | 4.00** |

\* p <.05; \*\* p <.01

### Administration of General Self Efficacy & Loneliness Scales for Coaches

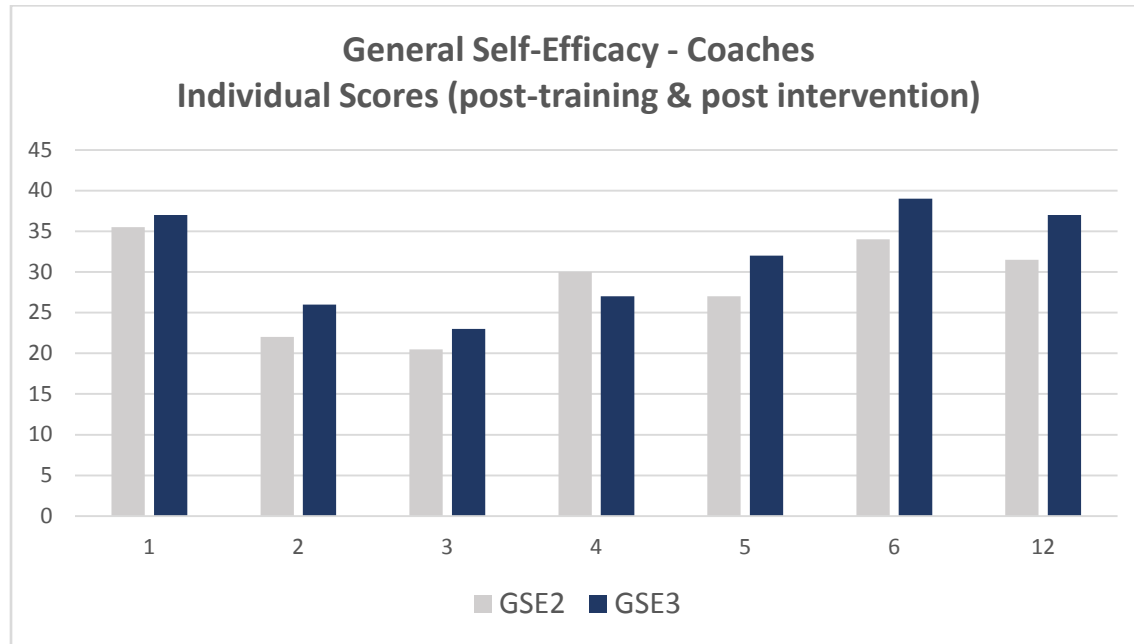
For the Coaches there were three time points for administration of the General Self Efficacy and the UCLA Loneliness Scales – T1 (pre-training); T2 (post training); and T3 (post intervention). However, we show data from Post training (T2) and Post Intervention (T3) (n=7) as there were only three coaches for whom have complete data from pre-training (T1) to post intervention (T3). The data presented below are from a sample of 7 coaches.



### General Self-Efficacy Scores of Coaches

There was an overall increase in perceived general self-efficacy among the Coaches. Figure C1 shows the pre and post test scores of the individual coaches indicating an increase in self efficacy for 6 out of 7 coaches. Table C1 provides the results of the paired t-test comparing mean scores at Time 2 and Time 3. The results show statistically significant improvement in self efficacy from Time 2 to Time 3 for the coaches as a group.

**Figure C1: General Self-Efficacy – Coaches Individual Scores at T2 and T3**



**Table C1: Paired Sample T-test – General Self-Efficacy for Coaches (n = 7)**

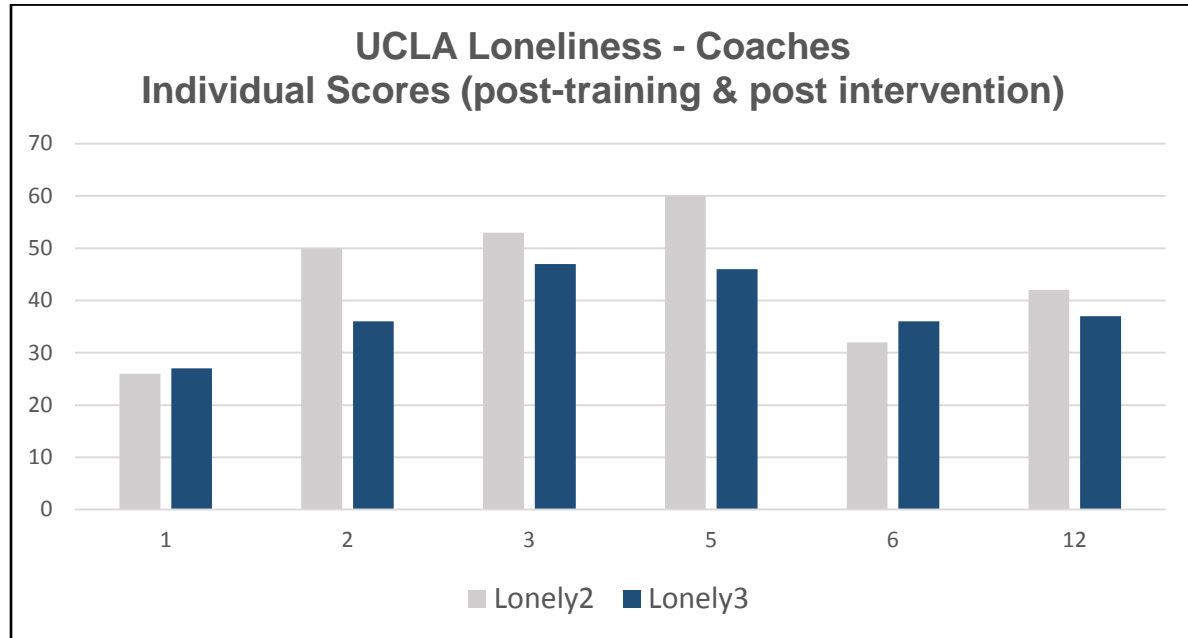
|      | Mean | Std. Deviation | t     | df | Sig (2-tailed) |
|------|------|----------------|-------|----|----------------|
| GSE2 | 28.6 | 5.75           | -2.59 | 6  | .04            |
| GSE3 | 31.5 | 6.32           |       |    |                |

### Loneliness Scores of Coaches

Figure C2 shows the pre and post test scores of the individual coaches indicating decrease in loneliness scores for four out of six coaches. Table C2 provides the results of the paired t-test comparing mean scores at Time 2 and Time 3. The results show that there was no statistically significant decrease in loneliness from Time 2 to Time 3 for the coaches as a group. It is possible that the small sample size may contribute to the lack

of significant findings, and some of the coaches had low scores on loneliness to begin with and therefore showed little or no change in the scores.

**Figure C2: UCLA Loneliness Scale – Coaches Individual Scores at T2 and T3**



**Table C2: Paired Sample T-test – UCLA Loneliness Scale for Coaches (n = 6)**

|             | Mean | Std. Deviation | t     | df | Sig (2-tailed) |
|-------------|------|----------------|-------|----|----------------|
| Loneliness2 | 43.8 | 12.9           | -1.86 | 5  | .12            |
| Loneliness3 | 38.1 | 7.4            |       |    |                |

### Focus Group Discussion With Coaches

A focus group meeting was held with six coaches at the end of the intervention to learn more about their experiences, thoughts, and feelings about being a peer coach.

Coaches responded to the following questions:

- Describe how the coaches feel about helping others, and engaging in other social activities and relationships
- How does being a coach influence your thoughts and feelings about yourself?
- Did being a coach help you in some ways?

The responses were transcribed verbatim and examined for themes that describe their overall experience as a coach. Four major themes emerged from the discussion which are described below. The coaches reported experiencing:

- 1) Personal sense of accomplishment by helping others
- 2) Learning from each other
- 3) Learning about self and what I could do (self-efficacy)
- 4) Increase in social engagement

#### Personal sense of accomplishment by helping others

Several coaches used very positive terms such as “inspiring” others; feeling “excited” about helping people. They felt good about their ability to help others. The following comments exemplify this theme:

*I was able to help others with my knowledge- and that felt really great. It was a pat on my back.*

*I feel I served good purpose.*

*I enjoyed it. Didn't think I would, but it was great experience being able to talk to other people, trying to think things out for them.*

#### Learning from each other

All the coaches mentioned that the experience of learning from each other was very positive for them. For example:

*Meeting with the peer was only the half of it, the other half was coming here - was great to hear how others handled things. Having the support from each other was important. Sitting here and analyzing things was more intense and was a deeper level of interaction.*

*Meeting people from different countries, learning about their culture has been very useful – I am happy about that. It is really very nice to meet all kinds of people. Learned about others, collaborating with others.*

#### Learning about self and what I could do (self-efficacy)

The coaching experience also provided opportunities to learn about one’s own abilities and that was tied to increasing their own sense of self-efficacy.

For example:

*Initially I was very hesitant about doing anything like this I felt I was the one that needed help – I had to out that side and go along with the program. When I meet with my peer I was able to find common ground. Had some nice sessions on phone and in person. Found I had respect and admiration for the peer for coping as well as she did – despite physical issues. I was surprised that I was able to help her.*

*I have learned a lot, and what I have learned I try to practice – see different ideas for myself and for the group. For me this is very good therapy. I was able to cope, express myself.*

### Increase in social engagement

Coaching and the group meetings provided an outlet for increasing social engagement among the coaches. They valued the companionship, validation, and support provided by the group.

For example:

*When I come here, I come to enjoy and see if what I am doing is right. These kinds of things, the group, you can't find it outside – it can help people distinguish what problems they have and what we have in common with them. We are seniors, are at home, have an outlet once a week, see others once a week.*

*Helped me get along with other people better. Learning what is important and what I can just let go. I used the experience of telling them what might be good for them, I use it for myself – I actually went to bingo two times – by encouraging them I inspired them and convinced myself (self-talk seems to work)!*

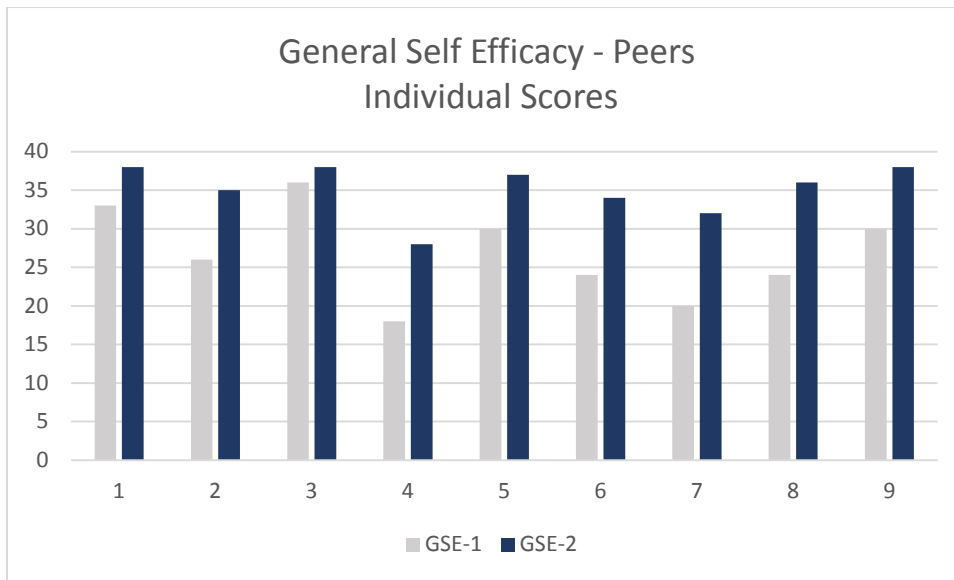
### Senior Peers (Recipients of Coaching Services)

A total of nine seniors were selected as “peers” to receive coaching services from the Senior Coaches. These peers were current clients receiving mental health services.

### General Self-Efficacy Scores of Peers

There was an overall increase in perceived general self-efficacy among the Peer recipients of coaching services. Figure P1 shows the pre and post test scores of the individual recipients indicating increase in self efficacy for all peers. Table P1 provides the results of the paired t-test comparing mean scores at Time 1 and Time 2. The results show statistically significant improvement in self efficacy from Time 1 to Time 2 for the peers as a group.

**Figure P1: General Self-Efficacy – Peers’ Individual Scores at T1 and T2**



**Table P1. Paired Sample T-test – General Self-Efficacy for Peers (n = 9)**

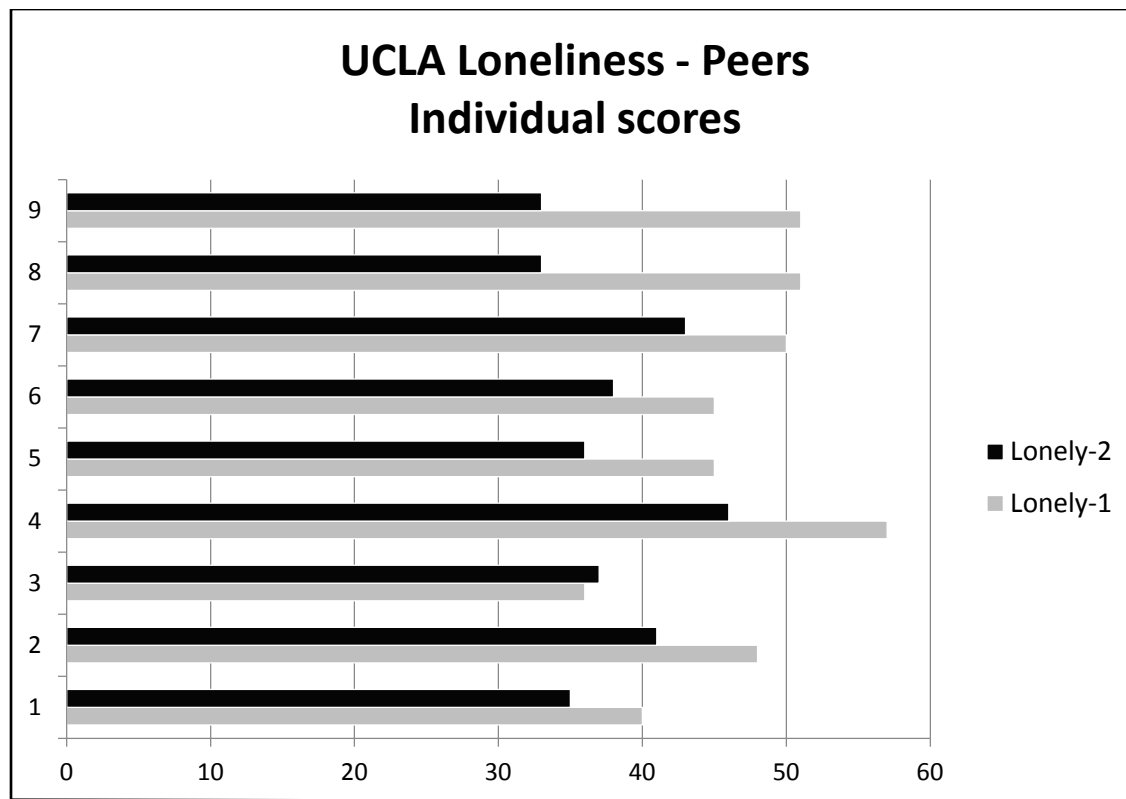
|      | Mean  | Std. Deviation | t     | df | Sig (2-tailed) |
|------|-------|----------------|-------|----|----------------|
| GSE1 | 26.77 | 5.95           | -7.62 | 8  | .000           |
| GSE2 | 35.11 | 3.37           |       |    |                |

### Loneliness Scores of Peers

There was an overall decrease in perceived loneliness among the Peer recipients of coaching services. Figure P2 shows the pre and post test scores of the individual recipients indicating decrease in loneliness scores for eight out of nine peers. Table P2 provides the results of the paired t-test comparing mean scores at Time 1 and Time 2. The results show statistically significant decrease in loneliness from Time 1 to Time 2 for the peers as a group.



**Figure P2: UCLA Loneliness Scale – Peers Individual Scores at T1 and T2**



**Table P2. Paired Sample T-test – UCLA Loneliness Scale for Peers (n = 9)**

|             | Mean | Std. Deviation | t     | df | Sig (2-tailed) |
|-------------|------|----------------|-------|----|----------------|
| Loneliness1 | 47.0 | 6.32           | -4.45 | 8  | .002           |
| Loneliness2 | 38.0 | 4.50           |       |    |                |

### Conclusion

The peer coaching program appears to show promising results for both coaches and for peer recipients. The program seems to have a positive impact on self-efficacy for both coaches and peers, and a positive impact on reducing loneliness and social isolation among peers. However, the peer recipients were also receiving mental health services and the coaching occurred during this treatment. Thus, it is impossible to attribute the positive findings on self-efficacy and social isolation among the peers solely to the coaching experience. These results should be viewed as promising and not conclusive. Continued evaluations of additional efforts to implement this program are necessary to ensure that the program is indeed meeting its stated goals.

## Collaboration with First Responders

---

The collaboration with the City of Fremont's First Responders (Fire Department, Police Department and Code Enforcement) produced a successful program of identifying older adults who are isolated.

The Human Services staff met with each department. For the Fire Department, our primary partner, staff met with each shift for over an hour. We listened to their concern for older adults who often did not have a support at home, or older adults who were confused or mentally ill. We came up with a system to facilitate a follow up response by Human Services case managers and/or counselors. The forms we have used for this are enclosed. The forms are carried on the fire trucks and are available on line for the fire personnel.

We also developed a specific response for individuals who have hoarding tendencies. An article about this unique collaboration is included.



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# Hoarding's Hazards: Fremont's New Approach Improves Safety

BY SUZANNE SHENFIL AND AMIEL THURSTON

Suzanne Shenfil is director of the Fremont Human Services Department and can be reached at [sshenfil@fremont.gov](mailto:sshenfil@fremont.gov). Amiel Thurston is division chief of operations for the Fremont Fire Department and can be reached at [athurston@fremont.gov](mailto:athurston@fremont.gov).

When firefighters respond to a call from a home or apartment where hoarding occurs, rarely is the problem visible from outside. But inside, rooms and hallways can be difficult or impossible to navigate. Towering piles of possessions often block access to doors, windows and exits. Such homes present severe hazards to firefighters, emergency medical technicians and occupants in the event of a fire or medical emergency and pose potential threats to public health.

For example, a home in a Fremont neighborhood appears normal when viewed from the street. "Alice" owns the house, and she is a hoarder. Her mother kept Alice's tendency to hoard in check for years. After her mother's death, Alice had a nervous breakdown and refused medical care. Now Alice leaves home every morning and rifles through trash at the train station, which she brings home in plastic bags. Alice's hoarding has spread to every room of the house.

Hoarding disorder, defined as "a persistent difficulty discarding or parting with possessions because of a perceived need to save them," affects 1 million Americans. It is a costly problem for cities to tackle, often taking hours of staff time and costing thousands of dollars. Experts estimate that approximately 2 percent of the population has hoarding disorder. Fremont, a city of approximately 217,700, is home to an estimated 4,354 people with hoarding disorder.

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### Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.



### The Limitations of an Emphasis on Code Enforcement

Traditionally, the city's response to hoarding emphasized code enforcement, but this approach had two significant limitations:

1. Compliance with building codes is not mandated unless a code enforcement officer witnesses dangerous or substandard housing, including a home where hoarding occurs. Hoarders typically deny requests to inspect their house or apartment and sometimes cite Fourth Amendment rights to privacy.
2. People with hoarding disorder frequently fail to recognize or acknowledge their behavior as problematic. On the contrary, they perceive their actions as resourceful and even frugal. This results in a reluctance to address the reality of the situation. Many hoarders are isolated and have medical and/or mental health issues; many suffer from self-neglect while living in deplorable conditions.

The Fremont Fire Department was concerned that hoarding behavior not only presents a risk to those in its grip, but the substandard living conditions also put firefighters' safety at increased risk.

In fall 2013, one case changed the direction of Fremont's response to hoarding. The case itself wasn't remarkable, but it brought together staff from the city's fire, police, code enforcement, legal and human services departments who were given the task of mitigating the impacts of hoarding and were willing to rethink the city's approach.

From the outset, staff shared interest in using a harm-reduction approach, which emphasizes doing the least amount of harm to the hoarder. However, in many cases enforcement is necessary in the interests of public health and safety. The challenge was how to address both the interests of the hoarder and the city when dealing with a complex psychological disorder that often occurs in conjunction with dementia or obsessive-compulsive disorder.

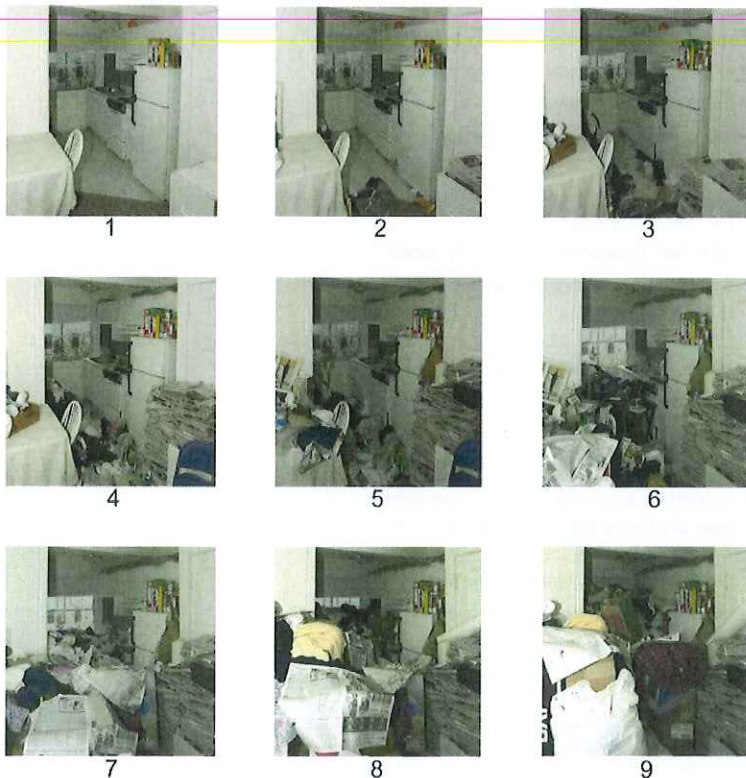
In rethinking the city's approach, staff agreed that:

- Enforcement could be used as a catalyst to effect change and present a reason for the resident to consider using available social and mental health services;
- The pace of enforcement could be balanced with consideration of the needs of the hoarder, their family, the community and the hoarder's living conditions; and
- Firefighter safety could be increased by knowing where substandard housing exists within the local community.



### Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your room.



#### First Step: Redesigning the Intake Process

The Fremont Fire Department became a key participant in transforming the intake process. Fire captains who encountered hoarding in the field often reported it because the conditions they observed were unsettling, but their reports rarely provided information that was actionable for code enforcement.

To remedy this situation, the Fire Department equipped firefighters with a Clutter Image Rating Scale (CIRS) designed by Professor Randy O. Frost of Smith College. The CIRS gives firefighters a diagnostic tool to determine if they are dealing with a home with clutter or a person suffering from hoarding behavior. The scale from 1 to 9 depicts rooms containing increasing content, with a rating of 4 and above considered hoarding.

Firefighters use a clutter survey form to document what they observe. The form includes the CIRS rating for a living room, bedroom and kitchen.

The Fremont Municipal Code delegates authority to public safety professionals including firefighters, police officers, code enforcement officers and building officials to document and abate substandard and dangerous housing. Given that hoarding is often in plain view, firefighters can use the CIRS and the clutter survey form to initiate the enforcement process. The Fire Department sends documentation of substandard housing to both code enforcement and human services staff, and a code enforcement officer and a mental health specialist together visit the home.

#### Working With the Hoarder

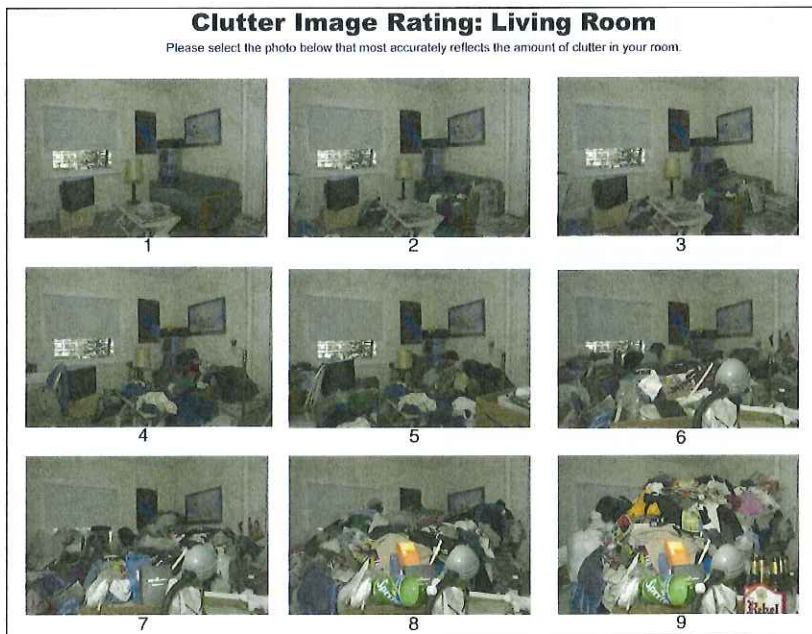
storage, improve unsanitary conditions, repair dangerous conditions and eliminate fire hazards. This is often the hardest part of the process. "We are essentially telling someone who covets their possessions that they must discard or remove them from their home," says Leonard Powell, community preservation manager. "However, the options available, including fines, prosecution, abatement and court involvement, often encourage the hoarder to seek the support of the Human Services Department. It's the proverbial stick-and-carrot approach."

"There are many reasons people hoard," says Ihande Weber, mental health supervisor with the city's Human Services Department. "For older adults, fear of failing memory and anxiety may become a driver to hoard. For others, hoarding magazines and newspapers may be perceived as a way to stay connected and socially engaged, even though they are socially isolated. Hoarding may replace work and help the individual feel productive or valuable."

Hoarders commonly say, "I had work to do. I had everything to look after. I was a great cook. Everything has been taken away from me now! I have nothing to do." Sometimes an item may elicit a fond memory of time spent with a loved one. Some hoarders want to save everything because they believe they may need an item in the future.

Supporting the hoarder while teaching problem-solving and decision-making skills and encouraging a motivation to change is the primary challenge for the mental health worker. Working with the family — if the hoarder has one — is also important. The mental health worker helps the hoarder begin to visualize what their environment might look like without so much stuff and what advantages might be gained by disposing of some of it. For some it might be the opportunity to once again have visits from family and grandchildren, while for others it is the ability to sleep in a bed or cook in the kitchen.

"We start with three boxes," Weber explains. "One for things to keep, like family photos, one for things to consider eliminating later and one for things the hoarder is willing to relinquish. It is a slow process that can take months, but behavior change takes time, and both the break from social isolation and medication for anxiety and depression may also help."



**Moving Toward a Safer Community**

While the ultimate success of the program in terms of hoarding recidivism is yet to be determined, the changes made by the City of Fremont have resulted in increased cooperation among city staff and the community. The rate at which hoarding is being reported by the Fire Department has increased threefold, and code enforcement staff now notifies the Fire Department of addresses

where a verified dangerous or substandard housing exists. This helps protec

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allows fire command to anticipate a potentially difficult rescue and request additional resources early during an incident.

### Additional Resources

Definition of Hoarding Disorder

<http://www.mayoclinic.org/diseases-conditions/hoarding-disorder/basics/definition/con-20031337>

Hoarding Fact Sheet

<http://www.ocfoundation.org/uploadedFiles/Hoarding%20Fact%20Sheet.pdf?n=3557>

An In-Depth Look at Hoarding

*Stuff: Compulsive Hoarding and the Meaning of Things* by Randy Frost and Gail Steketee

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## Class One:

### Orientation to Peer Support Program, Getting to Know You, and the Peer Coach's Role

#### ➤ AGENDA

- Welcome
- Orientation to Peer Support Program
  1. Introduction of Trainers
  2. Trainee Folders
  3. Program and Curriculum Overview
  4. Ground Rules
- Getting to Know You
  1. Introductory Ice Breaker Activity
- Introduction to the Peer Coach's Role
  1. Overview of Peer Coach's Role
  2. Privacy and Confidentiality
  3. Values
  4. Paperwork
- Questions and Answers
- Closing and Feedback

#### ➤ LEARNING OBJECTIVES

- By the end of this session, participants will:
  - ▶ Have begun the process of interpersonal bonding with the trainers and other trainees.
  - ▶ Recognize and respect diverse personal styles in getting acquainted with new people.
  - ▶ Understand and practice the established ground rules.
  - ▶ Be able to state the purpose of the program and their role in it as Peer Coaches.



# Senior Peer Coaching Program Evaluation Report - Final

Prepared for the  
City of Fremont Department of Human Services  
by

Sadhna Diwan, Ph.D.  
Professor, School of Social Work  
Director, Center for Healthy Aging in Multicultural Populations  
School of Social Work  
San Jose State University  
One Washington Square  
San Jose, CA 95192-0124



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## Program Goals

The goal of the coaching program for the peers (recipients of services) was to reduce their social isolation and improve their self-esteem or sense of self-efficacy.

Similarly, the goal for the coaches was to examine whether the volunteer opportunity to become a coach would reduce their social isolation and improve their self-esteem or sense of self-efficacy.

## Assessment Tools

### Training Curriculum Evaluation

Each session of the training was evaluated using a simple self-assessment rating form for participants to indicate their pre-test and post-test comfort, knowledge, and skills. The training evaluation was adapted from the training assessment tool created by I-TECH which is a collaboration between the University of Washington and the University of California, San Francisco (see <http://www.go2itech.org/>).

Each training session was evaluated by participants and the questions were tailored specifically to the content of each session. The final training evaluation package consisted of 32 questions related specifically to the content of the training curriculum.

### Self-efficacy

Self-efficacy was assessed through the General Self-Efficacy Scale created by Schwarzer and Jerusalem (1995) to assess a general sense of perceived self-efficacy to predict coping with daily hassles as well as adaptation after experiencing stressful life events. Perceived Self-Efficacy reflects an optimistic self-belief that one can perform novel or difficult tasks, or cope with adversity in various domains of human functioning. Perceived self-efficacy facilitates goal-setting, effort investment, persistence in face of barriers and recovery from setbacks. It can be regarded as a positive resource. Ten items are designed to tap this construct. The scale refers to successful coping and is related to subsequent behavior thereby making it relevant for clinical practice and behavior change. The scale has high reliability (internal consistency) and criterion-related validity – i.e., positive correlations with constructs such as dispositional optimism and favorable emotions; and negative correlations with constructs such as depression, anxiety, and stress. (see Schwarzer & Jerusalem, <http://userpage.fu-berlin.de/~health/engscal.htm>).

### Loneliness or Social Isolation

Social isolation was assessed through the UCLA Loneliness Scale- Revised (version 3). It is a 20-item scale designed to measure one's subjective feelings of loneliness as well as feelings of social isolation. Participants rate each item on a scale from 1 (Never) to 4 (Often). The measure was found by the authors (Russell, Peplau, & Cutrona, 1980; Russell, 1996) to be highly reliable, both in terms of internal consistency and test-retest reliability over a 1-year period. Convergent validity for the scale was indicated by significant correlations with other measures of loneliness. Construct validity was supported by significant relations with measures of the adequacy of the individual's interpersonal relationships, and by correlations between loneliness and measures of health and well-being.

Russell, D., Peplau, L.A., & Cutrona, C.E. (1980). The revised UCLA Loneliness Scale: Concurrent and discriminant validity evidence. *Journal of Personality and Social Psychology*, 39, 472-480.

Russell, D. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66, 20-40.

## RESULTS

### Senior Coaches (Providers of Coaching Services)

Twelve seniors, most of whom have been clients of the Senior Mobile Mental Health program, were recruited to become coaches for the program. The coaches were required to attend the fourteen classes offered during a seven week training period. Participants who attended at least 11 of the 14 training sessions were qualified upon graduation to become Senior Peer Coaches. The majority were able to consistently attend the classes. A short survey including quantitative & qualitative questions was administered in 12 out of 14 training sessions to evaluate perceived changes in knowledge as a result of the training. No surveys were administered in sessions 10 & 14. Session 10 was designed for vignette discussion and session 14 was graduation.

### Evaluation of Training for Coaches

Table 1 shows that, based on paired t-test procedures, 26 out of 32 questions demonstrate statistically significant improvement between pre and post training scores. Thus, the pre and post tests assessing self-perceived increases in knowledge of training content show the program was successful in meeting its overall training goals. The first session of training did not show significant improvement in participants' understanding of training content. This could partly be attributed to participants' worries over Human Resources requirements which may have been a barrier to their full participation in the first class. Five of the 6 questions that do not show significant improvement in understanding class content are from the first three classes. Participants' scores showed improvement as their understanding of the purpose of the program increased.

**Table 1: Impact of Training on Knowledge (Pre & Post, n = 12)**

| Assessment Items  | Pre  | Post   | Assessment Items                              | Pre  | Post   |
|---|------|--------|---|------|--------|
| Understand Program  | 3.17 | 4.33   | Understand Mobile Mental Health Program       | 2.64 | 4.40** |
| Knowledge of Coach's Role                                 | 2.83 | 4.17*  | Understand Role of Peer Coach                 | 3.00 | 4.40** |
| Knowledge of Privacy & Confidentiality                    | 3.33 | 4.50   | Understand Treatment Plan                     | 2.73 | 4.36** |
| Understand Self   | 3.71 | 4.00   | Knowledge of Creating Self Care Plan          | 2.10 | 4.18** |
| Knowledge of 3 –S (self care, self compassion, strengths) | 3.21 | 4.36*  | Understand Triggers                           | 2.80 | 4.45** |
| Understand Active Listening                               | 3.86 | 4.43   | Capacity to Identify Strengths and Weaknesses | 2.25 | 4.18** |
| Understand Power of Coach Relationship                    | 3.14 | 4.29*  | Knowledge of Collaborating on Action Plan     | 1.86 | 3.25*  |
| Understand Active Listening Skills                        | 3.57 | 4.57*  | Know 5 Steps of Collaborative Action Plan     | 1.50 | 3.13** |
| Confidence in Reflecting Thought & Feeling                | 3.17 | 4.00   | Understand need for Weekly Action Plan        | 2.17 | 3.71** |
| Knowledge to Ask Helpful Questions                        | 3.00 | 3.86*  | Understand Boundaries                         | 3.20 | 4.20   |
| Understand Importance of Summarizing                      | 2.71 | 4.00*  | Understand Appropriate Self Disclosure        | 3.00 | 4.20** |
| Knowledge of Aging Realities                              | 3.44 | 4.56** | Knowledge of Handling Crises                  | 2.70 | 3.90** |
| Knowledge Mental Health Issues of Older Adults            | 3.44 | 4.63*  | Understand Timesheet                          | 2.50 | 3.94** |
| Understand Role as Peer Coach                             | 2.88 | 4.44** | Knowledge to Complete Weekly Action Plan      | 2.40 | 4.22** |
| Know Cultural and Narrative Humility                      | 2.67 | 4.10** | Knowledge to Complete Biweekly Activity Plan  | 2.38 | 3.70*  |
| Competency to Utilizing 4F                                | 2.44 | 4.30** | Knowledge of Termination                      | 2.27 | 4.00** |

\* p <.05; \*\* p <.01

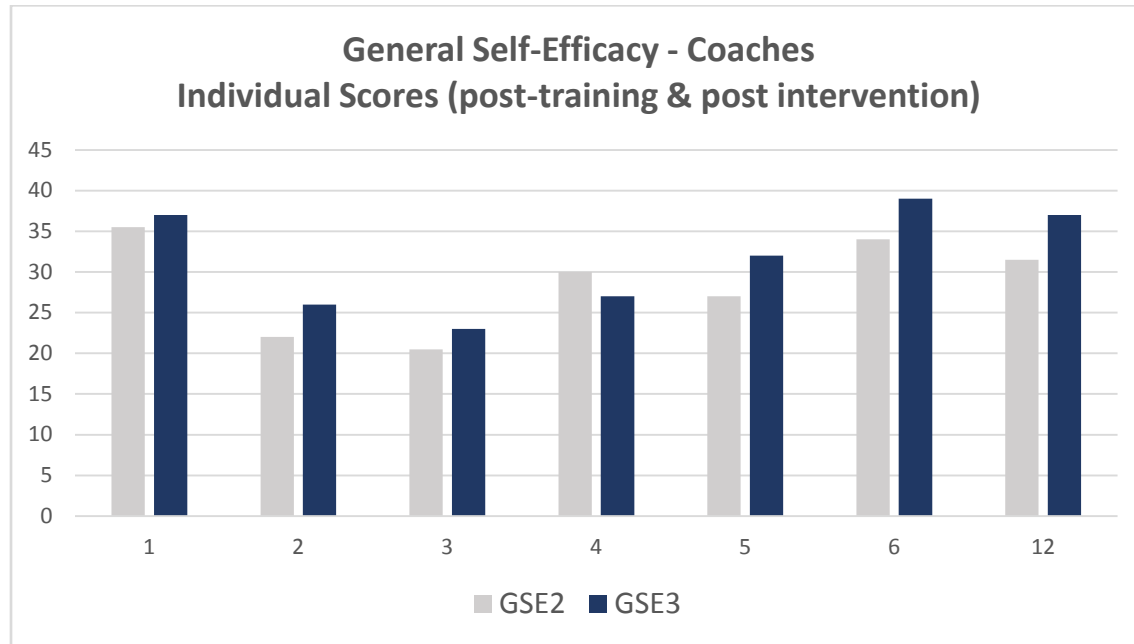
### Administration of General Self Efficacy & Loneliness Scales for Coaches

For the Coaches there were three time points for administration of the General Self Efficacy and the UCLA Loneliness Scales – T1 (pre-training); T2 (post training); and T3 (post intervention). However, we show data from Post training (T2) and Post Intervention (T3) (n=7) as there were only three coaches for whom have complete data from pre-training (T1) to post intervention (T3). The data presented below are from a sample of 7 coaches.

### General Self-Efficacy Scores of Coaches

There was an overall increase in perceived general self-efficacy among the Coaches. Figure C1 shows the pre and post test scores of the individual coaches indicating an increase in self efficacy for 6 out of 7 coaches. Table C1 provides the results of the paired t-test comparing mean scores at Time 2 and Time 3. The results show statistically significant improvement in self efficacy from Time 2 to Time 3 for the coaches as a group.

**Figure C1: General Self-Efficacy – Coaches Individual Scores at T2 and T3**



**Table C1: Paired Sample T-test – General Self-Efficacy for Coaches (n = 7)**

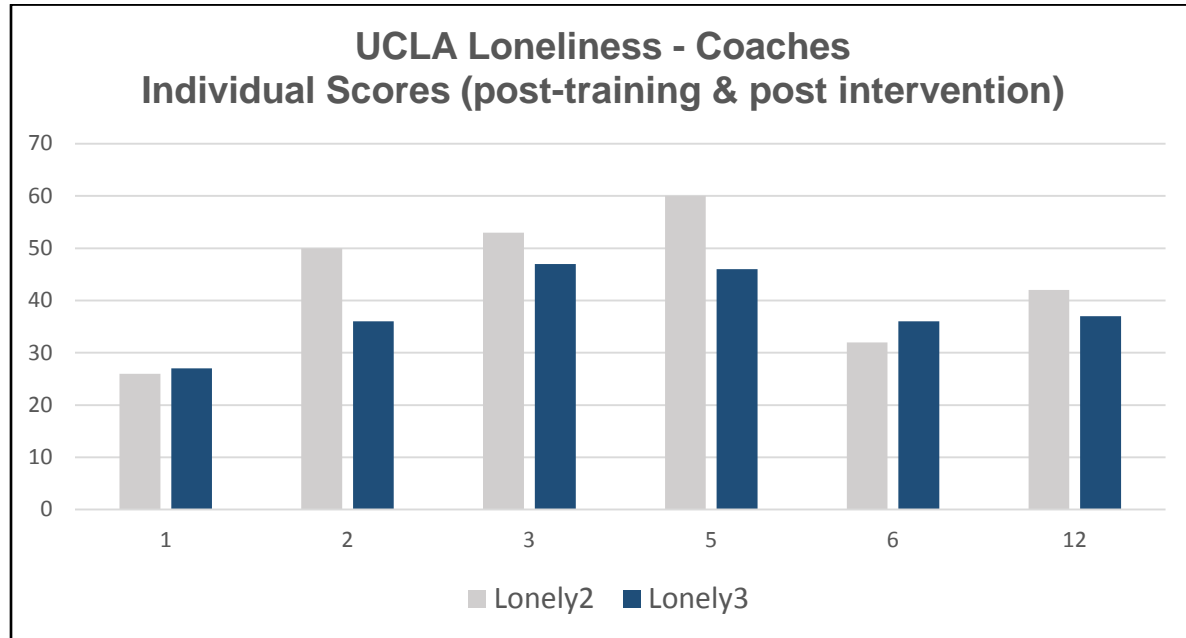
|      | Mean | Std. Deviation | t     | df | Sig (2-tailed) |
|------|------|----------------|-------|----|----------------|
| GSE2 | 28.6 | 5.75           | -2.59 | 6  | .04            |
| GSE3 | 31.5 | 6.32           |       |    |                |

### Loneliness Scores of Coaches

Figure C2 shows the pre and post test scores of the individual coaches indicating decrease in loneliness scores for four out of six coaches. Table C2 provides the results of the paired t-test comparing mean scores at Time 2 and Time 3. The results show that there was no statistically significant decrease in loneliness from Time 2 to Time 3 for the coaches as a group. It is possible that the small sample size may contribute to the lack

of significant findings, and some of the coaches had low scores on loneliness to begin with and therefore showed little or no change in the scores.

**Figure C2: UCLA Loneliness Scale – Coaches Individual Scores at T2 and T3**



**Table C2: Paired Sample T-test – UCLA Loneliness Scale for Coaches (n = 6)**

|             | Mean | Std. Deviation | t     | df | Sig (2-tailed) |
|-------------|------|----------------|-------|----|----------------|
| Loneliness2 | 43.8 | 12.9           | -1.86 | 5  | .12            |
| Loneliness3 | 38.1 | 7.4            |       |    |                |

### Focus Group Discussion With Coaches

A focus group meeting was held with six coaches at the end of the intervention to learn more about their experiences, thoughts, and feelings about being a peer coach.

Coaches responded to the following questions:

- a) Describe how the coaches feel about helping others, and engaging in other social activities and relationships
- b) How does being a coach influence your thoughts and feelings about yourself?
- c) Did being a coach help you in some ways?

The responses were transcribed verbatim and examined for themes that describe their overall experience as a coach. Four major themes emerged from the discussion which are described below. The coaches reported experiencing:

- 1) Personal sense of accomplishment by helping others
- 2) Learning from each other
- 3) Learning about self and what I could do (self-efficacy)
- 4) Increase in social engagement

#### Personal sense of accomplishment by helping others

Several coaches used very positive terms such as “inspiring” others; feeling “excited” about helping people. They felt good about their ability to help others. The following comments exemplify this theme:

*I was able to help others with my knowledge- and that felt really great. It was a pat on my back.*

*I feel I served good purpose.*

*I enjoyed it. Didn't think I would, but it was great experience being able to talk to other people, trying to think things out for them.*

#### Learning from each other

All the coaches mentioned that the experience of learning from each other was very positive for them. For example:

*Meeting with the peer was only the half of it, the other half was coming here - was great to hear how others handled things. Having the support from each other was important. Sitting here and analyzing things was more intense and was a deeper level of interaction.*

*Meeting people from different countries, learning about their culture has been very useful – I am happy about that. It is really very nice to meet all kinds of people. Learned about others, collaborating with others.*

#### Learning about self and what I could do (self-efficacy)

The coaching experience also provided opportunities to learn about one’s own abilities and that was tied to increasing their own sense of self-efficacy.

For example:

*Initially I was very hesitant about doing anything like this I felt I was the one that needed help – I had to out that side and go along with the program. When I meet with my peer I was able to find common ground. Had some nice sessions on phone and in person. Found I had respect and admiration for the peer for coping as well as she did – despite physical issues. I was surprised that I was able to help her.*

*I have learned a lot, and what I have learned I try to practice – see different ideas for myself and for the group. For me this is very good therapy. I was able to cope, express myself.*



### Increase in social engagement

Coaching and the group meetings provided an outlet for increasing social engagement among the coaches. They valued the companionship, validation, and support provided by the group.

For example:

*When I come here, I come to enjoy and see if what I am doing is right. These kinds of things, the group, you can't find it outside – it can help people distinguish what problems they have and what we have in common with them. We are seniors, are at home, have an outlet once a week, see others once a week.*

*Helped me get along with other people better. Learning what is important and what I can just let go. I used the experience of telling them what might be good for them, I use it for myself – I actually went to bingo two times – by encouraging them I inspired them and convinced myself (self-talk seems to work)!*

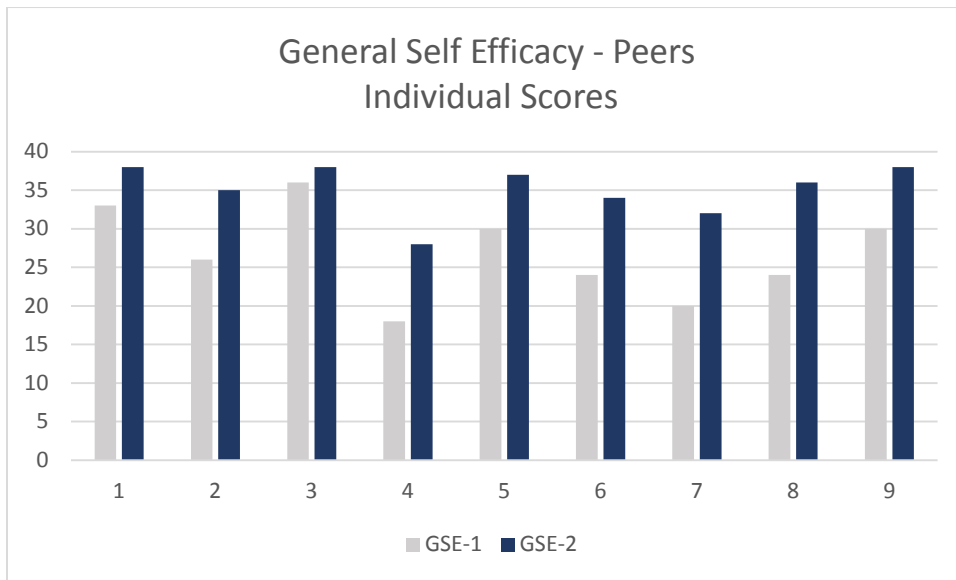
### Senior Peers (Recipients of Coaching Services)

A total of nine seniors were selected as “peers” to receive coaching services from the Senior Coaches. These peers were current clients receiving mental health services.

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There was an overall increase in perceived general self-efficacy among the Peer recipients of coaching services. Figure P1 shows the pre and post test scores of the individual recipients indicating increase in self efficacy for all peers. Table P1 provides the results of the paired t-test comparing mean scores at Time 1 and Time 2. The results show statistically significant improvement in self efficacy from Time 1 to Time 2 for the peers as a group.

**Figure P1: General Self-Efficacy – Peers’ Individual Scores at T1 and T2**



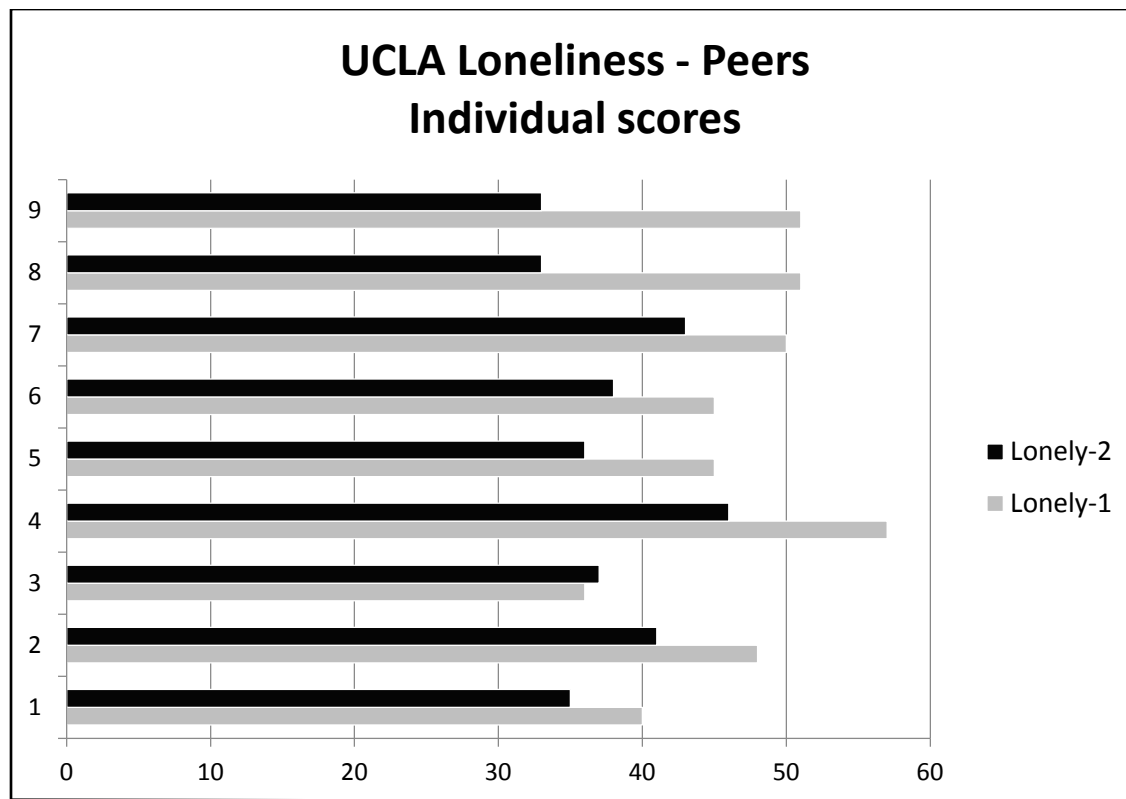
**Table P1. Paired Sample T-test – General Self-Efficacy for Peers (n = 9)**

|      | Mean  | Std. Deviation | t     | df | Sig (2-tailed) |
|------|-------|----------------|-------|----|----------------|
| GSE1 | 26.77 | 5.95           | -7.62 | 8  | .000           |
| GSE2 | 35.11 | 3.37           |       |    |                |

### Loneliness Scores of Peers

There was an overall decrease in perceived loneliness among the Peer recipients of coaching services. Figure P2 shows the pre and post test scores of the individual recipients indicating decrease in loneliness scores for eight out of nine peers. Table P2 provides the results of the paired t-test comparing mean scores at Time 1 and Time 2. The results show statistically significant decrease in loneliness from Time 1 to Time 2 for the peers as a group.

**Figure P2: UCLA Loneliness Scale – Peers Individual Scores at T1 and T2**



**Table P2. Paired Sample T-test – UCLA Loneliness Scale for Peers (n = 9)**

|             | Mean | Std. Deviation | t     | df | Sig (2-tailed) |
|-------------|------|----------------|-------|----|----------------|
| Loneliness1 | 47.0 | 6.32           | -4.45 | 8  | .002           |
| Loneliness2 | 38.0 | 4.50           |       |    |                |

### Conclusion

The peer coaching program appears to show promising results for both coaches and for peer recipients. The program seems to have a positive impact on self-efficacy for both coaches and peers, and a positive impact on reducing loneliness and social isolation among peers. However, the peer recipients were also receiving mental health services and the coaching occurred during this treatment. Thus, it is impossible to attribute the positive findings on self-efficacy and social isolation among the peers solely to the coaching experience. These results should be viewed as promising and not conclusive. Continued evaluations of additional efforts to implement this program are necessary to ensure that the program is indeed meeting its stated goals.

**Senior Helpline**  
**(510) 574-2041**

*Serving individuals 60+ and their families  
 in Fremont, Newark and Union City, CA*

Care coordination, paratransit assistance,  
 counseling, health promotion and  
 caregiver support.



“Can I have  
 Mandy From the  
 City Call You?”

**Yes**

Date: \_\_\_\_\_

Mandy Please Call: \_\_\_\_\_

At (phone #): \_\_\_\_\_

Concerning Whom and About What: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Help us engage the client: Living situation, age, functional status, household members, etc.*

Form Completed By: \_\_\_\_\_

Please Follow Up With Me. Contact: \_\_\_\_\_

Para mas informacion acerca de como puede ayudar a una persona de la tercera edad por favor hable at 510-574-2041.

希望獲得更多有關如何幫助長者的資訊，請致電510-574-2041。

برای کمک به سالمندان لطفاً به شماره ۵۱۰-۵۷۴-۲۰۴۱ بتماس شوی

**Phone in Referral: 510-574-2041 or Secure City Email: AFS@Fremont.gov**

# Senior Helpline (510) 574-2041

*Serving individuals 60+ and their families  
in Fremont, Newark and Union City, CA*

Care coordination, paratransit assistance,  
counseling, health promotion and  
caregiver support.



“Can I have  
Mandy From the  
City Call You?”

**Yes**

Dear Station Captains,

Thank you so much for inviting the Human Services Department, Aging and Family Services Division staff to your recent staff trainings. It was exciting to hear about the shared commitment across our departments to best serve the older adults, and their families, in our community.

We have enclosed a packet of information for your station. We learned during the training, that it is best to have an array of ways to refer to the Human Services Senior HelpLine. Please post this information in your station and include it on the appropriate clip boards, etc.

- Hard copies of the referral form with business cards attached to give to residents.
- Senior HelpLine magnets to leave with residents.
- Senior HelpLine business cards to leave with residents.

And remember:

- The Senior HelpLine referral form can be found on the **Fremont Fire Department's Web Form Page**.

Please let us know when you need more material. Just call the HelpLine!

**Phone in a Referral: 510-574-2041**

**Or Send a Secure City Email: AFS@Fremont.gov**

- ▶ Be able to differentiate between the roles of Peer Coach, clinician, and friend.
- ▶ Understand and practice the importance of privacy and confidentiality.
- ▶ Understand and practice the shared values of respect, listening, being non-judgmental, not giving advice, and acknowledging persons as experts on themselves.

## ➤ **MATERIALS NEEDED**

- Flip chart with markers, stand
- Trainee folders with inserts:
  - ▶ Blank Tent Card
  - ▶ Program Description
  - ▶ Curriculum Overview
  - ▶ Volunteer Application
  - ▶ Volunteer Agreement
  - ▶ Timesheets
- Blank pad of paper for each trainee
- Timer
- Refreshments (Smart & Final, \$12 for 15 people):
  - ▶ Mozzarella sticks
  - ▶ Assorted vegetable tray
  - ▶ Coffee, tea, water
- Pencils/Pens

## ➤ **PREPARATION**

- Review all related materials before the session
- Prepare trainee folders
- Purchase refreshments
- Telephone each participant with a reminder call (instruct to meet up front by the recreation entrance, arriving 5 minutes early or more, so entire class can go to conference room together this first time)

- Write brief agenda on flip chart or white board (items flush left in agenda above)

## ➤ SESSION 1

### Welcome

- Welcome! Lead trainer briefly introduces herself.
- **Orientation** to the building (as walking towards conference room)
  - Show where side entrance (e.g., HR desk) is; can enter that way in the future
  - Point out cafeteria/break room
  - Restrooms down the hall
  - Will take a 15 minute break halfway through

### Orientation to Peer Support Program

- **Introduction of Trainers** with contact information (each person says who they are and a few words of welcome)
  - Ihande Weber
  - Lis Cox
  - Ray Grimm
  - Audrey Uhring
  - Administrator: Karen Grimsich
  - Administrator: Suzanne Shenfil
- **Trainee Folders**
  - Give folders to trainees (has name tent card, curriculum overview, paperwork)
  - Put first name and last initial on tent card with marker (pass around markers)
  - Bring your folder with you to each class session. You will be adding to it.
- **Program and Curriculum Overview**
  - Briefly describe program, referring to program description in folder
    - Include program history, structure, expectations
  - Briefly describe curriculum, referring to curriculum overview in folder
  - Answer basic questions (use parking lot for later questions)

- **Ground Rules**

- Establish ground rules about such things as:

|  |   |
|--|---|
| <b><i>Missing classes</i></b>            | It's important not to miss any classes, but not more than two (if more than two, won't graduate from the program); let me know in advance if you must miss class.   |
| <b><i>Being on time</i></b>              | Class will start on time and end on time; plan for it.  |
| <b><i>Breaks</i></b>                     | Halfway through we'll take a 15 minute break; you can go to the break room, outside through the side entrance, restroom, etc.   |
| <b><i>Cell phones</i></b>                | It's very important not to have your cell phone on (if it's absolutely necessary because of an emergency, please put it on vibrate).  |
| <b><i>Interactive nature</i></b>         | Our training sessions are set up to be interactive, with you doing much of the talking and practicing.  |
| <b><i>Time for everyone to speak</i></b> | Some people naturally like to speak more than others, but everyone will be encouraged to actively participate. If you like to talk a lot, when you are in small groups or the larger group, try to hold back or invite others to join in. If you tend to be quiet, try speaking up more often for the practice and so we get to know you. |
| <b><i>Check-ins</i></b>                  | We will take up to 30 minutes for a check-in time at the beginning of every session, starting with the next session, to hear your voice and anything you want to say about the last couple of days or that is left over from the previous class.  |

- **Change seats each meeting** (to get to know everyone). Important that everyone has the opportunity to speak and to be heard.

## Getting to Know You

- **Introductory Ice Breaker Activity**

- **Part 1** – Show tent card and share out the pronunciation of your name.



- **Part 2** – Now, turn to your right elbow partner and take 10 minutes each to share information about yourself using closed and open questions.
  - **Closed Questions:** Only require a one or two word answer. They help ease a person into conversation comfortably, but do not keep a conversation going.
  - **Open Questions:** Require more than a one or two word answer and often begin with “How” or “Why.” They help to keep a conversation going.

| Example of Closed Question   | Example of Open Question   |
|--|----------------------------|
| What is your name?   | How did you get your name? |
| ☛ Be careful not to overuse “Why” questions, though, or it may feel invasive to your conversation partner. |                            |

- It’s up to you what you talk about, but be sure to use both closed and open questions.
- You can discuss who you are and whatever is relevant.
- Later your partner will have an opportunity to introduce you to the group.
- Then switch. Then share out with group.
- **Part 3** – Debrief: How did this go, how was it to listen, how was it to share out?

BREAK

## Introduction to the Peer Coach’s Role

- **Overview of Peer Coach’s Role**
  - You have a special role as part of the Mobile Mental Health team.
    - You’ve met with Ihande, Victor, or Nia in the past in the role of a client.
    - You’ll continue that relationship, but now have a new role as a Peer Coach.
  - As a Peer Coach, you’re joining our team to help people similar to you (your peers), but the people you’ll support are newer in the Mobile Mental Health program.

You won't be a mental health clinician.

You will be at "eye level" to relate to your Peer in a different way than clinicians.

Your role is also different than being a friend, without the back and forth talk with equal sharing (they share 80% of the time and you share 20%).

Your special role includes being a role model for your Peer.

- You'll learn skills to build relationships and spend time listening, to offer emotional support
- You'll also learn skills to work on a goal with your client; the client's goal may be as simple as building a relationship with you!
- You won't be doing health education.
- It's okay to say, "I'll get back to you" and "I'm not an expert."
- You will be focusing on helping the client to build his or her strengths.
- **Privacy and Confidentiality**
  - Although this is a training group and not a therapy group, there will be many opportunities for us to share personal information about ourselves with other individuals or with the group as a whole.
    - Everything you share is confidential in this meeting. This means that we all agree not to repeat any information outside of the group that could identify anyone in the group. How do you feel about that?
  - In your role as Peer Coach, your Peer may also share personal information with you.
    - The mere fact that your Peer is being seen in the program is confidential.
    - Everything that is shared within a conversation with your Peer will be confidential. It would only be shared with supervisors in the program.
      - ☛ If you share information about a Peer with your supervisor over email, use the Peer's initials and not their name.
    - Talk about examples in the community, with our friends and family members and other possible settings.

- ☛ You might see your Peer at the store. Let your Peer take the lead of whether to say, “Hi” or ignore each other.
  - How do you feel about these guidelines for confidentiality? Discuss.
  - This concept will need to be repeated later along the way and in the boundary section.
- **Values**
  - List values on flip chart or white board:
    - Respect
    - Listening
    - Being non-judgmental
    - Not giving advice
    - Everyone is the expert on themselves
  - How do you feel about these? Discuss.
- **Paperwork**
  - Complete Volunteer Application, if a volunteer and if not already completed
  - Complete Volunteer Agreement, if not already done
  - Begin Timesheet in class for the month

## Questions and Answers

## Closing and Feedback

- Works because of *lack of stigma* and meeting with *someone who has also gone through challenges* and is in a place in their lives to be present for someone else.
- In one sentence tell us: What one thing would you change about today’s session if anything or what question do you still have?
- In one sentence tell us: What was the most useful part of today’s session or what did you like best?

Senior Peer Mental Health Coach Program  
 City of Fremont  
 Evaluation of Session 1

| How would you rate your:                 |                | Low |   |   |   |   | High |
|--|----------------|-----|---|---|---|---|------|
| Understanding of Peer Coach Program      | Before session | 1   | 2 | 3 | 4 | 5 |      |
|  | After session  | 1   | 2 | 3 | 4 | 5 |      |
| Knowledge of the role as a peer coach    | Before session | 1   | 2 | 3 | 4 | 5 |      |
|  | After session  | 1   | 2 | 3 | 4 | 5 |      |
| Knowledge of privacy and confidentiality | Before session | 1   | 2 | 3 | 4 | 5 |      |
|  | After session  | 1   | 2 | 3 | 4 | 5 |      |

What's the benefit of participating in the Peer Coach Program?

What's the most important knowledge or skills you learned from today's class?

How do the topics we discussed today help you to perform the task as a peer coach?

# Senior Peer Coaching Training



## Class One

February 17, 2015



# Agenda



- 
- ❧ Welcome
  - ❧ Orientation to Peer Support Program
  - ❧ Introduction of Trainers
  - ❧ Trainee Folders
  - ❧ Program and Curriculum Overview
  - ❧ Ground Rules
  - ❧ Getting to Know You
  - ❧ Introductory Ice Breaker Activity
  - ❧ Introduction to the Peer Coach's Role
  - ❧ Overview of Peer Coach's Role
  - ❧ Privacy and Confidentiality
  - ❧ Values
  - ❧ Paperwork
  - ❧ Questions and Answers
  - ❧ Closing and Feedback



# Learning Objectives



By the end of this session, participants will:

- ∞ Have begun the process of interpersonal bonding with the trainers and other trainees.
- ∞ Recognize and respect diverse personal styles in getting acquainted with new people.
- ∞ Understand and practice the established ground rules.
- ∞ Be able to state the purpose of the program and their role in it as Peer Coaches.

# Learning Objectives



- ☞ Be able to differentiate between the roles of Peer Coach, clinician, and friend.
- ☞ Understand and practice the importance of privacy and confidentiality.
- ☞ Understand and practice the shared values of respect, listening, being non-judgmental, not giving advice, and acknowledging persons as experts on themselves.



# Building orientation



∞ Entrances and exits

∞ Restrooms

# Your trainers



---

☞ Ihande Weber

☞ Lis Cox

☞ Ray Grimm

☞ Audrey Uhring

☞ Administrator: Karen Grimsich

☞ Administrator: Suzanne Shenfil

# Trainee folders



- ❧ Folders should have name tent card, curriculum overview, and paperwork.
- ❧ Put first name and last initial on tent card with marker.
- ❧ Bring your folder with you to each class session. You will be adding to it.

# Program & curriculum



- ☞ Program history, structure, and expectations
- ☞ Parking lot

# Ground rules



- Change seats each meeting
- Other rules:

# Getting to know you



 Introductory icebreaker



# The peer coach's role



- ☞ You have a special role as part of the Mobile Mental Health team.
  - ☞ You've met with Ihande, Victor, or Nia in the past in the role of a client.
  - ☞ You'll continue that relationship, but now have a new role as a Peer Coach.
- ☞ As a Peer Coach, you're joining our team to help people similar to you (your peers), but the people you'll support are newer in the Mobile Mental Health program.

# The peer coach's role



- ❧ You won't be a mental health clinician.
- ❧ You will be at "eye level" to relate to your Peer in a different way than clinicians.
- ❧ Your role is also different than being a friend, without the back and forth talk with equal sharing (they share 80% of the time and you share 20%).
- ❧ Your special role includes being a role model for your Peer.



# The peer coach's role



- ☞ You'll learn skills to build relationships and spend time listening, to offer emotional support
- ☞ You'll also learn skills to work on a goal with your client; the client's goal may be as simple as building a relationship with you!
- ☞ You won't be doing health education.
- ☞ It's okay to say, "I'll get back to you" and "I'm not an expert."
- ☞ You will be focusing on helping the client to build his or her strengths.

# Privacy & confidentiality



- ☞ Although this is a training group and not a therapy group, there will be many opportunities for us to share personal information about ourselves with other individuals or with the group as a whole.
- ☞ Everything you share is confidential in this meeting. This means that we all agree not to repeat any information outside of the group that could identify anyone in the group. How do you feel about that?

# Privacy & confidentiality



- ☞ In your role as Peer Coach, your Peer may also share personal information with you.
  - ☞ The mere fact that your Peer is being seen in the program is confidential.
- ☞ Everything that is shared within a conversation with your Peer will be confidential. It would only be shared with supervisors in the program.
- ☞ If you share information about a Peer with your supervisor over email, use the Peer's initials and not their name.

# Privacy & confidentiality



- ☞ Talk about examples in the community, with our friends and family members and other possible settings.
- ☞ You might see your Peer at the store. Let your Peer take the lead of whether to say, “Hi” or ignore each other.

How do you feel about these guidelines for confidentiality?



# Values



- ☞ Respect
- ☞ Listening
- ☞ Being non-judgmental
- ☞ Not giving advice
- ☞ Everyone is the expert on themselves

How do you feel about these?

# Paperwork



- ∞ Complete Volunteer Application, if a volunteer and if not already completed
- ∞ Complete Volunteer Agreement, if not already done
- ∞ Begin Timesheet in class for the month

# Closing and feedback



- ☞ Works because of *lack of stigma* and meeting with *someone who has also gone through challenges* and is in a place in their lives to be present for someone else.
- ☞ In one sentence tell us: What one thing would you change about today's session if anything or what question do you still have?
- ☞ In one sentence tell us: What was the most useful part of today's session or what did you like best?

# Questions?





# Next meeting



- ☞ Same room
- ☞ Topic: Getting to Know Yourself: Introduction to the 3 S's
- ☞ Thursday, February 19 from 9:00 a.m. to 12:00 p.m.

## Class 2:

### Getting to Know Yourself, The Three S's, Self-Care, Self-Compassion, and Strengths, and Beginning Active Listening

#### ➤ **AGENDA**

- Check-In
- Getting to Know Yourself
  1. Introduction
  2. Exercise: Climbing Up the Hill
  3. Qualities of a Good Peer Coach
- Self-Care, Self-Compassion, and Strengths
- Beginning Active Listening
  1. The Importance of Empathy
  2. Demo Role Play
- Questions and Answers
- Closing and Feedback

#### ➤ **LEARNING OBJECTIVES**

- By the end of this session, participants will:
  - ▶ Gain awareness of the relationship between personal growth and effective peer coaching
  - ▶ Identify specific personal qualities that are helpful in providing effective peer coaching
  - ▶ Understand the importance and ways to integrate self-care, self-compassion and strength based practices into their own peer coaching commitment
  - ▶ Recognize the difference between empathic and non-empathic responses

#### ➤ **MATERIALS NEEDED**

- Flip chart with markers, stand
- Transcript for “Climbing Up the Hill” exercise
- Brief movie about Empathy

- Refreshments (Smart & Final, \$12 for 15 people):
  - ▶ Mozzarella sticks
  - ▶ Assorted vegetable tray
  - ▶ Coffee, tea, water

## ➤ PREPARATION

- Review all related materials before the session
- Purchase refreshments
- Write brief agenda on flip chart or white board

## ➤ SESSION 2

### Check-In

- Overview of Check-Ins
  - *What they are and why we do them:* a chance to hear everyone's voice, you can share something about what is going on in your life or any thoughts or feelings in response to the classes, class experience etc.
  - Many people find over time that the class is helpful for them in helping to *focus on listening and communication skills* and feeling part of something *larger than themselves* and being able to help others.
- Conduct Check-In
  - Approximately 2-3 minutes each person, no cross talk, maybe a quick question, very supportive, everyone practicing listening.
  - Will conduct Check-in in each class after this one

### Getting to Know Yourself

- Recap of Session 1
  - In our first class, we focused on getting to know each other (e.g., orientation, introduction of trainers, ice breaker activity)
  - We also talked about ground rules, the Peer Coach's role, privacy and confidentiality, and values (e.g., respect, being non-judgmental, not giving advice, and listening; we'll go into more depth on a communication skill

called “active listening” towards the end of today’s session that you can do with your Peer).

- Now that we have gotten to know each other, today we’ll focus on “getting to know yourself.”

- Introduction

- Question: Why is it important to know yourself?
- Question: How will this knowledge help you to be there for someone else?

**Exercise: Climbing Up the Hill**

- Guided imagery, finding the wise part of ourselves
- Attachment: Gently read the attached “Climbing Up the Hill” guided imagery exercise
- Report out

- Qualities of a Good Peer Coach

- Question: What are the qualities of a good Peer Coach?
- Write answers on flip chart or white board and emphasize some of them.

BREAK

## Introduce Three Concepts, Self-Care, Self-Compassion and Strengths as a Useful Framework and Approach.

- Introduction

- We find that taking a positive approach that emphasizing strengths and caring for oneself can be the most effective way to take good care of yourself and also to work with a Peer Client.
- Today will be an introduction to these approaches and later in the training we will explore more about how to use these concepts.

## Self-Care

- The Peer Coach role is one that can build our self-esteem and sense of purpose.
- It also requires energy to focus and give good attention to another.
- It is very important that we continue to “recharge our own batteries” so that we can care for ourselves and also model this for others.
- Question: What are some of the ways that you care for yourself on a regular basis? (List on white board or flip chart.)

- Take a walk
- Get some sunshine
- Talk to a supportive friend
- Listen to music you like.
- Question: What are some ways that you take *care of yourself every few weeks or monthly* or longer? Some examples could be to go out for a meal or to see a friend that you don't normally get to see.
- Discussion:
  - As mentioned, these practices and how you practice self-care can be an *example for your Peer*.
    - You will probably want to *encourage your Peer* to care for her/himself.
    - We have found it is a good practice to *ask regularly* “How will you care for yourself over these next days?” “What will you do for you over these next days?”
    - This can be a really good way to *end a session with your Peer* on a positive note and with an emphasis on self-care.
  - We will discuss self-care for yourself as a Peer Coach and as a tool to help your Peer more over the course of these training sessions.
  - Question: What are your thoughts about self-care?

## Self-Compassion

- Question
  - What do you think Self Compassion is and what does it look like or sound like?
- Great, here are some more ideas about what it is and how we might practice it for ourselves.
- Research has found that self-criticism or negative self-talk make us feel worse.
- In contrast, self-compassion can contribute to well-being, and help reduce anxiety and depression.
- Self-compassion consists of two main components:

|                               |   |
|-------------------------------|---|
| <i><b>Self-kindness</b></i>   | Being kind, gentle and understanding with yourself at all times and maybe especially when you're suffering.   |
| <i><b>Common humanity</b></i> | Know that you're not alone in your struggles. When we realize that everyone struggles and experiences loss and anxiety it allows us to see ourselves as part of the human family. |

- Self-compassion can help us to act like a caring positive friend for ourselves instead of beating ourselves up. So even when you don't do well, you're still supportive and accepting of yourself. Like a good friend or kind parent, you realize that it's perfectly OK to be imperfect.
- Discussion
  - How do you feel about practicing an attitude of Self-Compassion with yourself?

## Strength Based Approach

- Introduction/Definition
- As we have can heard in our discussions of self-care and self-compassion, our upbringing and or our experiences may not have taught us to focus on what we do well, how resilient we are, and how well we have handled life's challenges. Instead, we may have learned that we need to focus on our mistakes and dwell on them in order to try and do better next time.
- This has a name and it is called the "negativity bias".
- All of us have had the experience of having internalized some negative messages about ourselves and some negative labels.
- Examples can include, "I am a failure" or "I am a depressed person".
- What if we decide to try and practice a "positivity bias"?
- Questions
- What if we try to focus on the glass half full instead of the glass half empty? Instead of seeing ourselves as a "failure", what if we say "I am a person who has handled a lot of stress and difficulty in my life and I have learned some

good ways to take care of myself. I am not alone in having experienced difficulties. I know that I am resilient.”

- What if instead of labeling ourselves as a “depressed person” we say “I am a person who has experienced some serious challenges in my life and I have learned and continue to learn ways to care for myself”?
- What if we focus on our strengths instead of our deficits and take a clear positive look at how strong we have been, are, and can be?
- The Strength Based approach does not ignore or minimize the suffering and difficulties that we have all encountered but it helps us focus on the many positive ways you have learned to care for yourself. This approach helps us to see ourselves as resilient people with many important strengths and assets.
- Discussion
  - Let’s spend a few minutes now recognizing some of the strengths that you have. Can someone share an example?
- Summary
  - In a nutshell, this is the Strength Based approach and we will urge you to take and hold this perspective towards yourself and towards your peer client.

## Summary Discussion

- As mentioned today, we will return to the 3 S's later in our training to talk more about how to put these ideas into practice.
- For now, can you begin to imagine how using and practicing these three S’s, Self-Care, Self-Compassion and Strengths could be a useful ways to see yourself and treat yourself?
- Can you begin to imagine how these 3 S’s could also be useful in working with a peer client? You may not be able to imagine being with a peer client yet so feel free to imagine using the 3 S’s with a friend who is going through a hard day.

## Beginning Active Listening

- **Active Listening**

- *Definition:* Active listening is a way of paying attention to other people that can make them feel that you are *truly hearing them*, that *you understand* what they are saying.
  - By practicing active listening, you also *build trust* and *rapport* with your Peer.
- This type of listening is called “active” because it requires *certain behaviors and steps*, which you’ll be learning for the remainder of this class and over the next two sessions.
- Today we’ll focus on empathy.

- **The Importance of Empathy**

|                                       |  |
|---------------------------------------|--|
| <b>What it is</b>                     | To empathize is to <i>really understand</i> your Peer — from <i>his or her point of view</i>   |
| <b>How it works</b>                   | Use certain <i>active listening behaviors and steps</i> that you’ll learn here to show empathy |
| Short movie about empathy (5 minutes) |  |



- **What Empathy is and How it Works**
  - Today we'll focus on showing empathy through nonverbal behaviors

**Demo Role Play:** Imagine Trainer is a Peer Coach:

- Demonstrate a *Non-empathetic Role Play*
  - ☛ Looking around, talking to yourself, giving advice
  - ☛ Question: What did not work about this?
- Demonstrate an *Empathetic Role Play:*
  - ☛ Eye contact, listening attentively, leaning forward
  - ☛ Not saying a lot unless appropriate, maybe add an encourager like “Tell me more”
  - ☛ Questions: What worked with this? What did you notice?
- If time allows, have a trainee do *the role play as Peer Coach in front of the group* with trainer as the Peer.
  - ☛ This is a good time to say that we will be doing *a lot of role play*, it may bring up some of our own issues which is fine or you may make up situations.
  - ☛ Do not make the role plays too hard, we want everyone to be successful in this training.

## Questions and Answers

## Closing and Feedback

- In one sentence tell us: What was the most useful part of today's session or what did you like best?
- In one sentence tell us: What will you do to take care of yourself over these next few days?

## **Class 2: Getting to Know Yourself**

### **Exercise: “Climbing Up the Hill”**

For the next few minutes I'm going to invite you to create an adventure for yourself. I'll be here to give you some guidelines, but, for the most part, you'll be creating your own experience. I hope when you're finished you'll share with the other trainees not only the experience, but, if you're willing, the various possible learnings available to you through this adventure.

I'd like you to get comfortable now. Sit in the most comfortable position you can find for yourself. If you're holding anything on your lap, I'd encourage you to put it on the floor. And if you're wearing glasses, I recommend you take them off.

[pause]

Check out your body for any areas of discomfort, bearing in mind that you'll be here for a while. Adjust any part of your body that you need to adjust, or choose to adjust.

[pause]

And now, as you're sitting there quietly breathing, I would like you to observe the pattern of your breathing-whether it's fast or slow, deep or shallow, without any judgment of how you're breathing; merely observe what's going on with you.

[pause]

Now change the pattern of your breathing so that you're inhaling to a count of 4 and exhaling to a count of 8. In other words, taking twice as long to exhale as you do to inhale, counting silently to yourself. And as you exhale you may find yourself letting go-sinking down deeper inside of yourself-feeling more relaxed. Whatever you're feeling, it's my hope that you will be accepting of how you are right now. This may be a time you'll want to close your eyes, if you haven't already done that.

[pause]

My words may be a suggestion to you of what kind of an adventure you will create for yourself, and I do want you to be aware that you are in charge of your experience.

[pause]

I invite you to picture yourself at the bottom of a hill, keeping in mind that my words are a suggestion of what kind of an adventure you create. Look around at the scene, what kind of hill it is, the surrounding views, notice the weather, what time of day it is, what time of year it is. Be aware of how you look, what you're wearing, how you feel. What period of your life is it (in the present or the past)? And I encourage you to take the first scene that comes to you,

acknowledging that it was your choice. Most importantly, notice how you're feeling—physically and emotionally. Be as fully in the experience as you possibly can be.

[pause]

Imagine your gaze going up the hill to the very top. Somehow you know that at the top of the hill is a very wise person. You will have the opportunity to ask as many questions as you wish from the wise person. Notice how you feel with that knowledge as you begin to climb the hill. Pay close attention to what the hill is like—what kind of vegetation is on it, what the climbing feels like to you. Notice the weather, the air, the colors, forms and shapes—and how you're feeling physically and emotionally.

[pause]

When you get to the top of the hill, find the place where the wise person is. Notice what kind of a setting you created for the wise person. Spend some time with the wise person who can answer any questions about you. I encourage you to ask questions that are not satisfied with merely a yes or no answer but, in fact, may elicit more information from this wise person. Feel free to pursue any questions where the answers are not satisfying to you. Take a few minutes to do this. The more fully you experience this encounter, the more useful the adventure is likely to be for you. I'm going to be silent while you do this.

[pause]

When you finish your dialogue come back down the hill, again paying attention to what the experience is like—how coming down differs from going up, how everything looks, smells, sounds—any possible awarenesses. And, most important, how you feel—both physically and emotionally. And I'm going to be silent while you do that.

[pause for several minutes; may play soft music]

Some of you may be letting us know that you are completing your experience by the way you're moving your body—or stretching or looking around, making eye contact—and probably now, with the sound of my voice, the rest of you will be concluding your adventure. Know that if you have not finished your dialogue, you can always go back and either complete this one or have another one. I know you'll be sharing your experiences with each other and I'd like to say that I believe an experience like this gives us the opportunity to see that in the matter of a very few minutes we can create a whole world for ourselves. This allows us to know—or to know again—how truly creative we are.

What you create can tell you something about what's going on with you right now. Are you feeling light? Or heavy? What kind of scene did you create? Are you in the present or the past? How was the climb up the hill? What was going on with you as you climbed up the hill? What was your mood? What kind of scene did you create and what can that tell you about you right now? And the wise person—what kind of setting did you create for the wise person? Was there a

gender to the wise person? What was the look of the wise person? What kind of questions did you ask? And what kind of answers did you create through the consciousness of the wise person?

[pause]

And, very importantly, have you acknowledged that the wise person is of your creation and therefore is you, and that any answers you gave yourself as the wise person are already contained in you?

[pause]

The value of this experience for you as trainees and eventually coaches is, I believe, that when we can recognize and acknowledge that we are our own authority, it may be easier for us to let go of the belief that we need to be the authority or problem-solver for someone else. In the case of coaching, it'll be your Peer. And if you can know that you do know everything about yourself, you may be better able to encourage your clients to know that someplace inside they really have all the answers for themselves.

END

Senior Peer Mental Health Coach Program  
 City of Fremont  
 Evaluation of Session 2

| How would you rate your:                              |                | Low |   |   |   | High |
|---|----------------|-----|---|---|---|------|
| Understanding of yourself                             | Before session | 1   | 2 | 3 | 4 | 5    |
|   | After session  | 1   | 2 | 3 | 4 | 5    |
| Knowledge of self-care, self-compassion, and strength | Before session | 1   | 2 | 3 | 4 | 5    |
|   | After session  | 1   | 2 | 3 | 4 | 5    |
| Understanding of active listening                     | Before session | 1   | 2 | 3 | 4 | 5    |
|   | After session  | 1   | 2 | 3 | 4 | 5    |

How did the exercise “Climbing up the hill” help you to better understand yourself?

What’s the most important knowledge or skills you learned today? Why?

How will the topics we discussed today help you to better perform as a peer coach?

# Senior Peer Coaching Training



Class Two  
February 19, 2015



# Getting to Know Yourself, The Three S's, & Beginning Active Listening



Class Two of the Senior Peer Coaching Training  
Presented by Lis Cox, LMFT





# Agenda



- 
- ❧ Check-In
  - ❧ Getting to Know Yourself
    - ❧ Introduction
    - ❧ Exercise: Climbing Up the Hill
    - ❧ Qualities of a Good Peer Coach
  - ❧ Self-Care, Self-Compassion, and Strengths
  - ❧ Beginning Active Listening
    - ❧ The Importance of Empathy
    - ❧ Demo Role Play
  - ❧ Questions and Answers
  - ❧ Closing and Feedback



# Learning objectives



By the end of this session, participants will:

- ☞ Gain awareness of the relationship between personal growth and effective peer coaching
- ☞ Identify specific personal qualities that are helpful in providing effective peer coaching
- ☞ Understand the importance and ways to integrate self-care, self-compassion and strength based practices into their own peer coaching commitment
- ☞ Recognize the difference between empathic and non-empathic responses

# Check-in



- ☞ What they are and why we do them: a chance to hear everyone's voice, you can share something about what is going on in your life or any thoughts or feelings in response to the classes, class experience etc.
- ☞ Many people find over time that the class is helpful for them in helping to focus on listening and communication skills and feeling part of something larger than themselves and being able to help others.

# Recap of session 1



- ☞ In our first class, we focused on getting to know each other (e.g., orientation, introduction of trainers, ice breaker activity)
- ☞ We also talked about ground rules, the Peer Coach's role, privacy and confidentiality, and values (e.g., respect, being non-judgmental, not giving advice, and listening; we'll go into more depth on a communication skill called "active listening" towards the end of today's session that you can do with your Peer).
- ☞ Now that we have gotten to know each other, today we'll focus on "getting to know yourself."

# Getting to know yourself



- ❧ Why is it important to know yourself?
- ❧ How will this knowledge help you to be there for someone else?
- ❧ Exercise: Climbing up the Hill
- ❧ Share out



# Qualities of a good peer coach



What are the qualities of a good peer coach?

# The three S's



- ☞ We find that taking a positive approach that emphasizes strengths and caring for oneself can be the most effective way to take good care of yourself and also to work with a Peer Client.
- ☞ Today will be an introduction to these approaches and later in the training we will explore more about how to use these concepts.

# Self-care



- ∞ The Peer Coach role is one that can build our self-esteem and sense of purpose.
- ∞ It also requires energy to focus and give good attention to another.
- ∞ It is very important that we continue to “recharge our own batteries” so that we can care for ourselves and also model this for others.

What are some of the ways that you care for yourself on a regular basis?



# Self-care, continued



- ❧ What are some ways that you take *care of yourself every few weeks or monthly or longer?*
- ❧ Some examples could be to go out for a meal or to see a friend that you don't normally get to see.

# Self-care by example



As mentioned, these practices and how you practice self-care can be an *example for your Peer*.

- ❧ You will probably want to *encourage your Peer* to care for her/himself.
- ❧ We have found it is a good practice to *ask regularly* “How will you care for yourself over these next days?” “What will you do for you over these next days?”
- ❧ This can be a really good way to *end a session with your Peer* on a positive note and with an emphasis on self-care.

# Self-compassion



What do you think Self Compassion is and what does it look like or sound like?

- ∞ Research has found that self-criticism or negative self-talk make us feel worse.
- ∞ In contrast, self-compassion can contribute to well-being, and help reduce anxiety and depression.

# Self-compassion



Self-compassion consists of two main components:

- ❧ **Self-kindness:** Being kind, gentle and understanding with yourself at all times and maybe especially when you're suffering.
- ❧ **Common humanity:** Know that you're not alone in your struggles. When we realize that everyone struggles and experiences loss and anxiety it allows us to see ourselves as part of the human family.



# Self-compassion



Self-compassion can help us to act like a caring positive friend for ourselves instead of beating ourselves up. So even when you don't do well, you're still supportive and accepting of yourself. Like a good friend or kind parent, you realize that it's perfectly OK to be imperfect.

Discuss: How do you feel about practicing an attitude of Self-Compassion with yourself?

# Strength-based approach



The negativity bias vs. cultivating a positivity bias

- ❧ What if we focus on our strengths instead of our deficits and take a clear positive look at how strong we have been, are, and can be?
- ❧ The Strength Based approach does not ignore or minimize the suffering and difficulties that we have all encountered but it helps us focus on the many positive ways you have learned to care for yourself. This approach helps us to see ourselves as resilient people with many important strengths and assets.

Discussion: Let's spend a few minutes now recognizing some of the strengths that you have. Can someone share an example?

# Summary discussion



- ❧ As mentioned today, we will return to the 3 S's later in our training to talk more about how to put these ideas into practice.
- ❧ For now, can you begin to imagine how using and practicing these three S's, Self-Care, Self-Compassion and Strengths could be a useful ways to see yourself and treat yourself?
- ❧ Can you begin to imagine how these 3 S's could also be useful in working with a peer client? You may not be able to imagine being with a peer client yet so feel free to imagine using the 3 S's with a friend who is going through a hard day.



# Beginning active listening



*Definition:* Active listening is a way of paying attention to other people that can make them feel that you are *truly hearing them*, that *you understand* what they are saying.

- ❧ By practicing active listening, you also *build trust* and *rapport* with your Peer.
- ❧ This type of listening is called “active” because it requires *certain behaviors and steps*, which you’ll be learning for the remainder of this class and over the next two sessions.
- ❧ Today we’ll focus on empathy.

# The importance of empathy



- ∞ What it is: To empathize is to really understand your Peer – from his or her point of view
- ∞ How it works: Use certain *active listening behaviors and steps* that you'll learn here to show empathy

# Empathy video



# Empathy demonstration



☞ Today we will focus on showing empathy through nonverbal behaviors.



# Closing and feedback



- ☞ In one sentence tell us: What was the most useful part of today's session or what did you like best?
- ☞ In one sentence tell us: What will you do to take care of yourself over these next few days?

# Questions?



# Next class



- ☞ Tuesday, February 24 from 10 a.m. to 1 p.m. in the Ardenwood Room
- ☞ Topic: The power of relationships and active listening
- ☞ Trainer: Ihande Weber, LCSW



## Class Three:

### The Power of Relationships, Active Listening, and Practice

#### ➤ AGENDA

- Check-In
- The Power of Relationships
  1. Stigma of Ageism and of Being a Mental Health System Client
  2. Issues of Isolation, Loss, and Loneliness
  3. The Power of Your Visit, Relationship
- Active Listening
  1. Recap of Session 2
  2. Active Listening Skill #1: Listening with Empathy
  3. Active Listening Skill #2: Nonverbal “Attending” (Paying Attention) Behavior
  4. Active Listening Skill #3: Encouragers
  5. Active Listening Skill #4: Reflecting Thoughts and Feelings
- Questions and Answers
- Closing and Feedback

#### ➤ LEARNING OBJECTIVES

- By the end of this session, participants will:
  - ▶ Gain awareness of the power of Senior Coach relationships for psychological healing
  - ▶ Clarify the differences between judging, giving advice, solving a problem, and active listening
  - ▶ Know the purposes of active listening
  - ▶ Be able to state and practice the four active listening skills learned so far

#### ➤ MATERIALS NEEDED

- Flip chart with markers, stand
- Handout: “Practice Role Plays: Nonverbal Attending Behavior”
- Handout: “Reflecting Thoughts and Feelings Back to Your Conversation Partner”
- Refreshments (Smart & Final, \$12 for 15 people):

- ▶ Mozzarella sticks
- ▶ Assorted vegetable tray
- ▶ Coffee, tea, water
- Pencils/Pens

## ➤ PREPARATION

- Review all related materials before the session
- Purchase refreshments
- Make copies of handout: “Nonverbal Attending Behavior”
- Make copies of handout: “Reflecting Thoughts and Feelings”
- Write brief agenda on flip chart or white board

## ➤ SESSION 3

### Check-In

- You can share something about what is going on in your life or any thoughts or feelings in response to the classes, class experience etc.
- Approximately 2-3 minutes each person, no cross talk, maybe a quick question, very supportive, everyone practicing listening.

### The Power of Relationships

- **Stigma of Ageism & of being a Mental Health System Client**
  - Many of our peer clients, and many of us, experience a *stigma of ageism in our culture* along with the stigma of *having been in the mental health system*.
- **Issues of Isolation, Loss, and Loneliness**
  - Many of our senior peers have and are also experiencing *isolation, loss, and loneliness*.
  - Isolation, loss, and loneliness are serious issues that can slip into *decreased self-esteem and depression*.
- **The Power of Your Visit, Relationship**
  - Now imagine in this context, the *power of your visit* for someone who is experiencing these issues.
    - Visualize yourself in a room, alone, and in the dark.

- ☛ What feelings do you have?
  - Perhaps it feels as though nobody is there for you.
- Now imagine that someone comes into the room, and it's someone that you know and trust.
  - ☛ What is this like for you? What feelings do you have now?
    - Perhaps it feels as though you're rebuilding a connection with someone
  - How does having a relationship shift your experience of yourself?
- Many of the peers *may not have really spoken to any one in days* and you arrive to not only *listen* and *be interested*, but to offer empathy and caring.
- Without having to “do magic” or “offer fancy words,” the relationship that you create with your peer is about 80% of the healing power of what will happen.
- The fact that you can be a *role model* and also a *companion* on their journey is enormously powerful.
- Please *do not underestimate how much it means*, especially in our Western culture in which people are growing more isolated, to *have someone visit on a regular basis* and to know that they are *consistently there*.
- The power of “*giving good attention*” *without judgment is tremendous and has the power to heal many wounds.*

## Active Listening

### • Recap of Session 2

- In our last class, we did the “Climbing Up the Hill” exercise to show you how you can use guided imagery to find the wise part of yourself.
- We also started talking about and practicing active listening, focusing on the importance of empathy and how empathy works, through nonverbal behaviors that show you are actively listening and giving the “good attention” that brings healing to others as you build relationships.
- Today we will continue talking about empathy and nonverbal attending (“paying attention”) behaviors.

- We will also talk about verbal encouragers and questioning techniques that show you are carefully listening to your peer or others.
- **Active Listening Skill #1: Listening with Empathy**
  - Remember, when you are listening with empathy, you are striving to understand your peer from his or her point of view.
    - To start, understand how you might feel under the same circumstances.
    - Then, think about who your peer is and how your peer might feel from his or her perspective (which may be different from the way you would feel).
  - As your peer client senses your patience and your positive attention, he or she can begin to trust you.
  - To empathize with another person is not to do a few things:
    - You are not making assumptions and not jumping to conclusions about what the words mean.
    - You are also not judging, blaming, or criticizing.
    - You are not attempting to solve a problem or give advice.
  - You are simply listening with the goal to understand and feel with your peer.
    - Example Question: A peer may appear tearful or be sitting with shoulders slumped. What do you think your peer is feeling?
    - Sample Responses: Sad, depressed, and hopeless.
  - Empathy is a way to be with your peer without losing your own identity.
  - Empathy is “detached caring” in that you do not become sad, depressed, or hopeless yourself.
- **Active Listening Skill #2: Nonverbal “Attending” (Paying Attention) Behavior**
  - *Eye Contact*:
    - Cultural differences: How much eye contact to give can be very culturally-based.
      - ☛ Some cultures maintain strong eye contact (e.g., Latin American countries), compared to U.S.-born Americans.

- ☛ Other cultures have less eye contact than U.S.-born Americans.
- ☛ Appropriate eye contact can even differ among neighborhoods and families.
- ☛ Adapt your eye contact as appropriate to the person and culture, so that the person you're listening to will feel comfortable.
- ☛ Question: What is eye contact like in your culture? How is it different (if it is) than U.S. American culture?
- Purpose: With Active Listening, you want to show the other person with your eye contact, "I'm paying attention and I'm here for you."
  - ☛ This is a big deal to have someone listen attentively like this.
  - ☛ You are showing that you care enough to take the time to listen.
- In general, maintain direct eye contact to show that you're listening, but not so much as to make the other person uncomfortable.

○ *Body Language*:

- Question: What does the term "body language" mean to you?
- Sample Responses:
  - ☛ What people are doing with their body while they talk to me
  - ☛ Observing how they move their face and hands
- Question: What are some examples of your own body language when you are tired? Tense? Angry? Sad? Happy?

▪ Sample Responses:

|                      |  |
|----------------------|--|
| <b>Eye Contact</b>   | Direct, avoiding, fearful, pleading                        |
| <b>Posture</b>       | Slumping, head down, head up and smiling, shoulders back   |
| <b>Gestures</b>      | Hand movements—tentative, confident                        |
| <b>Tone of Voice</b> | Dull, slow, strained, rapid, upbeat, lively                |
| <b>Mannerisms</b>    | repetitive body movements, throat clearing, finger tapping |

- Active listening involves being aware of the body language you are using.

- ☛ Also observe the body language your peer client is using and what it might mean.
  - Remember that body language may be influenced by cultural or generational factors and even by physical health.
- To *show you are interested* in what the other person has to say, practice these nonverbal behaviors related to eye contact and body language (list bolded behaviors below on flip chart):
  - **Direct eye contact**—as we’ve just discussed
  - **Face towards the person**
    - ☛ Question: What happens if you don’t face towards the person? (Demonstrate turning at a steep angle to the class while talking.) What does this behavior communicate? Notice that turning at a slight angle is preferable to facing the person directly “head on;” however, shifting too far away from center communicates lack of caring and concern.
  - **Keep arms unfolded**—Demonstrate folding arms
    - ☛ Question: What does this behavior communicate? (Wait for answers.) Does it mean I’m cold? Or angry? Or closed to conversation? It could mean any of the above, but it does not demonstrate an open, receptive to listening position.
  - **Lean slightly toward the person**—Leaning forward shows you are very interested in what your peer has to say.
  - **Use facial expressions consistent** with what the other person is saying
    - ☛ If your peer is talking about something sad, be sure not to smile or make light of it.
    - ☛ If they are happy, join in the happiness with your smile and facial expressions.
- *Practice (if time is available or just conduct the activity in the next section)*
  - Share with person on your right or left (pair them off) why you want to be a Peer Coach in two or three sentences.

- While you listen to your conversational partner, practice these nonverbal attending behavior skills (point to flip chart).
  - Questions: What worked with this? How did this feel as a listener? How did this feel as a speaker?
- **Active Listening Skill #3: Encouragers**
  - These come naturally as you practice.
  - The types of encouragers you might say include (write on flip chart):
    - I see
    - Tell me more
    - Okay
    - Wow
    - I understand
    - Yes
  - Question: Did you say any of these in your practice activity just now?
  - Questions: Do you ever say any of these in everyday conversations? What do you typically say? (Add to flip chart as appropriate.)
  - Activity: “Nonverbal Attending Behavior & Encouragers” (see HANDOUT)
    - You’ll conduct this activity with the same partner as before.
    - Explain instructions.
    - Conduct activity
    - Report out

BREAK

- **Active Listening Skill #4: Reflecting Thoughts and Feelings**
  - Reflect Content: Reflect the content of what your peer said by *stating a paraphrase of your peer’s meaning into your own words* (write sentence on flip chart).
    - This reflection shows that you *understand your peer’s point of view intellectually*.
    - Example of Peer’s Statement: “I went to visit family this weekend and they were not interested in spending time with me.”



- Your Response: “When you saw your family recently, they didn’t take time for you.”
- Notice that your response is *not giving advice or solving a problem*:
  - ☛ Not “What you should do is . . .”
- Notice that your response is *not making a judgment*:
  - ☛ Not “Your family doesn’t like you . . .”
- Your response simply puts into your own words the meaning of your peer’s statement.
- Your response validates your peer, rather than criticizes him or her.
  - ☛ By reflecting content back, you help validate to your peer to feel okay about where she or he is in her or his development.
- Reflect Feelings: Reflect the feelings your peer has stated or implied, verbally or nonverbally, *by stating a paraphrase of your peer’s meaning into your own words* (write sentence on flip chart).
  - Sometimes *emotions are expressed*, such as angry, frustrated, sad, or heartbroken.
    - ☛ Example of Peer’s Statement: “I am so distraught over this!”
    - ☛ Your Response: “I hear that you are feeling very upset about what is going on in your life right now.”
  - *Emotions are often not expressed*
    - ☛ You can see them in facial expressions
    - ☛ You can hear them in tone of voice
    - ☛ You can observe them through other nonverbal behaviors
    - ☛ Example of Peer’s Nonverbal Behaviors: Looking down while talking about a current problem and wringing his or her fingers.
    - ☛ Your Response: “I noticed, as you were talking, your eyes were downcast and you were wringing your fingers. You seem to be having a lot of feelings about what is going on in your life right now. I imagine I would be very distressed in a similar situation.”
  - By reflecting back to your peer the emotions you observed, you show that *you understand your peer’s point of view emotionally*.

- Purposes: Reflecting another person’s thoughts and feelings back to him or her is a powerful way to:
  - *Check your understanding* of what your peer meant.
  - Stimulate your peer to *further explore his or her thoughts and feelings*.
  - *Express acceptance* of your peer’s feelings.
    - ☛ This is not necessarily agreement, although it may be.
      - At the least, you validate your peer by showing that you can understand why and how your peer feels the way he or she does.
- You can use phrases like, “It sounds like . . .,” “I hear you saying . . .”
- Reflecting is not “parroting” but instead is using *many of the same words* that the peer used in a *shorter way* to try and *capture the essence of thoughts and feelings*. This lets the client know they have been heard and to hear themselves.

Demo Role Play:

- ☛ Ask for a volunteer from the class to role-play the Peer Client with the trainer role-playing the Peer Coach.
- ☛ Ask the trainee, as the Peer Client, to state a complaint or problem (real or imagined).
- ☛ Provide examples of reflecting thoughts and feelings through paraphrasing, but in a shorter, summary way.

- Activity: “Reflecting Thoughts and Feelings Back to Your Conversation Partner” (see HANDOUT)
  - Number the class off into threes (e.g., if you want to mix up seating, have people number off 1-5 to make 5 groups of 3 people each).
  - Explain instructions.
  - Conduct activity.
  - Report out.
- Debrief: How was this for everyone? Are you aware of the power of truly listening and showing empathy by reflecting the meaning of thoughts and feelings back by paraphrasing?

## Questions and Answers

### Closing and Feedback

- In one sentence tell us: What was the most useful part of today's session or what did you like best?
- In one sentence tell us: What will you do to take care of yourself over these next few days?
- Practice the skills you have learned today with your friends and relatives to develop your observation and active listening abilities. Strive to become more attentive in the process of listening to others, placing less focus on the outcome.
- We covered a lot of information today and you do not need to master all of it at once. Each journey begins with a single step and each step builds to the next, adding one awareness to another, and going from simple skills to more advanced ones.

# PRACTICE ROLE PLAYS

## Nonverbal Attending Behavior & Encouragers

### Purpose

1. To practice nonverbal elements of active listening by using nonverbal attending behavior.
2. To practice a supportive verbal element of active listening by using encouragers.

### Lesson

Use nonverbal attending behavior when listening to your conversation partner by:

1. Facing towards him or her directly.
2. Keeping your arms unfolded.
3. Leaning slightly toward the person.
4. Maintaining direct eye contact.
5. Using facial expressions consistent with what the other person is saying.

Use encouragers when listening to your partner by making statements, such as:

1. "I see" or "I understand."
2. "Tell me more."
3. "What happened next?"
4. "Yes."

### Instructions

1. One of you should speak for two minutes about the most important experience you've had in the past week while the other person practices nonverbal attending behavior and verbally encourages the speaker when appropriate with encouraging comments and questions.
2. The speaker then provides feedback to the listener on how he or she perceives the listener's nonverbal attending behavior and encouragers: when he or she feels supported by the behaviors and when he or she does not feel supported (showing a need for more practice). The feedback should include specific suggestions for improvement.
3. Switch roles and repeat the exercise.

### Feedback from my conversation partner

My partner felt supported by my nonverbal attending behavior and encouragers when I:

---

My partner did not feel supported and suggested improvement in these areas:

---

# PRACTICE ROLE PLAYS

## Reflecting Thoughts & Feelings Back to Your Conversation Partner

### Purpose

1. To practice reflecting content back to your partner, without judgment or advice-giving.
2. To practice reflective feeling back to your partner, without judgment or advice-giving.
3. To further develop your skills with nonverbal attending behaviors and encouragers.

### Lesson

Reflect content when listening to your conversation partner by *stating a paraphrase of your partner's meaning into your own words* to show that you understand your partner's point of view intellectually.

- Example of Peer's Statement: "I went to visit family this weekend and they were not interested in spending time with me."
- Your Response: "When you saw your family recently, they didn't take time for you."

Reflect feelings: Reflect the feelings your peer has stated or implied, verbally or nonverbally, by *stating a paraphrase of your peer's meaning into your own words* to show that you understand your partner's point of view emotionally.

- Example of Peer's Statement: "I am so distraught over this!"
- Your Response: "I hear that you are feeling very upset about what is going on in your life right now."

### Instructions

1. One of you should play the role of Peer Coach, of Peer Client, and of Observer.
2. The Peer Client should speak for two minutes about a problem or complaint he or she has had while the Peer Coach practices reflecting content and feelings back to the Peer Client. The Peer Coach should also practice nonverbal attending behaviors and verbal encouragers. Then the Observer should briefly explain what worked well in the role play and what could be improved, in particular related to active listening.
3. Switch roles and repeat the exercise until everyone has played all three roles.

Senior Peer Mental Health Coach Program  
 City of Fremont  
 Evaluation of Session 3

| How would you rate your:                   |                | Low |   |   |   |   | High |
|--|----------------|-----|---|---|---|---|------|
| Understanding of the power of relationship | Before session | 1   | 2 | 3 | 4 | 5 |      |
|  | After session  | 1   | 2 | 3 | 4 | 5 |      |
| Understanding of active listening skills   | Before session | 1   | 2 | 3 | 4 | 5 |      |
|  | After session  | 1   | 2 | 3 | 4 | 5 |      |

How would you do to creating a relationship with your peer(s)?

After today's class, which active listening skill(s) you are most confident to use while interacting with peer(s)? Why?

According to your perspective, which active listening skill(s) might not be easy to use while interacting with peer(s)? Why?

# Senior Peer Coaching Training



Class Three  
February 24, 2015





# The Power of Relationships, Active Listening, & Practice



Class Three of the Senior Peer Coaching Training  
Presented by Ihande Weber, LCSW



# Agenda



- ❧ Check-In
- ❧ The Power of Relationships
  - ❧ Stigma of Ageism and of Being a Mental Health System Client
  - ❧ Issues of Isolation, Loss, and Loneliness
  - ❧ The Power of Your Visit, Relationship
- ❧ Active Listening
  - ❧ Recap of Session 2
  - ❧ Active Listening Skill #1: Listening with Empathy
  - ❧ Active Listening Skill #2: Nonverbal “Attending” (Paying Attention) Behavior
  - ❧ Active Listening Skill #3: Encouragers
  - ❧ Active Listening Skill #4: Reflecting Thoughts and Feelings
- ❧ Questions and Answers
- ❧ Closing and Feedback

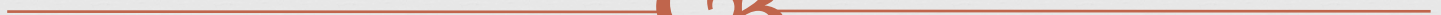
# Learning objectives



By the end of this session, participants will:

- ☞ Gain awareness of the power of Senior Coach relationships for psychological healing
- ☞ Clarify the differences between judging, giving advice, solving a problem, and active listening
- ☞ Know the purposes of active listening
- ☞ Be able to state and practice the four active listening skills learned so far

# Check-in



# The power of relationships



## ☞ Stigma of Ageism & of being a Mental Health System Client

☞ Many of our peer clients, and many of us, experience a *stigma of ageism in our culture* along with the stigma of *having been in the mental health system*.



# The power of relationships



## ❧ Issues of Isolation, Loss, and Loneliness

❧ Many of our senior peers have and are also experiencing *isolation, loss, and loneliness*.

❧ Isolation, loss, and loneliness are serious issues that can slip into *decreased self-esteem and depression*.



# The power of relationships



## ☞ The Power of Your Visit, Relationship

☞ Now imagine in this context, the *power of your visit* for someone who is experiencing these issues.

☞ Visualize yourself in a room, alone, and in the dark.

☞ What feelings do you have?

☞ Perhaps it feels as though nobody is there for you.

☞ Now imagine that someone comes into the room, and it's someone that you know and trust.

☞ What is this like for you? What feelings do you have now?

☞ Perhaps it feels as though you're rebuilding a connection with someone

☞ How does having a relationship shift your experience of yourself?

# The power of relationships



- ❧ Many of the peers *may not have really spoken to any one in days* and you arrive to not only *listen and be interested*, but to offer empathy and caring.
- ❧ Without having to “do magic” or “offer fancy words,” the relationship that you create with your peer is about 80% of the healing power of what will happen.
- ❧ The fact that you can be a *role model* and also a *companion* on their journey is enormously powerful.

# The power of relationships



- ❧ Please *do not underestimate how much it means, especially in our Western culture in which people are growing more isolated, to have someone visit on a regular basis and to know that they are consistently there.*
- ❧ The power of “giving good attention” without judgment is tremendous and has the power to heal many wounds.

# Active Listening



## Recap of Session 2

- ☞ In our last class, we did the “Climbing Up the Hill” exercise to show you how you can use guided imagery to find the wise part of yourself.
- ☞ We also started talking about and practicing active listening, focusing on the importance of empathy and how empathy works, through nonverbal behaviors that show you are actively listening and giving the “good attention” that brings healing to others as you build relationships.
- ☞ Today we will continue talking about empathy and nonverbal attending (“paying attention”) behaviors.
- ☞ We will also talk about verbal encouragers and questioning techniques that show you are carefully listening to your peer or others.



# Active Listening



☞ Skill #1 - Listening with Empathy

# Active Listening



## Skills #2 – Nonverbal Attending

- Eye contact
- Body language
- Showing interest

|                      |  |
|----------------------|--|
| <b>Eye Contact</b>   | Direct, avoiding, fearful, pleading                        |
| <b>Posture</b>       | Slumping, head down, head up and smiling, shoulders back   |
| <b>Gestures</b>      | Hand movements – tentative, confident                      |
| <b>Tone of Voice</b> | Dull, slow, strained, rapid, upbeat, lively                |
| <b>Mannerisms</b>    | repetitive body movements, throat clearing, finger tapping |



# Active Listening



## ☞ Skill #3 – Encouragers

☞ I see

☞ Tell me more

☞ Okay

☞ Wow

☞ I understand

☞ Yes

# Active Listening



## ☞ Skill #4 – Reflecting thought and feeling

☞ Reflecting thought – Reflect the content of what your peer said by *stating a paraphrase of your peer's meaning into your own words*

☞ Reflecting feeling - Reflect the feelings your peer has stated or implied, verbally or nonverbally, *by stating a paraphrase of your peer's meaning into your own words*

# Role Play



Questions?



## Class Four:

### Active Listening, Part II: Helpful Questions and Summarizing

#### ➤ AGENDA

- Introduction
- Active Listening
  1. Recap of Session 3
  2. Active Listening Skill #4: More on Reflecting Thoughts and Feelings
  3. Active Listening Skill #5: Helpful Questions
  4. Active Listening Skill #6: Summarizing
- Questions and Answers
- Closing and Feedback

#### ➤ LEARNING OBJECTIVES

- By the end of this session, participants will:
  - ▶ Clarify the differences between giving advice, solving a problem, and active listening
  - ▶ Be able to state and practice the helpful questions.
  - ▶ Know the differences between information, reflection, and guiding questions.
  - ▶ Be able to summarize a section of a session or a full session with a Peer.

#### ➤ MATERIALS NEEDED

- Flip chart with markers, stand
- Handout: “Practice Role Plays: Helpful Questions”
- Handout: “Reference Sheet: Active Listening Skills”
- Handout: “Responding with Empathy by Active Listening”
- Refreshments (Smart & Final, \$12 for 15 people):
  - ▶ Mozzarella sticks
  - ▶ Assorted vegetable tray
  - ▶ Coffee, tea, water
- Pencils/Pens

## ➤ PREPARATION

- Review all related materials before the session
- Purchase refreshments
- Make copies of the handout: “Practice Role Plays: Helpful Questions”
- Make copies of the handout: “Reference Sheet: Active Listening Skills”
- Make copies of the handout: “Responding with Empathy by Active Listening”
- Write brief agenda on flip chart or white board

## ➤ SESSION 4

### Check-In

- You can share something about what is going on in your life or any thoughts or feelings in response to the classes, class experience etc.
- Approximately 2-3 minutes each person, no cross talk, maybe a quick question, very supportive, everyone practicing listening.

### Active Listening, continued

- Recap of Session 3
  - In our last class, we focused on the power of relationships to heal many wounds and to not underestimate the power of your coaching relationship with your Peer Client.
  - We also continued to build your active listening skills as a way to understand your Peer from his or her point of view, as well as to validate, and support your Peer.
  - Today we will add to “Skill #4: More on Reflecting Thoughts and Feelings.”
  - We will also add two more skills: Using Helpful Questions and Summarizing.
- **Active Listening Skill #4: More on Reflecting Thoughts and Feelings**
  - Review:
    - Question and Discussion: Does anyone remember how to *reflect the content* of what your peer is saying to you?
    - Question and Discussion: Does anyone remember how to *reflect the feelings* of what your peer is saying to you?



- Now that you have this basic understanding of how to reflect thoughts and feelings, we'll go deeper with four more points.
- First, **How to Place Focus More onto Thoughts or More onto Feelings**
  - In general, we want to follow the lead of our Peer Clients and what they want to talk about, whether it is feelings or thoughts.
    - ☛ If they are speaking about feelings, we can *reflect some of the emotions* as you learned in our last class.
      - This will let the Peers hear themselves and their feelings.
      - You can also ask reflective feeling questions, such as “How did you feel about that?” to deepen the conversation about feelings.
    - ☛ If they are speaking about thoughts, we can *reflect some of the content* as you also learned last time.
      - This will help the Peers consider the situation *more analytically*.
      - You can also ask information questions, such as “What happened next?” to deepen the conversation about thoughts.
  - Once in a while, however, you may want to guide a Peer to focus more on thoughts or more on feelings, than they already are by asking questions.
    - ☛ If a Peer is speaking about thoughts and you want to deepen the feeling conversation or bond, you can ask her “*How did you feel?*” about the topic.
    - ☛ If a Peer is becoming overwhelmed with feelings and you want to help them become less "flooded" you can say, "*Tell me more about what you thought?*" Or you can ask more factual questions about the "*When, Where, or What*" details related to the topic.
    - ☛ Notice how this questioning shifts the conversational focus from thoughts to feelings or from feelings to thoughts.
- Second, **How to Combine Reflecting Content and Reflecting Feelings**
  - Your Peer Client will likely express or imply both thoughts and feelings at the same time and in the same conversation.

- Therefore, a more real-to-life approach for paraphrasing your Peer's meaning into your own words is to *combine a reflection of content* (e.g., thoughts) and *feelings into the same sentence*.
  - ☛ Example #1 of Peer's Statement: "I went to visit family this weekend and they were not interested in spending time with me." (The feelings are not stated out loud in this example, but implied in the sentence.)
  - ☛ Your Response: "When you saw your family recently, they didn't take time for you and you feel lonely" ("didn't take time" is the *content* and "lonely" is the *feeling*).
  - ☛ Example #2 of Peer's statement: "I am so distraught over losing my pension!" (The feeling is stated out loud in this example.)
  - ☛ Your Response: "I hear that you are feeling very upset about how your pension has been taken away" ("very upset" is the *feeling* and "pension being taken away" is the *content*).
- Third, **Be Careful Not to Solve a Problem**
  - Solving problems is not the purpose of active listening.
  - Stopping yourself from solving problems and *instead using the active listening skills* you have learned so far can be very powerful as demonstrated by this story that I will read to you:

There was once a very kind man who met a poor, hungry person. The hungry man said, "Please give me something to eat." The very kind man had in his bag a few fresh fish he had just caught. "Here," he said. "Take this."

The hungry man went away, ate, and was satisfied. The next time he was hungry, he looked for someone to give him something to eat. (If this worked once, it might work again.) And so he went on throughout his life, always looking for someone to help him with his

Another hungry man also met a fisherman on his way and asked for help with his hunger. "I see you have many fish in your bag. May I have some, as I am very hungry?"

"Come with me," said the wise person, "Nearby is the stream where I caught these fish. I will show you how to catch your own fish."

Our hungry person went with him, learned to fish, and was never hungry again.

- Questions and Discussion: What is the meaning of this story? How can this story be applied to Peer Coaching?
  - ☛ In summary, you may have heard the saying: "Give a person a fish, and he eats for a day. Teach a person how to fish, and he eats for life."
- Fourth, **Be Careful Not to Give Advice**
  - Giving advice is not the purpose of active listening.
  - Stopping yourself from giving advice and *instead using the active listening skills* you have learned so far can also be very powerful as demonstrated by the following case that I will read to you:

A mother spent the bulk of her life devoted to a son who had been a failure in school and was later involved with misdemeanors, drinking, and drugs. His behavior resulted in arrests and hospitalizations. He refused to take responsibility for his own life. The mother was miserable about him and felt sorry for herself.

Her friends and family often told her that she was wasting her life and ruining his by allowing him to be dependent on her. Several therapists told her what she must do to resolve her problem. She steadfastly maintained that he was her whole life and she would give up anything for him.

The Peer Coach reflected back to the Peer Client her

The Coach pointed out how many people wish they could be so focused, instead of fragmented, in their endeavors. She asked the Client to think about how she might use this ability if something happened to her son and she would no longer have him full time.

This approach was so startling to the Peer Client that at first she was bewildered, then relieved. Finally, someone was validating her way of being acknowledging that she was special and successful in something. She began to relax and experience some inner freedom. Only then was she able to take a new look at the way in which she was living her life. Then she could ask herself if she wanted to continue in the same way.

- Questions and Discussion: What is the meaning of this case? How can this case be applied to Peer Coaching?
  - ☛ In this case, active listening was so much more helpful than giving advice, as it often is.
    - However, even active listening does not always lead to your Peer Client being successful.
    - We can help another person, but we cannot control the outcomes.
- In summary: When you are reflecting back to your Peer Client his or her thoughts and feelings, remember that you can focus your client to talk more deeply about thoughts or feelings. You will also find that you can combine your paraphrase to include both thoughts and feelings at the same time. Also remember to be careful not to solve problems or give advice, but simply to actively listen with empathy to your Peer.

BREAK

- **Active Listening Skill #5: Helpful Questions**
  - **Asking Basic Questions**
    - Question: Why are asking good questions helpful?

- Question: What are some of the ways a question can be helpful for your Peer Client? For you?

○ **Three Types of Questions**

Type 1, Information Questions: Questions designed to *help encourage the Peer to share more and for you to gather some information* (write sentence on flip chart).

- Examples:
  - ☛ When . . . ?
  - ☛ Who . . . ?
  - ☛ What . . . ?

Type 2, Reflection Questions: Questions designed to *help the Peer hear themselves and to deepen the conversation for feelings or thoughts* (write sentence on flip chart).

- Examples:
  - ☛ How did you feel about that?
  - ☛ What did you do or say?
  - ☛ What would you have liked to do or say in reality?
  - ☛ How do you take care of yourself?
  - ☛ What will you do over the next days to take care of yourself?
- Reflection questions can often be combined with your paraphrasing of your Peer Client's thoughts and feelings.

**Demo Role Play:**

- Ask for a volunteer from the class to role-play the Peer Client with the trainer role-playing the Peer Coach.
- Ask the trainee, as the Peer Client, to state a dream or goal he or she has had (real or imagined).
- Provide examples of asking information questions and reflection questions.
- If the trainee is doing well, reverse roles and have the trainee demonstrate being the Peer Coach.
  - ☛ Give gentle, but clear feedback.

- ☛ Also ask the class for feedback.

**Activity: “Active Listening Skills with Some Helpful Questions” (see HANDOUT)**

- Place class members into groups of three, with people sitting next to each other.
- Explain instructions.
- Conduct activity.
- Report out.

**One More Kind of Question that can be helpful**

Type 3, Guiding Questions: Questions that are supportive and *designed to have the Peer explore an issue in a helpful way* (write sentence on flip chart).

- Examples:
  - ☛ What do you think would happen if?
  - ☛ What is stopping you?
  - ☛ How do you take care of yourself? (This question is used differently here than in the Reflection Question example in the previous section.)
  - ☛ What is the worst thing that could happen?
  - ☛ What worked for you in the past?
  - ☛ Can you try any of that now?
- Guidelines:
  - ☛ All questions should be asked in a *tentative way*. Remember the Peer may not be ready for this question or it may be off base.
  - ☛ *It is their session*. We are Peer Coaches and companions on their journey. Be sure to use this as a helpful tool.
  - ☛ *It is not a sneaky way to give advice*; it is a way to help a Peer think about possibilities for another way of approaching a situation.
- Question: Imagine that a Peer states, “I can no longer do all of the things I used to do because of my physical problems.”
  - ☛ People on the left, think of information questions to ask this Peer.
  - ☛ People in the center, think of reflection questions to ask this Peer.
  - ☛ People on the right, think of guiding questions to ask this Peer.



Report out to the class. (If time is limited, simply point to that section of the room and ask for someone to volunteer an answer.)

- **Active Listening Skill #6: Summarizing**
  - **Use summarizing of the main points as a way of finishing a section of a session with a Peer or a way of concluding a whole session (write sentence on flip chart).**
    - Summarizing is also a way to end a session and mark a place to start another session.
    - Example: Here is a summary of the active listening skills learned in our last two class sessions (see Review Sheet HANDOUT).
      - ☛ You would not necessarily have a handout for your Peer Client, but you could write down key points for him or her to remember.
      - ☛ Review the skills.
      - ☛ Practice with Active Listening Vignettes (see HANDOUT)
        - Place class members into pairs.
        - Explain instructions.
        - Conduct activity.
        - Report out.
      - ☛ Practice all of these skills in a situation of your choice outside of class (see HANDOUT), but not a circumstance that is too important or complex since you're learning the skills.

## Questions and Answers

### Closing and Feedback

- In one sentence tell us: What was the most useful part of today's session or what did you like best?
- In one sentence tell us: What will you do to take care of yourself over these next few days?
- The power of these skills in the context of a caring relationship can help the person feel stronger and can already create some positive changes. Emphasize the power of the relationship of trust and support as a means of change.
- We could stop here but we have even more tools for you, if you need them. Many times active listening and helpful questions in a trusting, safe relationship is enough.

# PRACTICE ROLE PLAYS

## Active Listening Skills with Some Helpful Questions

### Purpose

1. To help deepen the conversation with your partner and gain skill with information questions.
2. To help deepen the conversation with your partner and gain skill with reflection questions.
3. To further develop your other active listening skills through practice role plays.

### Lesson

Type 1, Information Questions: Questions designed to *help encourage the Peer to share more and for you to gather some information.*

- Examples:
  - When . . . ?
  - Who . . . ?
  - What . . . ?

Type 2, Reflection Questions: Questions designed to *help the peer hear themselves and to deepen the conversation for feelings or thoughts.*

- Examples:
  - How did you feel about that?
  - What did you do or say?
  - What would you have liked to do or say in reality?
  - How do you take care of yourself?
  - What will you do over the next days to take care of yourself?

### Instructions

3. One of you should play the role of Peer Coach, of Peer Client, and of Observer.
4. The Peer Client should speak for two minutes about a dream or goal he or she has had while the Peer Coach practices information questions and reflection questions with the Peer Client. The Peer Coach should also practice other active listening skills. Then the Observer should briefly explain what worked well in the role play and what could be improved.
3. Switch roles and repeat the exercise until everyone has played all three roles.

# REVIEW SHEET

## Active Listening Skills

### **Skill #1: Listening with Empathy**

- Strive to understand your Peer from his or her point of view.
- Do not judge, criticize, react, give advice, or solve a problem.

### **Skill #2: Nonverbal Attending Behavior**

- Practice direct eye contact, face your Peer directly, keep your arms unfolded, lean slightly toward your Peer, and use facial expressions consistent with what your Peer is saying.

### **Skill #3: Encouragers**

- Use verbal encouragers like these: I see, Tell me more, Okay, Wow, I understand, Yes

### **Skill #4: Reflecting Thoughts and Feelings**

- Reflect Content: Reflect the content of what your peer said by stating a paraphrase of your peer's meaning into your own words.
- Reflect Feelings: Reflect the feelings your peer has stated or implied, verbally or nonverbally, by stating a paraphrase of your peer's meaning into your own words.

### **Skill #5: Asking Helpful Questions**

- Type 1, Information Questions: Questions designed to help encourage the Peer to share more and for you to gather some information (e.g., Who?, What?, When?).
- Type 2, Reflection Questions: Questions designed to help the peer hear themselves and to deepen the conversation for feelings or thoughts (e.g., How did you feel about that?).
- Type 3, Guiding Questions: Questions that are supportive and designed to have the Peer explore an issue in a helpful way (e.g., What do you think would happen if . . .?).

### **Skill #6: Summarizing**

- Practice summarizing as a way of tying up a section of a session with a Peer or a way of concluding a whole session.

# PRACTICE ROLE PLAYS

## Active Listening Vignettes

### Purpose

1. To help deepen the conversation with your partner and gain skill with summarizing.
2. To practice and further develop skill in the six active listening behaviors covered in the last two training sessions.
3. To begin to recognize when to choose each of the various active listening skills and how the conversation develops with the use of each skill.

### Lesson

Use summarizing of the main points as a way of finishing a section of a session with a Peer or a way of concluding a whole session.

### Instructions

1. One of you should play the role of Peer Coach and of Peer Client for Vignette #1 below.
2. Both of you should read the vignette on your own in advance, without discussion with your role play partner.
  - a. During this reading and using the Review Sheet, the person role playing the Peer Coach should imagine and write down examples of the types of things you might say to this person for each of the six active listening skills. Be sure to include summarizing as part of your response. Also emphasize strengths, self-care and self-compassion throughout your role play. What you actually say during the role play may be somewhat different, but this will help you to prepare.
  - b. During this reading, the person role playing the Peer Client should create and write down a list of additional, realistic details about the vignette and about the Peer Client to share with your Peer Coach during your role play. Ask your trainer for assistance if needed.
5. For three minutes conduct your role play.
6. Switch roles and repeat steps 1-3 above for Vignette #2.

### Vignettes

Vignette #1: You have been seeing your Peer Client for a few weeks and are establishing trust and rapport. In your fourth session, your Peer Client mentions that this is an especially hard week for him or her because of the 5th anniversary of his or her mother's death next week.

Vignette #2: You have been seeing your Peer Client for a few months and have a strong trusting relationship. Your Peer Client tells you that he or she is starting to feel more depressed as the weather becomes grayer and is having less energy than in the summer months.

**HOMEWORK: PRACTICE OUTSIDE OF OUR TRAINING SESSION**

# **Responding with Empathy by Active Listening**

*Goals: to empathize and really understand your conversational partner — from his or her point of view, to build trust.*

*Try to really listen actively with empathy to someone outside of our training session, instead of judging or giving advice, and see what happens!*

**1. Try listening with empathy outside of our training for 10 minutes or more using as many of the skills listed on your Review Sheet that you can.** (Try to use this method in a situation where you would not normally respond this way.)

- Choice 1: Actively listen while your conversational partner talks.
- Choice 2: Teach active listening to your conversational partner and take turns using it like the role plays we did during your training.

*When to use:* When your conversational partner tells you a problem, a goal or dream, a conflict, or to get to know someone.

**2. Report your experience at our next training session.**

**A. THE SITUATION**

- Who was involved? \_\_\_\_\_
- Briefly, what were the circumstances? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Describe the active listening behaviors you used (any or all that apply):
  - I used nonverbal attending behaviors: \_\_\_\_\_  
\_\_\_\_\_
  - I used encouragers: “\_\_\_\_\_.”
  - I reflected content by paraphrasing: “\_\_\_\_\_”  
\_\_\_\_\_  
\_\_\_\_\_
  - I reflected feelings by paraphrasing: “\_\_\_\_\_”  
\_\_\_\_\_  
\_\_\_\_\_



I asked helpful questions: “\_\_\_\_\_”  
\_\_\_\_\_”

I summarized: “\_\_\_\_\_”  
\_\_\_\_\_”

- Describe the other person’s response to your active listening:

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## B. THE RESULTS

- In contrast, how would you normally have responded?

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- How did you feel at the end of your conversation? How did your conversation partner feel? How does this feeling compared to your emotional state or attitude when experiencing a similar situation without using active listening?

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- What were the benefits/difficulties of using active listening instead?

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Senior Peer Mental Health Coach Program  
 City of Fremont  
 Evaluation of Session 4

| How would you rate your:                            |                | Low |   |   |   | High |
|---|----------------|-----|---|---|---|------|
| Confidence of reflecting thoughts and feelings      | Before session | 1   | 2 | 3 | 4 | 5    |
|   | After session  | 1   | 2 | 3 | 4 | 5    |
| Knowledge regarding how to asking helpful questions | Before session | 1   | 2 | 3 | 4 | 5    |
|   | After session  | 1   | 2 | 3 | 4 | 5    |
| Understanding the importance of summarizing         | Before session | 1   | 2 | 3 | 4 | 5    |
|   | After session  | 1   | 2 | 3 | 4 | 5    |

How does “reflecting thoughts and feelings” help to show your empathy and enhance the relationship between you and your peer(s)?

How does asking helpful question enhance coach-peer relationship?

Why do you think summarizing is importance while interacting with peer(s)?

# Senior Peer Coaching Training



Class Four  
February 26, 2015



# Active Listening, Part 2: Helpful Questions & Summarizing



Class Four of the Senior Peer Coaching Training  
Presented by Ihande Weber, LCSW



# Agenda



- ❧ Introduction
- ❧ Recap of Session 3
- ❧ Active Listening
  - ❧ Active Listening Skill #4: More on Reflecting Thoughts and Feelings
  - ❧ Active Listening Skill #5: Helpful Questions
  - ❧ Active Listening Skill #6: Summarizing
- ❧ Questions and Answers
- ❧ Closing and Feedback



# Learning objectives



By the end of this session, participants will:

- ☞ Clarify the differences between giving advice, solving a problem, and active listening
- ☞ Be able to state and practice the helpful questions.
- ☞ Know the differences between information, reflection, and guiding questions.
- ☞ Be able to summarize a section of a session or a full session with a Peer.

# Check-in





# Recap of class 3



- ❧ In our last class, we focused on the power of relationships to heal many wounds and to not underestimate the power of your coaching relationship with your Peer Client.
- ❧ We also continued to build your active listening skills as a way to understand your Peer from his or her point of view, as well as to validate, and support your Peer.
- ❧ Today we will add to “Skill #4: More on Reflecting Thoughts and Feelings.”
- ❧ We will also add two more skills: Using Helpful Questions and Summarizing.

# Active Listening Skill #4: More on Reflecting Thoughts & Feelings



## Question and Discussion:

Does anyone remember how to *reflect the content* of what your peer is saying to you?

Does anyone remember how to *reflect the feelings* of what your peer is saying to you?

# Focusing on thoughts or feelings



In general, we want to follow the lead of our Peer Clients and what they want to talk about, whether it is feelings or thoughts.

- ❧ If they are speaking about feelings, we can reflect some of the emotions as you learned in our last class.
  - ❧ This will let the Peers hear themselves and their feelings.
  - ❧ You can also ask reflective feeling questions, such as “How did you feel about that?” to deepen the conversation about feelings.
- ❧ If they are speaking about thoughts, we can reflect some of the content as you also learned last time.
  - ❧ This will help the Peers consider the situation more analytically.
  - ❧ You can also ask information questions, such as “What happened next?” to deepen the conversation about thoughts.

# Focusing on thoughts or feelings



Once in a while, however, you may want to guide a Peer to focus more on thoughts or more on feelings, than they already are by asking questions.

- ☞ If a Peer is speaking about thoughts and you want to deepen the feeling conversation or bond, you can ask her "How did you feel?" about the topic.
- ☞ If a Peer is becoming overwhelmed with feelings and you want to help them become less "flooded" you can say, "Tell me more about what you thought?" Or you can ask more factual questions about the "When, Where, or What" details related to the topic.
- ☞ Notice how this questioning shifts the conversational focus from thoughts to feelings or from feelings to thoughts.



# How to Combine Reflecting Content & Reflecting Feelings



Your Peer Client will likely express or imply both thoughts and feelings at the same time and in the same conversation.

- ☞ Therefore, a more real-to-life approach for paraphrasing your Peer's meaning into your own words is to combine a reflection of content (e.g., thoughts) and feelings into the same sentence.
- ☞ Example #1 of Peer's Statement: "I went to visit family this weekend and they were not interested in spending time with me." (The feelings are not stated out loud in this example, but implied in the sentence.)
- ☞ Your Response: "When you saw your family recently, they didn't take time for you and you feel lonely" ("didn't take time" is the content and "lonely" is the feeling).

# How to Combine Reflecting Content & Reflecting Feelings



- ∞ Example #2 of Peer's statement: "I am so distraught over losing my pension!" (The feeling is stated out loud in this example.)
- ∞ Your Response: "I hear that you are feeling very upset about how your pension has been taken away" ("very upset" is the feeling and "pension being taken away" is the content).



# Be Careful Not to Solve a Problem



- ☞ Solving problems is not the purpose of active listening.
- ☞ Stopping yourself from solving problems and instead using the active listening skills you have learned so far can be very powerful as demonstrated by this story that I will read to you:

There was once a very kind man who met a poor, hungry person. The hungry man said, "Please give me something to eat." The very kind man had in his bag a few fresh fish he had just caught. "Here," he said. "Take this."

The hungry man went away, ate, and was satisfied. The next time he was hungry, he looked for someone to give him something to eat. (If this worked once, it might work again.) And so he went on throughout his life, always looking for someone to help him with his hunger.

Another hungry man also met a fisherman on his way and asked for help with his hunger. "I see you have many fish in your bag. May I have some, as I am very hungry?"

"Come with me," said the wise person, "Nearby is the stream where I caught these fish. I will show you how to catch your own fish."

Our hungry person went with him, learned to fish, and was never hungry again.

# Questions & Discussion:



- ❧ What is the meaning of this story?
- ❧ How can this story be applied to Peer Coaching?

In summary, you may have heard the saying: *“Give a person a fish, and he eats for a day. Teach a person how to fish, and he eats for life.”*

# Be Careful Not to Give Advice



- ☞ Giving advice is not the purpose of active listening.
- ☞ Stopping yourself from giving advice and instead using the active listening skills you have learned so far can also be very powerful as demonstrated by the following case that I will read to you:



# Case story



A mother spent the bulk of her life devoted to a son who had been a failure in school and was later involved with misdemeanors, drinking, and drugs. His behavior resulted in arrests and hospitalizations. He refused to take responsibility for his own life. The mother was miserable about him and felt sorry for herself.

Her friends and family often told her that she was wasting her life and ruining his by allowing him to be dependent on her. Several therapists told her what she must do to resolve her problem. She steadfastly maintained that he was her whole life and she would give up anything for him.

The Peer Coach reflected back to the Peer Client her singleness of purpose, her devotion to one thing, and the marvelous job she was doing of concentrating on that one element in her life.

# Case story, part 2



The Coach pointed out how many people wish they could be so focused, instead of fragmented, in their endeavors. She asked the Client to think about how she might use this ability if something happened to her son and she would no longer have him full time.

This approach was so startling to the Peer Client that at first she was bewildered, then relieved. Finally, someone was validating her way of being acknowledging that she was special and successful in something. She began to relax and experience some inner freedom. Only then was she able to take a new look at the way in which she was living her life. Then she could ask herself if she wanted to continue in the same way.



# Questions & Discussion:



What is the meaning of this case? How can this case be applied to Peer Coaching?

- ☞ In this case, active listening was so much more helpful than giving advice, as it often is.
- ☞ However, even active listening does not always lead to your Peer Client being successful.
- ☞ We can help another person, but we cannot control the outcomes.

# In summary...



When you are reflecting back to your Peer Client his or her thoughts and feelings, remember that you can focus your client to talk more deeply about thoughts or feelings. You will also find that you can combine your paraphrase to include both thoughts and feelings at the same time. Also remember to be careful not to solve problems or give advice, but simply to actively listen with empathy to your Peer.

# Break





# Active Listening Skill #5: Helpful Questions



## Asking Basic Questions

Why is asking good questions helpful?

What are some of the ways a question can be helpful for your Peer Client? For you?

# Three types of questions



## Type 1 - Information Questions:

Questions designed to help encourage the Peer to share more and for you to gather some information.

### Examples:

When . . . ?

Who . . . ?

What . . . ?

# Three types of questions



## Type 2 - Reflection Questions:

Questions designed to *help the Peer hear themselves and to deepen the conversation for feelings or thoughts.*

- ❧ How did you feel about that?
- ❧ What did you do or say?
- ❧ What would you have liked to do or say in reality?
- ❧ How do you take care of yourself?
- ❧ What will you do over the next days to take care of yourself?

Reflection questions can often be combined with your paraphrasing of your Peer Client's thoughts and feelings.



# Three types of questions



## Type 3 - Guiding Questions:

Questions that are supportive and *designed to have the Peer explore an issue in a helpful way.*

- ❧ What do you think would happen if?
- ❧ What is stopping you?
- ❧ How do you take care of yourself? (This question is used differently here than in the Reflection Question example in the previous section.)
- ❧ What is the worst thing that could happen?
- ❧ What worked for you in the past?
- ❧ Can you try any of that now?

# Active Listening

## Skill #6:

# Summarizing



Use summarizing of the main points as a way of finishing a section of a session with a Peer or a way of concluding a whole session.

Summarizing is also a way to end a session and mark a place to start another session.

# Examples of summarizing



Example: Here is a summary of the active listening skills learned in our last two class sessions (see Review Sheet HANDOUT).

☞ You would not necessarily have a handout for your Peer Client, but you could write down key points for him or her to remember.

☞ Review the skills.

☞ Practice with Active Listening Vignettes (see HANDOUT)

Practice all of these skills in a situation of your choice outside of class (see HANDOUT), but not a circumstance that is too important or complex since you're learning the skills.

# Questions & answers





# Closing and feedback



In one sentence tell us: What was the most useful part of today's session or what did you like best?

In one sentence tell us: What will you do to take care of yourself over these next few days?

## Class Five:

### Challenging Aging Myths, Aging and Mental Health, More About Peer Coach's Role within the Mobile Mental Health Team

#### ➤ AGENDA

- Check-in
- Challenging Aging Myths
  1. Definitions of Stereotypes and Myths
  2. Myths and Realities of Aging
  3. Facts on Aging Quiz
- Aging and Mental Health
  1. Loss and Grief
  2. Depression
  3. Anxiety
  4. Dementia and Addictions
- Peer Coach's Role within Senior Mobile Mental Health Program
- Questions and Answers
- Closing and Feedback

#### ➤ MATERIALS NEEDED

- Flip chart with markers, stand
- Handout: "Facts on Aging Quiz"
- Refreshments (Smart & Final, \$12 for 15 people):
  - ▶ Mozzarella sticks
  - ▶ Assorted vegetable tray
  - ▶ Coffee, tea, water
- Pencils/Pens
- Trainer's Copy of Training Folder with Inserts given to date, including Program Description

#### ➤ PREPARATION

- Review all related materials before the session



- Purchase refreshments
- Make copies of the handout: “Facts on Aging Quiz”
- Write brief agenda on flip chart or white board

## ➤ SESSION 5

### Check-In

- You can share something about what is going on in your life or any thoughts or feelings in response to the classes, class experience etc.
- Approximately 2-3 minutes each person, no cross talk, maybe a quick question, very supportive, everyone practicing listening.

### Challenging Aging Myths

- **Definitions of Stereotypes and Myths**
  - *Stereotypes*: Widely held, but fixed or oversimplified, images or ideas of a particular type of person.
  - *Myths*: Widely held, but false, beliefs or ideas.
  - Stereotype and myths develop from limited experience and often are passed from generation to generation.
  - Over time, they come to be thought as facts.
  - We have found that many accepted views of aging are indeed myths and stereotypes. A society’s views and attitudes toward older people can foster the creation of stereotypes, one of which is widespread belief that older people have outlived their usefulness.
  - Question: What are some examples of myths and stereotypes about older people (write on flip chart)?
- **Myths and Realities of Aging**
  - The meaning of Aging for an individual has many parts, including one’s physical health, one’s mental health and one’s individual expectations and cultural expectations along with the context or community that one lives in.
  - Let’s start with some discussion questions to share out some of your thoughts and expectations of aging. It can be helpful to share out and discuss some of our own thoughts and expectations.

- Later we can take a look at what the research shows are some of the realities of “average” aging.
- Discussion questions (Trainer, write the answers on a white board or large piece of paper.)
  - What does it mean to grow old? Some sample responses might include:
    - ☛ It’s all downhill.
    - ☛ Slower and more problems
    - ☛ Closer to death
  - What are some of the positives of growing old? Some sample responses might include:
    - ☛ It beats the alternative
    - ☛ Less responsibilities
    - ☛ More wisdom
  - How should someone behave when they grow older? Some sample responses might include:
    - ☛ We should be more dignified
    - ☛ We can be more outrageous
    - ☛ We should live our lives fully because time is limited.
- As you shared out your ideas was anyone surprised to hear an answer that you came up with?
- Our ideas of how aging works and what to expect are often shaped by many outside forces and are sometimes not in keeping with our own values today and what is truly possible.
- Myths and stereotypes about aging can get in our way of what to expect for ourselves or for our clients. A society that over values youth can consciously or unconsciously send a message that older people have less capabilities and less possibilities than are real.
- It is important for coaches to take a close look at our own beliefs about what is possible as we age and the importance of realistic expectations combined with valuing the real gifts of aging.

- So, now let's take a look at a quiz that will help us to identify some of the realities of aging and some of the myths.
- Aging Quiz- See Handout for Trainees
- **Myth or Reality**
  - Show trainees the 15 myths on PowerPoint.
    - MYTH #1: All old people are the same.
    - MYTH #2: The basic human needs of older people are different from those of younger people.
    - MYTH #3: More than 50 percent of the elderly are senile (that is, they suffer memory, disorientation, bizarre behavior)
    - MYTH # 4: All old people are incompetent.
    - MYTH #5: There is a lack of productivity with older people.
    - MYTH #6: All old people suffer from rigid thinking.
    - MYTH #7: As people age, their ability to learn often stops.
    - MYTH #8: It is easier to learn new things than it is to recall things from the past.
    - MYTH #9: Forgetfulness is likely to indicate the onset of dementia.
    - MYTH#10: Everyone who gets old will develop dementia.
    - MYTH#11: All old people get depressed.
    - MYTH#12: Depression in late life is more enduring and difficult to treat than depression at younger ages.
    - MYTH#13: Depression in late life is typically due to psychological factors.
    - MYTH#14: If an older person does not look depressed, he/she does not feel depressed.
    - MYTH#15: If an older person looks depressed, he or she must feel depressed.
  - Divide trainees into two small groups to complete the quiz, as this will create more interaction and discussion.
  - Distribute Myth of Aging Quiz handout and discuss answers in large group.

- So as we know, there are many expected changes as we age; our senses can diminish, our eyesight and hearing may grow less strong. We may also retrieve information less quickly than before. At the same time, there are many myths or stereotypes about aging. Depression and dementia are not necessary parts of the aging process.
- In fact, a number of studies in the last years suggest that we may become happier as we age, may gain social skills, experience less anger, and have a stronger ability to size up people and manage conflicts. 1
- Many of these qualities or attributes could be summed up under the old-fashioned heading of gaining “life experience and wisdom”.
- Question: Are you surprised by any of this information?

## Aging and Mental Health

- **As we saw in the quiz about myths and realities of aging, there are stereotypes about aging. One is that seniors are lonely, inactive, depressed and anxious. What we know is that we all experience some of these feeling states during times in our lives but that these are not necessary components of aging.**
- **At the same time, it is not unusual to have a time of loss and grief, depression or anxiety as we age.**
- **Let’s take a look at the big three and think about how you may be of assistance.**
- **Loss and Grief**
  - As one ages, it is not uncommon to find that one is losing some capabilities that you used to have. As mentioned, eyesight or hearing may change, reaction time and time to retrieve information may slow, and some of us experience medical issues that may change our abilities and our mobility. The experience of these changes can feel like a grieving process. When one grieves a loss we may experience a range of feelings including shock, anger, depression, bargaining, and re-integration.
  - The losses that we experience as seniors can include loss of capabilities and also loss of people who are important to us. Many seniors experience the

loss of spouses, family members and friends. The grief process is a part of life and is very individual. It can be very helpful to have someone outside of the family and friends to talk about these losses and begin to let go of some of the pain.

- **Depression**

- As mentioned before, depression is not a typical part of aging and some studies have found that it actually decreases with age. At the same time, other studies have found that prolonged isolation and loneliness can cause a slide into depression and those who have had bouts of depression at other times in their lives may experience these bouts again as a senior.
- Some of the hallmarks of depression are loss of energy, loss of interest in things you used to do, changes in eating habits (more or less), changes in sleeping habits (more or less), inability to concentrate, feelings of guilt and rumination. Some people experience thoughts of hurting themselves or others when they are depressed which are risk area that must be accessed and treated by the Mobile Mental Health team and other professionals. You will find out more about your role and your boundaries today and throughout the training.
- Watch - Short Video from NIH, One Woman's Experience with Depression 3min 30 sec.

- **Anxiety**

- We all experience normal fear at times but some of us experience fear that is out of proportion to the situation as we anticipate situations.
- We are hardwired as humans to be on the look-out for dangerous situations that can harm us and this is a positive defense. As the perceived threats in our environment have changed from the potential tiger across the mountain to more familiar situations our wires are sometimes crossed and not so helpful. If we have had a bad experience with a situation in the past or anticipate that we may be hurt we may overestimate danger.
- For example, did you know the number one fear of humans in Western cultures is speaking in front of a group? What is the worst thing that can

happen? Probably you will not be eaten by a tiger but we exaggerate a fear of being embarrassed or shunned. As a response to anxiety we may have negative messages or self-talk in our heads that can even be paralyzing at times.

- Instead we can help by working with anxiety with the tool of self-compassion, what would you tell a good friend who tries something that makes them scared? “You don’t have to be perfect, you are very brave for being able to try this and it will be good enough”. We can help by listening to clients and using tools that emphasize a client’s strengths and self-compassion.
- Senior Peer Coaches can be helpful with anxieties by using active listening skills to allow the client to “get it off their chest” and unload some of the feelings and by helping the client to keep it in proportion with a reality check about their strengths and helping them to use self-compassion and self-care strategies.

- **Dementia and Addictions**

- Two other mental health issues that you may encounter in your counseling require more time and more specialized training than we can offer now.
- These are issues of clients who may experience dementia or clients who may suffer with issues of addictions. After the initial training you will receive additional training on a regular basis and these topics can be covered in detail. If you do encounter these issues with a client please bring them up to the Mobile Mental Health Team staff for help and consultation.

- **Healthy Aging: Keeping Mentally Fit as We Age**

- Changes in mental abilities as we age.
- What to do to keep my mind healthy.
- What’s normal as we get older?
- Other psycho-social intervention for the promotion of mental Health.

## **Peer Coach’s Role in the Senior Mobile Mental Health Program**

- **When you have successfully completed the training you will be considered a Senior Peer Coach. Over time will receive a senior client to work with**



**and you will be a member of a treatment team of people who are assigned to work with the client. You don't need to do it alone. Your client may have a therapist within the team and possibly a psychiatrist as part of your team. Your job is to offer positive emotional support and you can also help by being eyes and ears for the team, if there is an issue that may need more attention.**

- **The information and tools that you are learning now will help you to feel successful meeting with your client on a regular basis. Usually we begin with once a week for about an hour and one half. You will utilize the tools of active listening, self-compassion, self-care and emphasizing your client's strengths.**
- **You will have a regular time to meet with a member of the Mobile Mental Health team to share about how your meetings are going both the successes and challenges.**

## **Questions and Answers**

## **Closing and Feedback**

- **In one sentence tell us: What was the most useful part of today's session or what did you like best?**
- **In one sentence tell us: What will you do to take care of yourself over these next few days?**

## Handout – Myths of Aging Quiz

Conquering stereotypes of old age.

Published on January 20, 2011 by Simon Tan, Psy.D., A.B.P.P in Wise Up

In introducing the concept of normal aging, I would point out that many contemporary images of aging have generally reinforced negative stereotypes of the elderly. Certain conditions do occur but their prevalence and severity have been exaggerated.

Here are some commonly held stereotypes of old age.

MYTH #1: All old people are the same.

REALITY: There is more variety among older people than among any other age group.

MYTH #2: The basic human needs of older people are different from those of younger people.

REALITY: Human needs do not change as we grow old.

MYTH #3: More than 50 percent of the elderly are senile (that is, they suffer memory, disorientation, and bizarre behavior)

REALITY: About 80 percent of older adults are healthy enough to carry out their normal activities.

MYTH # 4: All old people are incompetent.

REALITY: Many elderly people, even in the early stages of dementia, can retain their abilities to understand and appreciate information they are given and reason to make important life choices. Physical disabilities are often mistakenly linked to intellectual deficits.

MYTH #5: There is a lack of productivity with older people.

REALITY: While most older people are not in paid employment, they may have important roles as grandparents, caregivers, volunteers, or in civic and social activities.

MYTH #6: All old people suffer from rigid thinking.

REALITY: There is the belief elders shy away from new technologies such as use of computers and the Internet. Over 41 percent of those >65 use the Internet.

MYTH #7: As people age, their ability to learn often stops.

REALITY: Learning patterns may change and speed of learning may diminish but the basic capacity to learn is retained.

MYTH #8: It is easier to learn new things than it is to recall things from the past.

REALITY: The exact opposite is true: It is easier to remember things from the past than it is to learn new things.

MYTH #9: Forgetfulness is likely to indicate the onset of dementia.

REALITY: Memory loss can be caused by medications, medical conditions, or by depression related to life events. Forgetfulness may be an early sign of dementia but it does not necessarily mean a person will be diagnosed with dementia.

MYTH#10: Everyone who gets old will develop dementia.

REALITY: Only 6%-8% of people over age 65 have dementia and 1/3 of those over age 85 have some dementia symptoms.

MYTH#11: All old people get depressed.

REALITY: Most older adults, most of the time, are not depressed. Depression is NOT a normal part of growing old but rather an illness that needs to be treated. Age alone is not a risk factor for depression.

MYTH#12: Depression in late life is more enduring and difficult to treat than depression at younger ages.

REALITY: The course of depression in the elderly is identical to that of younger persons. The response of depression to treatment appears as positive as at other life stages.

MYTH#13: Depression in late life is typically due to psychological factors.

REALITY: Depression in late life is frequently co-morbid with physical illness such as stroke, heart disease, diabetes, and hip fracture. If caregivers misinterpret the nature and different forms of depression, they may not seek diagnosis and treatment.

MYTH#14: If an older person does not look depressed, he/she does not feel depressed.

REALITY: Depression often causes physical problems such as loss of energy, low appetite and weight, trouble sleeping, social withdrawal, and complaints of pain. Depression can also make someone agitated and delusional.

MYTH#15: If an older person looks depressed, he or she must feel depressed.

REALITY: Depression is often mistaken for apathy which has been shown to be a different syndrome from depression.

Senior Peer Mental Health Coach Program  
 City of Fremont  
 Evaluation of Session 5

| How would you rate your:   |                | Low |   |   |   | High |
|--|----------------|-----|---|---|---|------|
| Knowledge regarding realities of aging                                 | Before session | 1   | 2 | 3 | 4 | 5    |
|  | After session  | 1   | 2 | 3 | 4 | 5    |
| Knowledge of mental health issues frequently happening to older adults | Before session | 1   | 2 | 3 | 4 | 5    |
|  | After session  | 1   | 2 | 3 | 4 | 5    |
| Understanding of the role as a peer coach                              | Before session | 1   | 2 | 3 | 4 | 5    |
|  | After session  | 1   | 2 | 3 | 4 | 5    |

How does today's class help you to have correct understanding of aging?

# Senior Peer Coaching Training



Class Five  
March 3, 2015





# Challenging Aging Myths, Aging & Mental Health, Peer Coach's Role within the Mobile Mental Health Team



Class Five of the Senior Peer Coaching Training

Presented by

Ihande Weber, LCSW



# Agenda



- ☞ Check-in
- ☞ Quick recap of Class 4
- ☞ Challenging Aging Myths
  - ☞ Definitions of Stereotypes and Myths
  - ☞ Myths and Realities of Aging
  - ☞ Facts on Aging Quiz
  - ☞ Discussion
- ☞ Aging and Mental Health
  - ☞ Loss and Grief
  - ☞ Depression
  - ☞ Anxiety
  - ☞ Dementia and Addictions
- ☞ Peer Coach's Role within Senior Mobile Mental Health Program
- ☞ Questions and Answers
- ☞ Closing and Feedback

# Check-in



# Recap of class 4



Active listening skills:

- ❧ Reflecting thoughts and feelings
- ❧ Helpful Questions (3 types)
  - ❧ Information questions
  - ❧ Reflection questions
  - ❧ Guiding questions
- ❧ Summarizing
- ❧ Handout - review



# Challenging Aging Myths



# Stereotypes & myths of aging



- ❧ **Stereotypes:** Widely held, but fixed or oversimplified, images or ideas of a particular type of person.
- ❧ **Myths:** Widely held, but false, beliefs or ideas.
- ❧ Stereotypes and myths develop from limited experience and often are passed from generation to generation. Over time, they come to be thought as facts.
- ❧ We have found that many accepted views of aging are indeed myths and stereotypes.

*Question: What are some examples of myths and stereotypes about older people?*



# Myths & realities of aging



- ❧ The meaning of Aging for an individual has many parts, including one's physical health, one's mental health and one's individual expectations and cultural expectations along with the context or community that one lives in.
- ❧ Let's start with some discussion questions to share out some of your thoughts and expectations of aging. It can be helpful to share out and discuss some of our own thoughts and expectations.
- ❧ Later we can take a look at what the research shows are some of the realities of "average" aging.

# Discussion



- ❧ What does it mean to grow old?
- ❧ What are some of the positives of growing old?
- ❧ How should someone behave when they grow older?

# After discussion...



- ❧ Was anyone surprised by any of the answers that you came up with?
- ❧ Our ideas of how aging works and what to expect are often shaped by many outside forces & are sometimes not in keeping with our own values today & what is truly possible.
- ❧ Myths & stereotypes about aging can get in our way of what to expect for ourselves or for our clients. A society that overvalues youth can consciously or unconsciously send a message that older people have less capabilities & less possibilities than are real.

# After discussion...



- ☞ It is important for coaches to take a close look at our own beliefs about what is possible as we age and the importance of realistic expectations combined with valuing the real gifts of aging.
- ☞ So, now let's take a look at a quiz that will help us to identify some of the realities of aging and some of the myths.



# QUIZ: Myth or Reality?

---

- ❧ MYTH #1: All old people are the same.
- ❧ MYTH #2: The basic human needs of older people are different from those of younger people.
- ❧ MYTH #3: More than 50 percent of the elderly are senile (that is, they suffer memory, disorientation, bizarre behavior)
- ❧ MYTH # 4: All old people are incompetent.
- ❧ MYTH #5: There is a lack of productivity with older people.
- ❧ MYTH #6: All old people suffer from rigid thinking.
- ❧ MYTH #7: As people age, their ability to learn often stops.
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- ❧ MYTH#14: If an older person does not look depressed, he/she does not feel depressed.
- ❧ MYTH#15: If an older person looks depressed, he or she must feel depressed.

# Quiz discussion



- ❧ So as we know, there are many expected changes as we age; our senses can diminish, our eyesight and hearing may grow less strong. We may also retrieve information less quickly than before. At the same time, there are many myths or stereotypes about aging. Depression and dementia are not necessary parts of the aging process.
- ❧ In fact, a number of studies in the last years suggest that we may become happier as we age, may gain social skills, experience less anger, and have a stronger ability to size up people and manage conflicts. 1
- ❧ Many of these qualities or attributes could be summed up under the old-fashioned heading of gaining “life experience and wisdom”.



# Aging and Mental Health



# Introduction to Aging & Mental Health



- ❧ As we saw in the quiz about myths and realities of aging, there are stereotypes about aging. One is that seniors are lonely, inactive, depressed and anxious. What we know is that we all experience some of these feeling states during times in our lives but that these are not necessary components of aging. At the same time, it is not unusual to have a time of loss and grief, depression or anxiety as we age.
- ❧ Let's take a look at the big three and think about how you may be of assistance.

# Loss & Grief



- ❧ As one ages, it is not uncommon to find that one is losing some capabilities that you used to have. As mentioned, eyesight or hearing may change, reaction time and time to retrieve information may slow, and some of us experience medical issues that may change our abilities and our mobility. The experience of these changes can feel like a **grieving process**.
  - ❧ When one grieves a loss we may experience a range of feelings including shock, anger, depression, bargaining, and re-integration.
- ❧ The losses that we experience as seniors can include loss of capabilities and also loss of people who are important to us. Many seniors experience the loss of spouses, family members and friends. The grief process is a part of life and is very individual.
  - ❧ It can be very helpful to have someone outside of family & friends to talk about these losses and begin to let go of some of the pain.

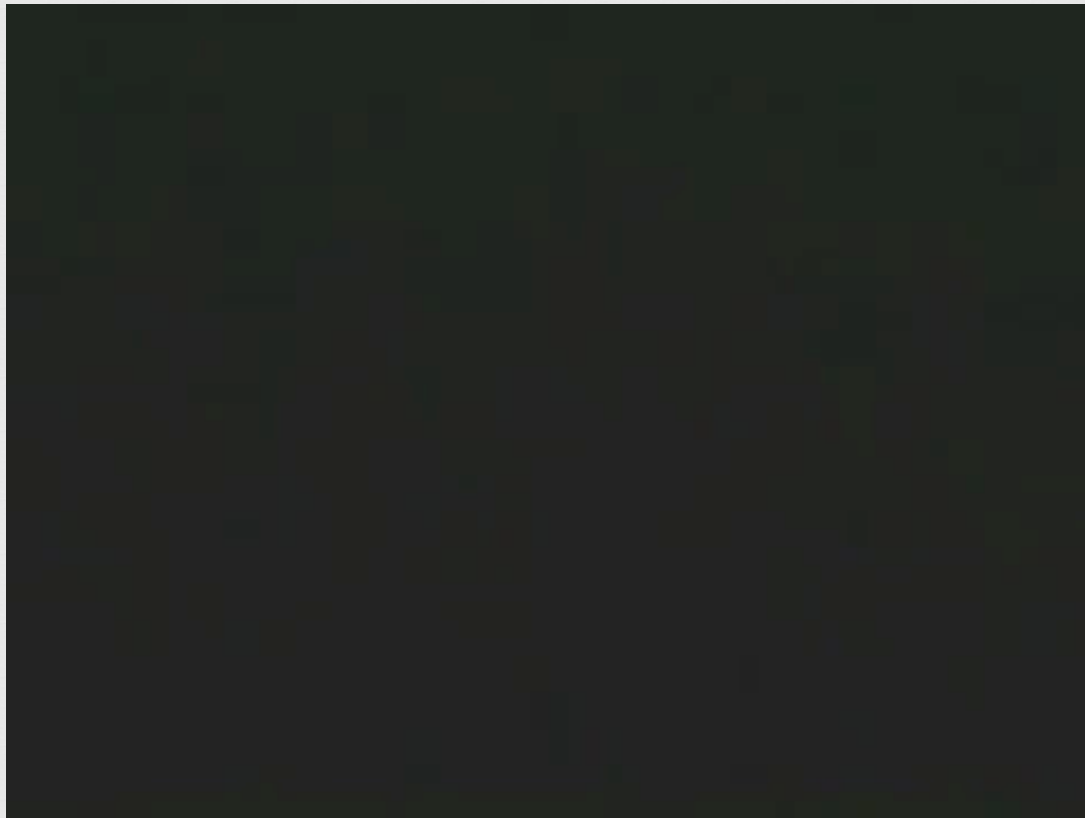
# Depression



- ❧ As mentioned before, depression is not a typical part of aging and some studies have found that it actually decreases with age. At the same time, other studies have found that prolonged isolation and loneliness can cause a slide into depression and those who have had bouts of depression at other times in their lives may experience these bouts again as a senior.
- ❧ Some of the hallmarks of depression are loss of energy, loss of interest in things you used to do, changes in eating habits (more or less), changes in sleeping habits (more or less), inability to concentrate, feelings of guilt and rumination.
- ❧ Some people experience thoughts of hurting themselves or others when they are depressed which are risk areas that must be accessed and treated by the Mobile Mental Health team and other professionals.



# Depression video



# Anxiety



- ❧ We all experience normal fear at times but some of us experience fear that is *out of proportion to the situation* as we anticipate situations.
- ❧ We are hardwired as humans to be on the look-out for dangerous situations that can harm us and this is a positive defense. As the perceived threats in our environment have changed from the potential tiger across the mountain to more familiar situations our wires are sometimes crossed and not so helpful. If we have had a bad experience with a situation in the past, or anticipate that we may be hurt, we may overestimate danger.



# Anxiety (continued)



- ❧ The number one fear of humans in Western cultures is speaking in front of a group. What is the worst thing that can happen (related to this fear)?
  - ❧ You will probably be safe (you won't be eaten by a tiger), but we exaggerate a fear of being embarrassed or shunned.
- ❧ As a response to anxiety, we may have negative messages or self-talk in our heads that can even be paralyzing at times.

# Anxiety (continued)



- ❧ Instead we can help by working with anxiety with the tool of *self-compassion*; what would you tell a good friend who tries something that makes them scared?
  - ❧ E.g. “You don’t have to be perfect, you are very brave for being able to try this and it will be good enough.”
- ❧ Senior Peer Coaches can be helpful in working with Peer Clients with anxiety by using active listening skills to allow the client to “get it off their chest” and unload some of the feelings, and by helping the client to keep the anxiety in proportion with a reality check about their strengths and helping them to use self-compassion and self-care strategies.

# Dementia & addiction



- ❧ Dementia & addiction are two other mental health issues that you may encounter in your counseling require more time and more specialized training than we can offer now.
- ❧ After the initial training you will receive additional training on a regular basis and these topics can be covered in detail. If you do encounter these issues with a client please bring them up to the Mobile Mental Health Team staff for help and consultation.



# Break



# Peer Coach's Role in the Senior Mobile Mental Health Program



# Senior Peer Coaches



- ☞ When you have successfully completed the training you will be considered a Senior Peer Coach. Over time will receive a senior client to work with and you will be a member of a treatment team of people who are assigned to work with the client. You don't need to do it alone. Your client may have a therapist within the team and possibly a psychiatrist as part of your team.
- ☞ Your job is to offer positive emotional support. You can also help by being eyes and ears for the team, if there is an issue that may need more attention.



# Senior Peer Coaches



- ❧ The information and tools that you are learning now will help you to feel successful meeting with your client on a regular basis. Usually we begin with once a week for about an hour and one half. You will utilize the tools of active listening, self-compassion, self-care and emphasizing your client's strengths.
- ❧ You will have a regular time to meet with a member of the Mobile Mental Health team to share about how your meetings are going both the successes and challenges.

# Closing and feedback



- ∞ In one sentence tell us: What was the most useful part of today's session or what did you like best?
- ∞ In one sentence tell us: What will you do to take care of yourself over these next few days?

## Class Six:

### Cultural and Narrative Humility

#### ➤ AGENDA

- Check-In
- 4. Introduction
- 5. Short Video
- 6. Trainees Share Out
- 7. Debrief

#### ➤ LEARNING OBJECTIVES

- By the end of this session, participants will:
  - ▶ Recognize the difference between Cultural Competency and Cultural Humility.
  - ▶ Have awareness of their own cultural frame of reference.
  - ▶ Recognize the importance of practicing humility in not making assumptions but respectfully asking about cultural norms and narrative information.

#### ➤ MATERIALS NEEDED

- Flip chart with markers, stand
- Brief movie about Narrative and Cultural Humility TedXSLC Sayantini DasGupta
- Handouts: Cultural humility
- Refreshments (Smart & Final, \$12 for 15 people):
  - ▶ Mozzarella sticks
  - ▶ Assorted vegetable tray
  - ▶ Coffee, tea, water

#### ➤ PREPARATION

- Review all related materials before the session
- Purchase refreshments
- Write brief agenda on flip chart or white board
  - ▶ with a client's cultural and narrative frame of reference.

## ➤ SESSION 2

### Check-In

- You can share something about what is going on in your life or any thoughts or feelings in response to the classes, class experience etc.
- Approximately 2-3 minutes each person, no cross talk, maybe a quick question, very supportive, everyone practicing listening.

### Introduction

- For many years counselors and social workers and health care providers were taught that they should become culturally competent. This meant that there were some beliefs, traditions, behaviors that were considered typical of ethnic or racial groups that could be identified in a list and one should try to learn them all to truly understand the many way people in different cultures might behave.
- What we know now is this is not a truly practical or helpful approach.
- Is it possible to be “culturally competent” for all people from your background?
- If you think of people in your own family you may be aware that there are many different beliefs and practices, let alone if we try and lump everyone from a particular country or religion or race together and suggest that this is the way they act or think or believe.
- So if it is not a great idea to try and lump people together with a “laundry list” of characteristics, how can we be cultural sensitive and helpful and continue to learn?
- The newer approach in the helping professions is understanding that we are not experts on others and that it is important to be humble, to not assume and to practice good listening using sensitive questions.
- This practice is often called “cultural humility” or “narrative (one’s story) humility”.

### Short Video

- Let’s watch a 3 min video that will explain a bit more about these ideas.

- This is a doctor who teaches other doctors to listen in order to help with healing.
- Narrative Humility TEDxSLC, Sayantani DasGupta, (edited for training, dvd available)
- Discussion-
  - Do you have thoughts or questions about this?
- With this in mind, let's return to how we might practice Cultural or Narrative Humility in Senior Peer Coaching.
  - A first step is to realize that we all have a frame of reference from our own background and experiences and to understand our set of eye glasses through which we view and experience the world.
    - Each of our individual frameworks is made up of many layers of culture and experiences.
    - A helpful way to remember this is to think of the four F's,
    - Family, Faith, Foods, and Festivals.
    - Think of these as your own unique set of eye glasses, your personal framework for seeing the world. As we have more experiences over our lives our framework may broaden and change but we still have a framework through which we see the world.
  - Respect Difference
    - After we recognize our unique framework, we can begin to see that what feels inherently "normal" to us is based in our experiences and that we may have biases about other ways of being and seeing the world. It is important to recognize that this is our cultural experience and is not the only way to experience and be in the world. As we recognize this fact we can consciously demonstrate and practice respect for others' experiences and cultures. We begin to practice a healthy curiosity and humility in hearing about and understanding another's story.

- In order to practice the first step of owning our individual narrative and culture and also honoring differences, we will do an exercise in class after a brief break.
- Your assignment now is to think about the Four F's in your life growing up and in your life now. They may be very similar over time or it may have changed.
- Write down information about each of these areas and when we come back to class after a break you can share some of your culture with others.

(We can make this into a table for a handout)

|  |
|--|
| <p><b><u>Family</u></b><br/>where did your family come from, what language/s did they speak, what did they value</p> <p><b><u>Faith</u></b><br/>what religion, if any, did your family practice, give us a little information about what beliefs are important in this faith</p> <p><b><u>Food</u></b><br/>what were some traditional foods and some family foods that you grew up with and has that changed over time</p> <p><b><u>Festivals</u></b><br/>what were some of the celebrations you practiced growing up and also now</p> |
|--|

- When we return to the meeting everyone will have a chance to share out and to practice respectful listening skills as well as asking some sensitive questions.
- We can all prepare to learn something new about each other's cultures and narratives.
- What we will do now is to share out information about our personal cultural experiences, including a bit about each of the 4 F's.
- Who would like to start?
- At the end of the sharing, ask



- ☛ How did you feel about this time of sharing and listening?
- ☛ Did anyone learn something new that you didn't know before?
- ☛ Where you surprised by some of what you learned?
- ☛ Where you surprised to learn something about one of your fellow students that you would not have known before?
- As we think about taking this experience into our work with clients, let's think of how we might practice cultural or narrative humility?

## Questions and Answers

## Closing and Feedback

- Any ideas now about how you might use this understanding?
  - Acknowledge that we are products of our own backgrounds and experiences.
  - Take an approach of listening to truly hear the others story, don't assume but do ask helpful sensitive questions with humility.

Handout – Cultural Humility

In preparation for this class please use this opportunity to jot down some ideas about your personal “culture”. These can be based on your childhood or more current. There is no right or wrong and we will learn from each other. You can share as much as you are comfortable sharing and you do not need to hand this in. Thanks.

**Food, (some of the Food or Dishes That You grew Up with)**



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**Faith, (Spiritual Beliefs, If any, that You grew Up with)**



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**Family, (Share information about where your parents or Ancestors were from and a bit about them)**



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**Feasts, (Share information About Holidays or Special Occasions in your family)**



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**Bonus Question, the Role of Elders in your Growing Up Years.**

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Senior Peer Mental Health Coach Program  
 City of Fremont  
 Evaluation of Session 6

| How would you rate your:   |                | Low |   |   |   | High |
|--|----------------|-----|---|---|---|------|
| Knowledge of cultural and narrative humility                           | Before session | 1   | 2 | 3 | 4 | 5    |
|  | After session  | 1   | 2 | 3 | 4 | 5    |
| Competency of utilizing 4F to understand background of self and others | Before session | 1   | 2 | 3 | 4 | 5    |
|  | After session  | 1   | 2 | 3 | 4 | 5    |

Why respecting difference and understand other people's background is important?

# Senior Peer Coaching Training



Class Six

March 5, 2015





# Cultural & Narrative Humility



Class Six of the Senior Peer Coaching Training  
Presented by Lis Cox, LMFT



# Agenda



- ☞ Check-In
- ☞ Introduction
- ☞ Short Video
- ☞ Trainees Share Out
- ☞ Debrief

# Learning objectives



By the end of this session, participants will:

- ☞ Recognize the difference between Cultural Competency and Cultural Humility.
- ☞ Have awareness of their own cultural frame of reference.
- ☞ Recognize the importance of practicing humility in not making assumptions but respectfully asking about cultural norms and narrative information.

# Check-in





# Introduction



For many years counselors and social workers and health care providers were taught that they should become *culturally competent*. This meant that there were some beliefs, traditions, behaviors that were considered typical of ethnic or racial groups that could be identified in a list and one should try to learn them all to truly understand the many way people in different cultures might behave.

What we know now is this is not a truly practical or helpful approach.

# Is cultural competence possible?



*Is it possible to be “culturally competent” for all people from your background?*

If you think of people in your own family you may be aware that there are many different beliefs and practices, let alone if we try and lump everyone from a particular country or religion or race together and suggest that this is the way they act or think or believe.

So if it is not a great idea to try and lump people together with a “laundry list” of characteristics, **how can we be cultural sensitive and helpful and continue to learn?**



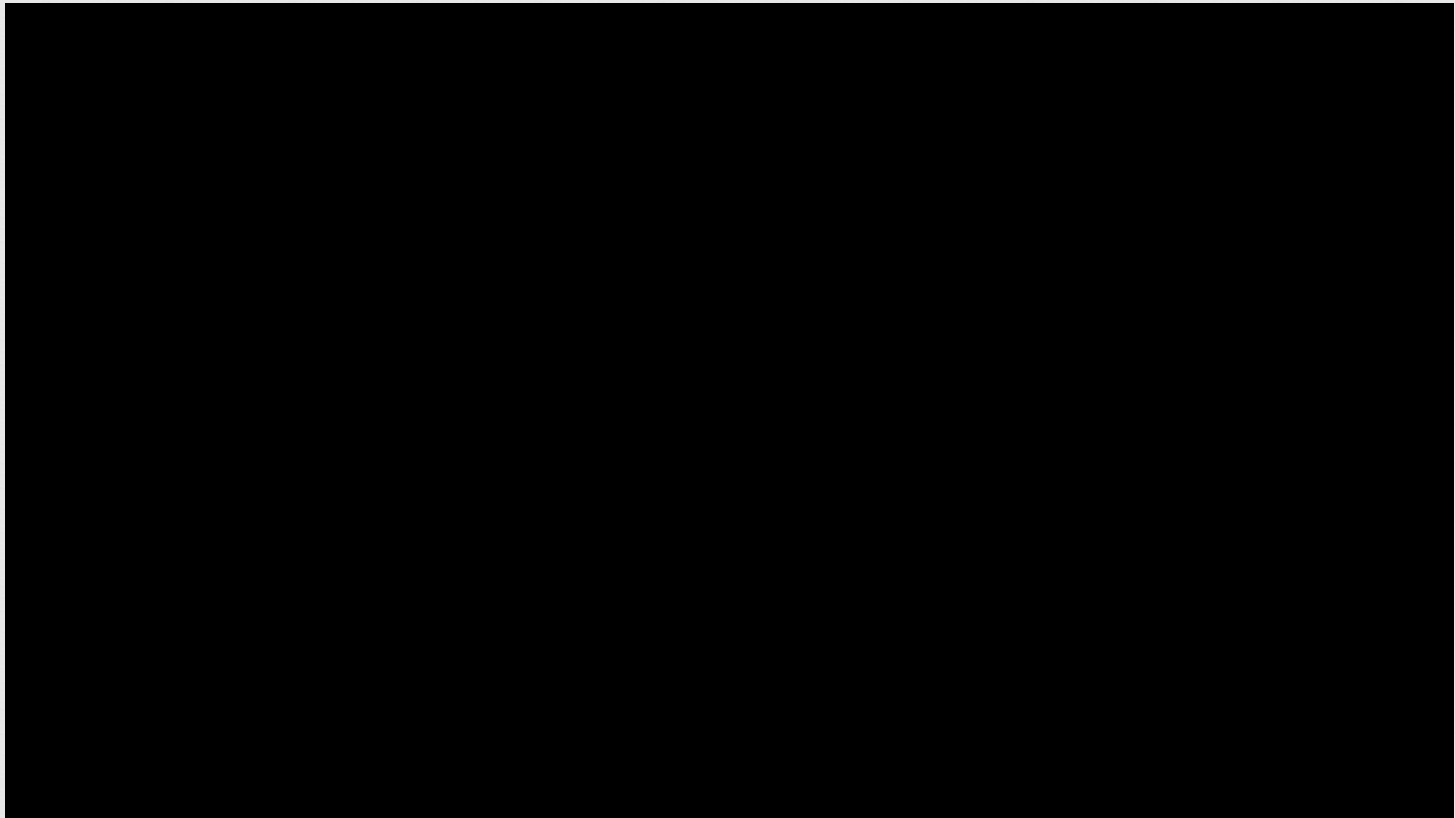
# Cultural & Narrative Humility



The newer approach in the helping professions is understanding that we are not experts on others and that it is important to be humble, to not assume and to practice good listening using sensitive questions.

- ☞ This practice is often called “cultural humility” or “narrative (one’s story) humility”.
- ☞ Let’s watch a 3 min video that will explain a bit more about these ideas. This is a doctor who teaches other doctors to listen in order to help with healing.

# Cultural & Narrative Humility



# Cultural Competence vs Cultural Humility



|              | Cultural Competence   | Cultural Humility  |
|--------------|---|--|
| Goals        | To build an understanding of minority cultures to better and more appropriately provide services  | To encourage personal reflection and growth around culture in order to increase awareness of service providers   |
| Values       | <ul style="list-style-type: none"> <li>• Knowledge</li> <li>• Training</li> </ul>   | <ul style="list-style-type: none"> <li>• Introspection</li> <li>• Co-learning</li> </ul>   |
| Shortcomings | <ul style="list-style-type: none"> <li>• Enforces the idea that there can be 'competence' in a culture other than one's own.</li> <li>• Supports the myth that cultures are monolithic.</li> <li>• Based upon academic knowledge rather than lived experience. Believes professionals can be "certified" in culture.</li> </ul> | <ul style="list-style-type: none"> <li>• Challenging for professionals to grasp the idea of learning with and from clients.</li> <li>• No end result, which those in academia and medical fields can struggle with.</li> </ul>   |
| Strengths    | <ul style="list-style-type: none"> <li>• Allows for people to strive to obtain a goal.</li> <li>• Promotes skill building.</li> </ul>   | <ul style="list-style-type: none"> <li>• Encourages lifelong learning with no end goal but rather an appreciation of the journey of growth and understanding.</li> <li>• Puts professionals and clients in a mutually beneficial relationship and attempts to diminish damaging power dynamics.</li> </ul> |

# Practicing Cultural & Narrative Humility in Peer Coaching





# Step 1: Recognize your frame of reference



A first step is to realize that we all have a **frame of reference** from our own background and experiences and to understand our set of eye glasses through which we view and experience the world.

- ☞ Each of our individual frameworks is made up of many layers of culture and experiences.
- ☞ A helpful way to remember this is to think of the four F's: Family, Faith, Foods, and Festivals.
- ☞ Think of these as your own unique set of eye glasses, your personal framework for seeing the world. As we have more experiences over our lives our framework may broaden and change but we still have a framework through which we see the world.

# Step 2:

## Respect differences

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After we recognize our unique framework, we can begin to see that what feels inherently “normal” to us is based in our experiences and that we may have biases about other ways of being and seeing the world. It is important to recognize that this is our cultural experience and is not the only way to experience and be in the world.

- ☞ As we recognize this fact we can consciously demonstrate and practice respect for others’ experiences and cultures. We begin to practice a healthy curiosity and humility in hearing about and understanding another’s story.
- ☞ In order to practice the first step of owning our individual narrative and culture and also honoring differences, we will do an exercise in class after a brief break.



# Break



# The four F's



## Family

- ☞ Where did your family come from? What language(s) did they speak? What did they value?

## Faith

- ☞ What religion, if any, did your family practice? Give us a little information about what beliefs are important in this faith.

## Food

- ☞ What were some traditional foods and some family foods that you grew up with? Has that changed over time?

## Festivals

- ☞ What were some of the celebrations you practiced growing up? What celebrations do you practice now?

# After sharing...



- ❧ How did you feel about this time of sharing and listening?
- ❧ Did anyone learn something new that you didn't know before?
- ❧ Where you surprised by some of what you learned?
- ❧ Where you surprised to learn something about one of your fellow students that you would not have know before?



# Questions & answers



# Closing and feedback



## Class 7:

### CARE PLAN OVERVIEW

#### ➤ AGENDA

- Check –in
- Recap of Session 6
- Introduction to Care Plan Overview
  1. Senior Mobile Mental Health Program – Overview
  2. Client’s Treatment Plans
  3. Supervision
- Questions and Answers
- Closing and Feedback

#### ➤ LEARNING OBJECTIVE:

- By the end of the session, training participants will:
  - ▶ Understand is Senior Mobile Mental Health program is and the role it plays in the new Peer Coaching program
  - ▶ Understand what treatment plan is
  - ▶ Understand the importance of collaborative efforts between coach and peer.

#### ➤ Materials Needed:

- Flip charts, markers, papers and pencils
- Handouts : sample of treatment plans
- Refreshments: coffee, tea water, assorted vegetable tray, cookies

#### ➤ SESSION 7

##### Check-In

- You can share something about what is going on in your life or any thoughts or feelings in response to the classes, class experience etc.
- Approximately 2-3 minutes each person, no cross talk, maybe a quick question, very supportive, everyone practicing listening.



## Senior Mobile Mental Health Program Overview :

- Senior Mobile Mental Health Program

The intent of the Senior Mobile Mental Health program is to increase service access and support for seniors with mental health issues especially those who are isolated. The program partners with other seniors, clients, families, advocates, community providers, hospitals and doctors in promoting their ability to live healthy, productive lives as active members of their community.

Senior Peer Coach Program will be one of the partners and support of the Mobile Mental Health Team. When you have successfully completed the training you will be considered a Senior Peer Coach. Over time you will be paired with another senior client to work with. Now remember: You are not alone in implementing this task. The client assigned to you have an existing therapist within the

Senior Mobile Mental Health program and possibly a Psychiatrist as part of the treatment team. Part of your job is to offer emotional support, encourage and motivate the client to engage in community activities to reduce their isolation as directed by the service team.

All Senior Mobile Mental Health clients have a treatment plans they develop with their therapist. Most clients are working on multiple goals.

Once a senior has been selected to work with you, you will meet with the team to review client's current treatment plans. The team will help you identify and select one particular goal you and your client will be working on together.

In addition, you can also help by being eyes and ears for the team, if there is an issue that may need more attention.

You will have a regular time to meet with a member of the Senior Mobile Mental Health team to share about how your meetings are going both successes and challenges.

- Treatment Plan
  - The Senior Mobile Mental Health Program’s goal is to increase service access and support for seniors with mental health issues. The program partners with other seniors , clients, families, advocates, community providers, hospitals, and doctors in promoting seniors’ ability to live healthy, productive lives as active members of their communities. The Senior Peer Coach Program will be one of the partners working with the Mobile Mental Health Team.
  - The client assigned to you has an existing therapist within the Senior Mobile Mental Health program. Peer clients might also have a Psychiatrist working as part of their treatment team.
  - Many peers in the Mobile Mental Health Program have mental health issues that are exacerbated by isolation. Part of your job is to offer emotional support, encouragement, and motivation for the client to engage in community activities to reduce their isolation.
  - All Senior Mobile Mental Health clients have a treatment plan (a written document stating the diagnosis, treatment goals, and strengths of a client) they develop with their therapist.
    - Most clients are working on multiple goals.
  - Treatment plans (sometimes referred to as “care plans”) are useful in your work with a client because they provide information on the goals the client wishes to work on.
  - By familiarizing yourself with a Peer’s treatment plan, you can help by being the eyes and ears for the treatment team, if there is an issue (that has or has not been identified by the Peer) that may need more attention.
  - Once a Peer Client is assigned to work with you, you will meet with Ihande, Nia, and the Peer to review the Peer’s current treatment plan and choose an appropriate goal to focus on during your coaching sessions.
  - You will work with an existing treatment plan, created by the Peer and their therapist. The plan is co-created and approved by the Peer – they are in charge of their goals.

- You will have the opportunity to review a sample treatment plan to familiarize yourself with the format.
- Supervision
  - A weekly group supervision meeting will be held once you begin meeting with your Peer Client.
    - This meeting will (most likely) be on Fridays from 12-1:30pm (with lunch provided) at the City of Fremont offices.
  - Individual supervision meetings will be offered on an as-needed basis.
    - Do not hesitate to ask for an individual meeting, particularly if your Peer Client is going through a crisis.

## Questions and Answers

## Closing and Feedback

- In one sentence tell us: What was the most useful part of today's session or what did you like best?
- In one sentence tell us: What will you do to take care of yourself over these next few days?

Senior Peer Mental Health Coach Program  
 City of Fremont  
 Evaluation of Session 7

| How would you rate your:                        |                | Low |   |   |   |   | High |
|---|----------------|-----|---|---|---|---|------|
| understanding of Mobile Mental Health Program   | Before session | 1   | 2 | 3 | 4 | 5 |      |
|   | After session  | 1   | 2 | 3 | 4 | 5 |      |
| basic understanding of the role as a peer coach | Before session | 1   | 2 | 3 | 4 | 5 |      |
|   | After session  | 1   | 2 | 3 | 4 | 5 |      |
| understanding of treatment plan                 | Before session | 1   | 2 | 3 | 4 | 5 |      |
|   | After session  | 1   | 2 | 3 | 4 | 5 |      |

Why treatment plan is important?

What're the reasons to having supervision?

## Class 8:

### 3-S's: Self-Care, Self-Efficacy, and Strengths

#### ➤ AGENDA

- Check-in
- Recap of Session 7
- I. Self-Care: One of the Three S's
  1. What is a Self-Care Plan
  2. Creating a Daily Self-Care Plan; Areas to Address
    - Physical area
    - Social area
    - Emotional self-care
    - Mental self-care
    - Spiritual self-care
  3. Creating Weekly and Monthly Self-Care Plans
  4. Triggers
- II. Self-Efficacy
- III. Strengths
- IV. Review
- Questions and Answers
- Closing and Feedback

#### ➤ LEARNING OBJECTIVES

- By the end of this session, participants will:
  - ▶ Understand what is a self-care plan
  - ▶ Create a self-care plan, addressing the five areas of physical, social, emotional, mental, and spiritual self-care
  - ▶ Develop weekly and monthly self-care plans
  - ▶ Identify triggers

## ➤ MATERIALS NEEDED

- Flip chart with markers, stand
- HANDOUTS
  - ▶ Handout 1:
  - ▶ Handout 2:
  - ▶ Handout 3:
  - ▶ Handout 4:
- CHARTS
  - ▶ Chart
  - ▶ Chart
  - ▶ Chart
  - ▶ Chart
  - ▶ Chart
- Refreshments (Smart & Final, \$12 for 15 people):
  - ▶ Mozzarella sticks
  - ▶ Assorted vegetable tray
  - ▶ Coffee, tea, water
- Pencils/Pens

## ➤ PREPARATION

- Review all related materials before the session
- Purchase refreshments
- Make copies of each handout
- Write brief agenda on flip chart or white board

## ➤ SESSION 8

### Check-In (10 minutes)

- You can share something about what is going on in your life or any thoughts or feelings in response to the classes, class experience etc.
- Approximately 2-3 minutes each person, no cross talk, maybe a quick question, very supportive, everyone practicing listening.



## Recap of Session 7 (5 minutes)

- Topic 1: Self Care, one of the 3 S's

- Subtopic 1: Introduction to the 3 S's

1. **Say in your own words:** When we put the three S's together, we work together to create a safety net.

This safety net makes room for discussion of difficult feelings or experiences while it holds us in the safety of a positive and hopeful approach with great tools for continuing to feel better and stronger.

Our belief is that we feel better when we take very good care of ourselves.

This is the kind of care and compassion we would offer a close and beloved friend.

So let's talk more about this S- **Self-Care**.

2. **Say:** We will look at Self Care using two main tools, the Self Care Plan and the Self-Care Plan for Triggers.
3. **Say in your own words:** You may wonder what a Self-Care Plan is. It is our unique plan to care for ourselves on a regular basis; to remain as solid and happy as possible despite the events that life can send our way.

Self-Care ideas and practices are based in centuries of healing work that many individuals have done. They have been proven to make a big difference for our health, both physical and emotional. We borrow from some of the practices that are part of the work that Mary Ellen Copeland writes about in WRAP, Wellness Recovery Action Planning.

4. **Say:** Please see us if you would like more information about WRAP, the books, website and local workshops.
5. **Say in your own words:** As with much of this training, we will work with you to experience some of these exercises and ideas so that you can have a good experience that you can later share with a peer client.

- Subtopic 2: Creating a Daily Self-Care Plan, Areas to Address

**Leader's Note:** Distribute blank copies of the 5 different self-care plans before the presentation of each specific area (physical, social, emotional, mental, and spiritual).

1. **Say in your own words:** We have identified major areas of our lives for taking care of ourselves and we will discuss each of them as you begin to think about your own self-care ideas.
2. **Say:** It is important to remember that everyone's plan will be unique for what works best for them.

Please use the blank self-care plan that I am handing out to begin to write down some of your ideas.

3. **Say in your own words:** First, we will work with what we need and want to do Daily. It is not necessary to have ideas for each of the 5 areas but if you do think of ideas we will welcome hearing about them.

You may also find that you will think of ideas after the class that you will want to add to your plan.

4. **Say:** The first area that we will look at is the Physical area.
5. **Ask:** What are some ideas for what you need or want to do daily to feel good physically?
6. **Say in your own words:** Here are some ideas to get us going:
  - get enough sleep,
  - eat regular small meals during the day,
  - get exercise
7. **Say:** As you think of ideas, you may want to write them down on the Physical area of the Self-Care Plan.

**Activity 1: Instructions to Leaders:** Allow time for trainees to write down items on their physical area self-care plan.

8. **Ask:** Can a couple of people share out some of your ideas?
9. **Ask:** How about the Social area of your life? What are some activities you need to do daily?
10. **Say:** Here are some ideas:
  - talk to a friend,
  - get out of the house to be with others,
  - participate in an activity,

11. **Ask:** What are your thoughts about what you need?
12. **Say:** As you think of ideas, you may want to write them down on the Social area of the Self-Care Plan.

**Activity 2: Instructions to Leaders:** Allow time for trainees to write down items on their social area self-care plan.

13. **Ask:** Would a couple of people be willing to share your ideas?
14. **Ask:** How about daily **Emotional self-care**?
15. **Say:** Here are some ideas that others have shared:
- read affirmations that remind me how strong I am,
  - listen to music that calms and soothes or lifts my energy,
  - talk to a good friend,
  - practice gratitude and
  - write in my gratitude journal.

16. **Ask:** What are your thoughts about what you need?
17. **Say:** As you think of ideas, you may want to write them down on the **Emotional** self-care area of the Self-Care Plan.

**Activity 3: Instructions to Leaders:** Allow time for trainees to write down items on their emotional self-care area self-care plan.

18. **Ask:** Would a couple of people be willing to share your ideas?
19. **Ask:** How about **Mental self-care**?
20. **Say:** This refers to things you do to keep your mind stimulated and experiencing the joy of learning. Here are some ideas:
- have a book that I enjoy,
  - watch a TV. show that is educational,
  - take a class,

- learn something useful on my computer

21. What other ideas might you have?

22. **Say:** As you think of ideas, you may want to write them down on the **Mental** self-care area of the Self-Care Plan.

**Activity 4: Instructions to Leaders:** Allow time for trainees to write down items on their Mental self-care area self-care plan.

23. **Ask:** Would a couple of people be willing to share your ideas?

24. **Ask:** How about **Spiritual self-care**?

25. **Say:** It is important to remember that we can have very different spiritual beliefs or none at all and that is fine.

A daily spiritual practice may be:

- spending some time in nature,
- looking at a favorite photo,
- listening to music,
- more formal as in worship, prayer or spiritual gatherings

26. **Ask:** What are daily spiritual practices that you have found helpful?

27. **Say:** As you think of ideas, you may want to write them down on the Spiritual self-care area of the Self-Care Plan.

**Activity 5: Instructions to Leaders:** Allow time for trainees to write down items on their spiritual self-care area self-care plan.

28. **Ask:** Would a couple of people be willing to share your ideas?

29. **Say in your own words:** Now take a look at your whole list and recognize that these ideas all came from you. They are what you have identified today as ways that help you feel strong on a daily basis.

It can be important to keep this list handy and in a place that you can easily find it. You can return to your list over time to find and remember your touchstones; *those practices, physical, social, emotional and spiritual that lifts your spirits and makes you feel strong and stable.*

○ Subtopic 3: Weeks and Months

1. **Say in your own words:** Now let's think about these same questions over a longer period of time in the same areas of caring for ourselves.
2. **Ask:** What works for you and what do you need to do physically, emotionally, mentally, spiritually to care for yourself over a week or a month that you may not need or want to do every day?
3. **Say in your own words:** Take a moment to write down some of these ideas now and we will ask that you work on the plan over the next few days to add to it and bring it back.

**Activity 6: Instructions to Leaders:** Allow time for trainees to write down items on their plan.

4. **Say:** Okay, here are a few ideas that we thought of:
  - see my doctor
  - see my counselor
  - visit a family member
5. **Ask:** What are some of your ideas?
6. **Respond and Ask:** Great, how do you think having this plan could be helpful for you over time?
7. **Ask:** Now, can you imagine using these questions with clients to help them think of ways that they may need or want to care for themselves?

**Role Play 1: Instruction to Leaders: Say** “Let's do a role play in which we role play how we can help a client find their answers for positive ways that they can care for themselves and lift their spirits on a daily basis and over weeks or months.”

○ Subtopic 4: Triggers

1. **Say in your own words:** We all have triggers. They are extra sensitive areas and reactions that we have from experiences from the past. We can create a plan for taking care of ourselves if and when we are triggered.
2. **Say:** Let's use the example of someone whose trigger is feeling isolated. We will name this person Mary.

Mary, like many of us, knows that when she is alone for too long and doesn't have real contact with others, she can begin to feel sad and scared and can have trouble reaching out to others. Mary knows that for her, this trigger frequently leads to depression.

3. **Say:** A couple of initial things that Mary could do to manage her trigger are:
  - first, **Acknowledge** that this can be a trigger for her and be specific, i.e., if I don't talk with people for more than 2 days, I can feel pretty bad
  - second, **Create a plan** in advance so she can use it to take positive actions if she is beginning to feel triggered
  
4. **Say in your own words:** For example, while creating her plan, she might include these parts:
  - Identify a few trusted people and let them know that it can be difficult for her when she feels too isolated. She would like to be able to try and call her friends so she can briefly check in with them and let them know when she is feeling isolated. She can acknowledge and let her friends know that she recognizes that not everyone can respond at all times.
  - Identify social settings where she can feel comfortable being with others without too much stress, i.e., local coffee house, group, class.
  - Use her basic self-care plan as an anchor or touchstone to remind her of all the things she can do for herself to feel good daily.

**Activity 7: Instruction to Leaders: Ask –**

- Is someone here willing to share a trigger that you experience or something that can happen which upsets you.
- How do you manage this in your life and what is your positive plan?
- Do you have it written down somewhere?

5. **Ask:** Do you have other ideas how Mary might add onto a self-care plan for her trigger, isolation?



6. **Ask:** Do you think that it is helpful to think about situations or people that can trigger you and create a plan for how you can handle it to take good care of yourself?

**Role Play 2: Instruction to Leaders: Say**

“We will now do an exercise where everyone identifies at least one trigger and at least one way they positively manage it.”

Please turn to the person to your right and we will spend a few minutes allowing one person to share briefly about one of their triggers and positive ways that they have found to manage the trigger and their reactions. The other person’s role is to listen with empathy and support the speaker.

Then we will switch.

**Share out:**

**Ask:** Can a couple of people share out?

7. **Say in your own words:** You now have a handout for your Self-Care Plan, Daily and Regular.

You also have a handout for your Self-Care Plan for Triggers.

Please add on to these over the next few days. You do not have to share everything with the group. Use these for yourself and know that we have plenty of extra copies.

8. **Say in your own words:** As we have discussed, your experience with caring for yourself will be a great example for your peer client and you will be able to work with these tools with your clients more easily if you have tried them and know how much they can help.

- Topic 2: Self-Compassion

1. **Ask:** What do you think Self-Compassion means? Any ideas?

**Instructions to leaders:** Give trainees a few minutes to respond.

You have the option to write their responses on a flipchart.

2. **Say in your own words:** Yes, you are right it is the practice of being kind to yourself.

3. **Ask in your own words:**

- Do you ever have the feeling that you are your own worst critic?
- Did you know that most of us have an inner critic that makes us feel bad with lots of unwarranted negative self-talk?

- Do you ever have the experience of something happening to you and you spend way too much time beating yourself up about it?
4. **Say in your own words:** Often if you mention it to a good friend, they may tell you “Don’t be so hard on yourself!”
  5. **Ask in your own words:**
    - What if you could be a caring compassionate friend for yourself?
    - What if you recognized that everyone makes mistakes, no one is perfect and who would want to be perfect?
  6. **Say:** These are some of the main concepts of practicing self-compassion or self-kindness.

**Activity 8: Instructions to Leaders:**

1. **Say** “Let’s watch a short video with Dr. Kristin Neff who wrote a book about this practice.”
2. **Show the 3 min video- Self Compassion** (dvd available or link to on-line version **\*note: need to insert link**)
3. **Discuss** the video with trainees for 3-5 minutes, getting their comments and responses.

7. **Say:** You may be interested to know that research finds that practicing self-compassion makes us happier, less anxious and less depressed?
8. **Ask in your own words:**
  - Now can you imagine if you practice more self-kindness you may be able to share this idea with others?
  - Can you imagine that you could share the idea and practice with a client when you are a Senior Coach?
9. **Say in your own words:** As we have discussed before, having an experience ourselves is one of the best ways to share it with another and others will also look to our role model.

There is a lot more to say about self-compassion but understanding it and paying attention to how we treat ourselves is the first step.

10. **Say in your own words:** Your homework assignment in the next few days is to notice when or if you are too hard on yourself, that negative self-talk comes up and think about what a kind friend might say to you in that moment.

11. **Ask and Respond:** Do you think you might be able to try this and report back about how it went? Great!

- Topic 3: Strengths

1. **Say in your own words:** Let's take a moment and reflect on things from your past of which you are most proud or event things in the here and now that energize you. Are there things you are looking forward to in the near future?

**Instructions to Leaders:** Record trainee responses on a flipchart. Listen for strengths that you can refer back to when you get to the Item #3 below.

2. **Say:** Alex Linley, a Positive Psychology Coach and Researcher, defines strengths as "...a pre-existing capacity for a particular way of behaving, thinking, or feeling that is authentic and energizing to the user, and enables optimal functioning, development, and performance."

3. **Say in your own words:** What this essentially means is that strengths are those things we do quite well and enjoy doing. They may be hobbies, our preferred ways of interacting with people, or ways of thinking such as savoring moments in our lives. We get energized by doing the activities and

**Instructions to Leaders:** It is important that leaders are creative during this process of naming activities, behaviors or thoughts. Before introducing this section, leaders may wish to review a few of the primary books describing or assessing for strengths. Among these are the VIA assessment (a free online strengths assessment - [www.viacharacter.org](http://www.viacharacter.org)), Strengths Finder 2.0 by Tom Rath (2007), and Alex Linley's (2008) Average to A+: Realizing strengths in yourself and others. While the strengths listed in those resources are helpful, they are not necessary. It may be more useful to trainees to utilize strength names that are personally more meaningful to them, than the names listed in the standardized strengths assessment. Examples of strength names might be: *Adventurous* for someone who like to hike; *Creative* for someone who enjoys knitting; *Connector* for someone who has helped a friend access a service and so on. If the person who did the activity can't come up with a name, ask if it would be o.k. if the group could brainstorm ideas for a name. If the person says yes, brainstorm names and then ask the person if any of the names mentioned, might accurately reflect the person's strength. Make the activity fun and lively.

they make us happy. Let's take a moment and give a name to each activity we listed and which reflects one or more of your strengths.

4. **Say in your own words:** If you found this activity to be relatively easy, you are exceptional! Research reveals that only one in three people can say what their strengths are. And of those three, only one of them can say they use their strengths on a regular basis. So the question arises, why are we so bad at being able to identify our strengths and use them to improve our lives and the lives of those we care about? Part of the reason is that within our culture, we are conditioned to focus on our weaknesses.
5. **Say in your own words:** Weaknesses are those things we do poorly, dislike doing, but because we are supposed to overcome our weaknesses, we spend a lot of time trying to correct them. Research has demonstrated that those who always are trying to correct their weaknesses are much less happy than people who focus more on using their strengths. This makes sense because using our strengths increase our sense of self-worth, whereas weaknesses simply diminish our sense of self-worth.
6. **Say in your own words:** So how might people identify what their strengths are? One way is to take a formal assessment test for strengths. A free one is called VIA and can be accessed on-line at [www.viacharacter.org](http://www.viacharacter.org). People can also take other strength assessments online for a fee. However, another way to identify your strengths or the strengths of your peer clients is to ask questions. Adapted from Alex Linley's book, entitled the Strengths Book and other resources, Handout 3: Helpful Ideas to Identifying Strengths, lists questions that have been helpful to others who wished to identify their strengths.

**Activity 9: Instruction to Leaders: Say:** Let's take some time to explore each other's strengths. Please pair up with someone and ask them to identify their strengths. If they have difficulty identifying their strengths, use ideas from the *Helpful Ideas to Identifying Strengths* handout to assist them. You may also wish to review with your partner the handout, *the 24 Character Strengths and their Core Virtues*, to see if any of those strengths reflect the strengths of your partner. After 8 minutes, reverse roles. After the activity is completed, spend a few minutes asking trainees what strengths were identified during the activity.

7. **Say in your own words:** It is not enough simply to get a list of strengths. Too often, people generate lists of strengths without an intention to utilize a person's strength. Or strengths may be generated that have nothing to do with

a problem or goal. For our purposes, the reason we generate a list of strengths is so we can use those strengths to overcome obstacles and support the person's vision of a preferred future.

8. **Say in your own words:** Another reason generating a list of strengths is not enough is that it encourages that idea that strengths are simply characteristics that come to us naturally. Research is clear that strengths are like any muscle, if left unused, it becomes weaker and harder to access and use.
9. **Say in your own words:** Because the use of strengths can be very life affirming, it is important not to ignore them. Bill Madsen suggests that we shift our view of strengths from simply being personal characteristics to life practices. This means instead of assuming our strengths will automatically show-up and express themselves in our lives; we shift our perceptions of strengths toward 'intentional practices.' What he means by this is that we must examine our intentions, values, beliefs, hopes and dreams serve as a foundation for our strengths and make them important to us. From this view, strengths are not simply a tool that makes our lives better, but also a guiding principle for how we want to live our lives.

**Activity 10: Instructions to Leaders:**

- **Say:** Let's take a moment to example the intentions, values, beliefs, hopes or dream that serve as a foundation for your strengths.
- **Ask:** Is someone willing to state what their strength is and why that strength is important to them?
- After one person responds, ask if anyone else would like to say why their strength is important to them?
- Thank the people who responded and move on after the second or third response.

10. **Say in your own words:** Leaders in strength research all stress the importance of practicing and using strengths on a regular basis. It is recommended to get the most out of our strengths that we:
  - Have a clear understanding of our strengths and are able to identify the activities at which we excel, feel energized and do regularly because we enjoy them.

- Link our strengths to our goals and develop a plan on how we will use our strengths to achieve our goals.
- Use our strengths to compensate for our weaknesses, e.g., I may not be a good mechanic, but because I'm a people-person, I have developed friendships with those that can help and guide me when I have a mechanical problem.
- Combine our strengths to increase our overall effectiveness. For example, combining Courage and Compassion would allow me to be assertive with another person without being aggressive.
- Don't overuse a single strength. The use of strengths should fit the context within which they are used. Overusing Humor at a funeral may not be appropriate. Overuse may also take away the energy we experience when we use our strength on a more selective basis.
- Practice your strengths and refine them to fit the context and goal you are pursuing.

**Activity 11: Instruction to Leaders:**

- **Say:** Please pair up with a partner. Identify a goal you would like to achieve over the next week or two. Ask your partner how she or he might use either a single strength or a combination of strengths to reach her or his goal. After your partner has stated how the strength might be used and if you have time, brainstorm some other ways the strength might be used to achieve the goal.
- After the partners have shared, ask 1 – 2 people to share how they would use their strength to achieve a goal.

11. **Say in your own words:** Consider how you might use the skills you learned today to help your peer clients enlist their strengths to help them with a problem or achieve a goal.
12. **Say in your own words:** Today, we covered the three S's: Self-Care, Self-Compassion and Strengths. Before we complete the review of today's lesson, we would like to briefly introduce two other S's that provide significant support and help to those with whom we work. The other two S's are Supports and Sustaining Resources.



13. **Say in your own words:** Supports are people who provide pragmatic and emotional support to us and our peer clients. These are the people who care about us and provide sustenance. Supports have also been referred to as our Community of Care. They may be family members, friends, doctors, therapists or anyone providing a sense of support.
  14. **Say in your own words:** Sustaining resources are those personal and community resources we have access to that help make our lives better. They are things such as housing, health care, recreational opportunities, finances and even government policies that improve the conditions of our lives. More will be said about both in the next training session.
- Review of the 3 S's
    1. **Say in your own words:** Today, we covered the basics of creating your own self-care plan for daily needs and weekly/ monthly needs. You have a paper version of this that you can continue to add on to and test drive in the next days and weeks.
    2. **Say in your own words:** We talked about triggers, what they are and how can we plan for them to best care for ourselves. You can use the section of the self-care plan to write more about this for yourself as part of your self-care plan.
    3. **Say in your own words:** We introduced the concept of self-compassion and watched Karen Neff's video. We asked that over the next week that you practice self-compassion in your own lives.
    4. **Say in your own words:** We explored what strengths were and why they are important. We identified some of your strengths and asked you how you might use strengths in your life. We recommended that you practice using strengths and refine and apply them to different areas of your life.
    5. **Say in your own words:** Finally, we briefly introduced two more important S's – Supports, which are the people who care about us and Sustaining Resources – those things we have access to that improve our quality of life.
    6. **Say in your own words:** We look forward to hearing from you how you applied each of these concepts in your lives.

## HANDOUT 1: DAILY SELF-CARE PLAN

These are activities that I need or want to do daily to take good care of myself



### SOCIAL SELF CARE

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### SOCIAL SELF-CARE

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**Emotional Self-Care**



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**Mental Self-Care**



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**Spiritual Self care**



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## HANDOUT 2: TRIGGER SELF-CARE PLAN

Triggers are sensitive areas or experiences that can cause one to feel especially unhappy or upset.

### The Trigger and My Tools for Self-Care



|   |   |
|---|---|
| 1 | <p><b>Describe the Trigger and what can happen. (Be as specific as possible (what happens, when, where, with whom.)</b></p> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul> |
| 2 | <p><b>How would you like best to react to this trigger? ( Be specific)</b></p>  |
| 3 | <p><b>What plan can you put in place beforehand to take care of yourself if you are triggered? (Be specific, who, what, when, where.)</b></p>   |
| 4 | <p><b>How will you take care of yourself in the moment if you are triggered, be as specific as possible. (Use the back of this sheet in needed.)</b></p>  |

**How will you take care of yourself afterwards if you are triggered again, be as specific as possible. (Use the back of this sheet in needed.)**

5



## **HANDOUT 3: HELPFUL IDEAS TO IDENTIFYING STRENGTHS**

(Adapted from Linley, Willars & Biswas-Diener)

1. Thinking back to your memories of your childhood, what were the activities that you enjoyed doing and excelled when you did them? You may even enjoy doing them doing with more competence. Many of our strengths are roots that have carried-over from our earlier lives.
2. What activities give you a sense of vitality and energy when you do them? These are likely activities that call upon your strengths.
3. When you are doing things, interacting with others or alone in thought, when do you feel most 'authentic', like it is the real you. Odds are that you are engaged in an activity that involves one or more of your strengths.
4. What comes naturally to you? What things do you excel at doing that seem to get done without much effort. It is likely you are using a strength.
5. What things do you attend to, that naturally draws you in and catches your eye? When we are attracted to an activity, it is likely because it is playing to one of our strengths.
6. What things do you pick up quickly, almost with no effort on your part? Ease of learning is an indicator that we are using our strengths.
7. What motivates you? When you engage in an activity that you do simply out of love for the activity, it is likely that the activity stems from utilizing a strength.
8. Listen to yourself. When there is a shift in passion, energy or engagement in your voice or body, or when you find yourself saying "I love to..." or "It's great when...", the chance are likely you are talking about a strength.
9. What activities give you a sense that you are most connected with your values and beliefs? These activities reflect your strengths.
10. What is that you are most committed to in life? What are your dreams? Both of these encompass your strengths.

## HANDOUT 4: CHARACTER STRENGTHS AND THEIR CORE VIRTUES

### THE VIA CLASSIFICATION OF CHARACTER STRENGTHS & VIRTUES

#### 1. **Wisdom and Knowledge** – Cognitive strengths that entail the acquisition and use of knowledge

- **Creativity** [originality, ingenuity]: Thinking of novel and productive ways to conceptualize and do things; includes artistic achievement but is not limited to it
- **Curiosity** [interest, novelty-seeking, openness to experience]: Taking an interest in ongoing experience for its own sake; finding subjects and topics fascinating; exploring and discovering
- **Judgment** [critical thinking]: Thinking things through and examining them from all sides; not jumping to conclusions; being able to change one's mind in light of evidence; weighing all evidence fairly
- **Love of Learning**: Mastering new skills, topics, and bodies of knowledge, whether on one's own or formally; obviously related to the strength of curiosity but goes beyond it to describe the tendency to add systematically to what one knows
- **Perspective** [wisdom]: Being able to provide wise counsel to others; having ways of looking at the world that make sense to oneself and to other people

2. **Courage** – Emotional strengths that involve the exercise of will to accomplish goals in the face of opposition, external or internal

- **Bravery** [valor]: Not shrinking from threat, challenge, difficulty, or pain; speaking up for what is right even if there is opposition; acting on convictions even if unpopular; includes physical bravery but is not limited to it
- **Perseverance** [persistence, industriousness]: Finishing what one starts; persisting in a course of action in spite of obstacles; “getting it out the door”; taking pleasure in completing tasks
- **Honesty** [authenticity, integrity]: Speaking the truth but more broadly presenting oneself in a genuine way and acting in a sincere way; being without pretense; taking responsibility for one's feelings and actions
- **Zest** [vitality, enthusiasm, vigor, energy]: Approaching life with excitement and energy; not doing things halfway or halfheartedly; living life as an adventure; feeling alive and activated

3. **Humanity** - Interpersonal strengths that involve tending and befriending others

- **Love**: Valuing close relations with others, in particular those in which sharing and caring are reciprocated; being close to people
- **Kindness** [generosity, nurturance, care, compassion, altruistic love, "niceness"]: Doing favors and good deeds for others; helping them; taking care of them
- **Social Intelligence** [emotional intelligence, personal intelligence]: Being aware of the motives and feelings of other people and oneself; knowing what to do to fit into different social situations; knowing what makes other people tick

4. **Justice** - Civic strengths that underlie healthy community life

- **Teamwork** [citizenship, social responsibility, loyalty]: Working well as a member of a group or team; being loyal to the group; doing one's share
- **Fairness**: Treating all people the same according to notions of fairness and justice; not letting personal feelings bias decisions about others; giving everyone a fair chance.
- **Leadership**: Encouraging a group of which one is a member to get things done, and at the same time maintaining good relations within the group; organizing group activities and seeing that they happen.

5. **Temperance** – Strengths that protect against excess

- **Forgiveness**: Forgiving those who have done wrong; accepting the shortcomings of others; giving people a second chance; not being vengeful
- **Humility**: Letting one's accomplishments speak for themselves; not regarding oneself as more special than one is
- **Prudence**: Being careful about one's choices; not taking undue risks; not saying or doing things that might later be regretted
- **Self-Regulation** [self-control]: Regulating what one feels and does; being disciplined; controlling one's appetites and emotions

6. **Transcendence** - Strengths that forge connections to the larger universe and provide meaning

- **Appreciation of Beauty and Excellence** [awe, wonder, elevation]: Noticing and appreciating beauty, excellence, and/or skilled performance in various domains of life, from nature to art to mathematics to science to everyday experience
- **Gratitude**: Being aware of and thankful for the good things that happen; taking time to express thanks
- **Hope** [optimism, future-mindedness, future orientation]: Expecting the best in the future and working to achieve it; believing that a good future is something that can be brought about
- **Humor** [playfulness]: Liking to laugh and tease; bringing smiles to other people; seeing the light side; making (not necessarily telling) jokes
- **Spirituality** [faith, purpose]: Having coherent beliefs about the higher purpose and meaning of the universe; knowing where one fits within the larger scheme; having beliefs about the meaning of life that shape conduct and provide comfort

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Peterson, C., & Seligman, M. E. P. (2004). Character strengths and virtues: A handbook and classification. New York: Oxford University Press and Washington, DC: American Psychological Association. [www.viacharacter.org](http://www.viacharacter.org)

Senior Peer Mental Health Coach Program  
 City of Fremont  
 Evaluation of Session 8

| How would you rate your:                         |                | Low |   |   |   | High |
|--|----------------|-----|---|---|---|------|
| Knowledge of creating self-care plan             | Before session | 1   | 2 | 3 | 4 | 5    |
|  | After session  | 1   | 2 | 3 | 4 | 5    |
| Understanding what triggers are                  | Before session | 1   | 2 | 3 | 4 | 5    |
|  | After session  | 1   | 2 | 3 | 4 | 5    |
| Capacity to identifying strengths and weaknesses | Before session | 1   | 2 | 3 | 4 | 5    |
|  | After session  | 1   | 2 | 3 | 4 | 5    |

What can you do to practice self-care?

What are some of your triggers? Why?



# Senior Peer Coaching Training



Class Eight  
March 12, 2015



# The 3 S's: Self-Compassion, Self-Care, & Strengths



Class Eight of the Senior Peer Coaching Training

Presented by

Lis Cox, LMFT

Dr. Ray Grimm, PhD



# Agenda



- ☞ Check-in
- ☞ Self-Compassion
- ☞ Self-Care
  - ☞ What is a Self-Care Plan
  - ☞ Creating a Daily Self-Care Plan; Areas to Address:  
Physical area; Social area; Emotional self-care; Mental self-care; Spiritual self-care
  - ☞ Creating Weekly and Monthly Self-Care Plans
  - ☞ Triggers
- ☞ Strengths
- ☞ Review



# Learning objectives



By the end of this session, participants will:

- ∞ Understand what is a self-care plan
- ∞ Create a self-care plan, addressing the five areas of physical, social, emotional, mental, and spiritual self-care
- ∞ Develop weekly and monthly self-care plans
- ∞ Identify triggers

# Check-in



# Self-Compassion





# Self-Compassion



- ❧ Do you ever have the feeling that you are your own worst critic?
- ❧ Did you know that most of us have an inner critic that makes us feel bad with unwarranted negative self-talk?
- ❧ Do you ever have the experience of something happening to you and you spend way too much time beating yourself up about it?
- ❧ **What if you could be a caring compassionate friend for yourself?**
- ❧ **What if you recognized that everyone makes mistakes, no one is perfect and who would want to be perfect?**

# Self-Compassion



Dr. Kristin Neff  
University of Texas at Austin  
Author of Self-Compassion

[www.Self-Compassion.org](http://www.Self-Compassion.org)

# Self-Compassion



- ☞ You may be interested to know that research finds that practicing self-compassion makes us happier, less anxious and less depressed
- ☞ Now can you imagine if you practice more self-kindness you may be able to share this idea with others? Can you imagine that you could share the idea and practice with a client when you are a Senior Peer Coach?
- ☞ Your homework assignment in the next few days is to notice when or if you are too hard on yourself, that negative self-talk comes up and think about what a kind friend might say to you in that moment.

# Self-care





# Self-care plans



- ❧ We will look at Self Care using two main tools, the Self Care Plan and the Self-Care Plan for Triggers.
- ❧ What is a self-care plan? It is our unique plan to care for ourselves on a regular basis; to remain as solid and happy as possible despite the events that life can send our way.
- ❧ Self-Care ideas and practices are based in centuries of healing work that many individuals have done. They have been proven to make a big difference for our health, both physical and emotional. We borrow from some of the practices that are part of the work that Mary Ellen Copeland writes about in WRAP, Wellness Recovery Action Planning.

# Daily self-care plans, areas to address



- ❧ Daily self-care
- ❧ Areas to address:
  - ❧ Physical area
  - ❧ Social area
  - ❧ Emotional self-care
  - ❧ Mental self-care
  - ❧ Spiritual self-care
- ❧ Please use the blank self-care plan handout to begin to write down some of your ideas.



# Daily self-care



- ☞ Now take a look at your whole list and recognize that these ideas all came from you. They are what you have identified today as ways that help you feel strong on a daily basis.
- ☞ It can be important to keep this list handy and in a place that you can easily find it. You can return to your list over time to find and remember your touchstones, *those practices - physical, social, emotional and spiritual - that lift your spirits and make you feel strong and stable.*

# Weekly & monthly self-care plans



- ❧ What works for you and what do you need to do physically, emotionally, mentally, spiritually to care for yourself over a week or a month that you may not need or want to do every day?
- ❧ What are some of your ideas? How do you think having this plan could be helpful for you over time?
- ❧ Now, can you imagine using these questions with clients to help them think of ways that they may need or want to care for themselves?
- ❧ Role Play

# Triggers



- ☞ We all have triggers. They are extra sensitive areas and reactions that we have from experiences from the past. We can create a plan for taking care of ourselves if and when we are triggered.
- ☞ Example: Mary, like many of us, knows that when she is alone for too long and doesn't have real contact with others, she can begin to feel sad and scared and can have trouble reaching out to others. Mary knows that for her, this trigger frequently leads to depression.

# Triggers, continued



A couple of initial things that Mary could do to manage her trigger are:

- ∞ 1-Acknowledge that this can be a trigger for her and be specific, i.e., if I don't talk with people for more than 2 days, I can feel pretty bad
- ∞ 2-Create a plan in advance so she can use it to take positive actions if she is beginning to feel triggered
- ∞ Trigger role play



# Break



# Strengths





# Strengths



- ☞ Let's take a moment and reflect on things from your past of which you are most proud or event things in the here and now that energize you. Are there things you are looking forward to in the near future?
- ☞ Alex Linley, a Positive Psychology Coach and Researcher, defines strengths as "...a pre-existing capacity for a particular way of behaving, thinking, or feeling that is authentic and energizing to the user, and enables optimal functioning, development, and performance."

# Strengths, continued



- ❧ What this essentially means is that strengths are those things we do quite well and enjoy doing. They may be hobbies, our preferred ways of interacting with people, or ways of thinking such as savoring moments in our lives. We get energized by doing the activities and they make us happy.
- ❧ Let's take a moment and give a name to each activity we listed and which reflects one or more of your strengths.

# Strengths, continued



- ❧ Research reveals that only one in three people can say what their strengths are. And of those three, only one of them can say they use their strengths on a regular basis.
- ❧ So the question arises, why are we so bad at being able to identify our strengths and use them to improve our lives and the lives of those we care about? Part of the reason is that within our culture, we are conditioned to focus on our weaknesses.
- ❧ After the activity: Consider how you might use the skills you learned today to help your peer clients enlist their strengths to help them with a problem or to achieve a goal.

# Other S's





# Two other S's



Today, we covered the three S's: Self-Care, Self-Compassion and Strengths. Before we complete the review of today's lesson, we would like to briefly introduce two other S's that provide significant support and help to those with whom we work. The other two S's are Supports and Sustaining Resources.

# Supports & sustaining resources



- ❧ **Supports** are people who provide pragmatic and emotional support to us and our peer clients. These are the people who care about us and provide sustenance. Supports have also been referred to as our Community of Care. They may be family members, friends, doctors, therapists or anyone providing a sense of support.
- ❧ **Sustaining resources** are those personal and community resources we have access to that help make our lives better. They are things such as housing, health care, recreational opportunities, finances and even government policies that improve the conditions of our lives. More will be said about both in the next training session.



# Questions & Answers



## Class Nine:

### Collaborative Action Planning- Part one

#### ➤ AGENDA

- Check-in
- Recap of Session 8
- Introduction to Collaborative Action Planning
- Putting Collaborative Action Planning to Work
  1. Build Rapport and Engage the Peer Client
  2. Help peer clients identify an organizing vision
  3. Identify Obstacles, Strengths and Supports
  4. Develop and Monitor Plans
  5. Make and Monitor Short-Term Action Plans
- Exercise: Completing a Collaborative Helping Map
- Exercise: Making Your Short-Term Action Plan
- Questions and Answers
- Closing and Feedback

#### ➤ LEARNING OBJECTIVES

- By the end of this session, participants will:
  - ▶ Understand the Principles of Collaborative Action Planning
  - ▶ Identify the 5 steps of Collaborative Action Planning
  - ▶ Understand how to utilize listening and collaborative skills to complete the Collaborative Action Planning process
  - ▶ Make a Weekly Action Plan.

#### ➤ MATERIALS NEEDED

- Flip chart with markers, stand
- HANDOUTS
  - ▶ Handout 1: Collaborative Helping Map with Focus Questions
  - ▶ Handout 2: Sample Questions for Collaborative Helping Interviews
  - ▶ Handout 3: Decision-Making Chart
  - ▶ Handout 4: My Weekly Action Plan
- CHARTS

- ▶ Chart 1A: Collaborative Helping Map
- ▶ Chart 1B: Collaborative Helping Map for Exercise
- ▶ Chart 2 A: Decision-Making Chart
- ▶ Chart 2 B: Decision-Making Chart – for Exercise
- ▶ Chart 3: Short-term Action Plan Questions
- Refreshments (Smart & Final, \$12 for 15 people):
  - ▶ Mozzarella sticks
  - ▶ Assorted vegetable tray
  - ▶ Coffee, tea, water
- Pencils/Pens

## ➤ PREPARATION

- Review all related materials before the session
- Purchase refreshments
- Make copies of each handout
- Write brief agenda on flip chart or white board

## ➤ SESSION 9

### Check-In (10 minutes)

- You can share something about what is going on in your life or any thoughts or feelings in response to the classes, class experience etc.
- Approximately 2-3 minutes each person, no cross talk, maybe a quick question, very supportive, everyone practicing listening.

### Recap of Session 8 (5 minutes)

- Topic 1: Introduction to Collaborative Action Planning (20 minutes)
1. **Say in your own words:** It is not uncommon that problems arise in our lives. Many times we are able to manage and resolve our problems. However there may be times when problems are so overwhelming, that we feel helpless and hopeless.

For example, Mary is a 76-year old woman who suffers from chronic arthritis, depression - which initially developed as a result of the chronic pain associated with arthritis and anxiety. She is afraid to leave her house leaving her more and more isolated. Her friends and family don't visit or call very

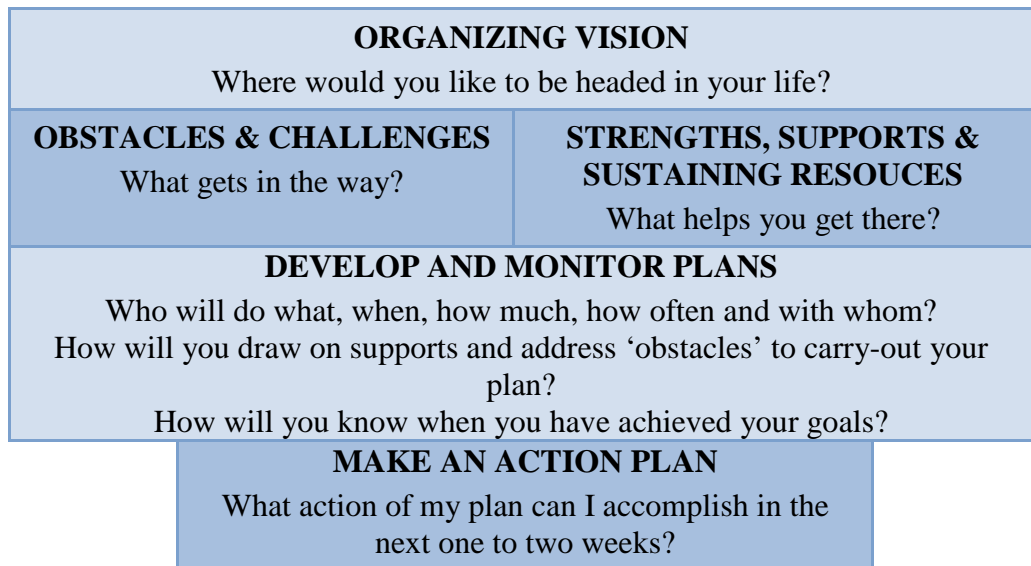
often because they feel Mary just complains. The social isolation leaves her even more depressed and in pain.

2. **Say in your own words:** Collaborative Action Planning is a simple tool that helps peer clients think through challenging situations and move toward preferred goals. It provides a structured and supportive environment by which peer coaches and peer clients work together in the development of goals and corresponding actions that move clients toward a better life.

**Leader’s Note:** Collaborative Action Planning integrates concepts from Collaborative Helping theory (Madsen 2007, 2009, 2011), problem-solving (Mynors-Wallis, 2005), motivational interviewing (Miller and Rollnick, 2002) and self-management skills training (Lorig, Holman, Sobel, Laurent, González and Minor, 2012). See references at end of unit.

**Chart 1: Collaborative Helping Map**

(adapted from Madsen & Gillespie, 2014)



**3. Instructions to Leaders** – refer to Collaborative Helping Map diagram during the presentation of the Map.

- 4. Say:** The five steps of Collaborative Action Planning are: (**Refer to Collaborative Helping Map diagram during this presentation**)
  1. Build Rapport and Engage
  2. Identify and Organizing Vision
  3. Identify Obstacles, Strengths, Supports and Sustaining Resources
  4. Develop and Monitor Plans
  5. Make and Monitor Short-Term Action Plans
- 5. Say in your own words:** Collaborative Action Planning is NOT solving people’s problems or telling them how to live their lives. It IS about identifying their strengths and resourcefulness as we work collaboratively with them (and possibly others) toward THEIR preferred goals.
- 6. Say in your own words:** Collaborative Action Planning is non-stigmatizing, and provides peer clients a positive and empowering experience which increases their sense of self-efficacy and personal control.

- 7. Activity 1: Instruction to Leaders:** Briefly engage trainees in a discussion about their experiences of change. **Ask:**
  - a. Think of a time when you were pushed to make a change that you did not wish to make. What was that like?*
  - b. Now think of a time when someone supported you as you made a desired and preferred change in your life. What was that experience like?*
  - c. How were these two experiences different?*

- Topic 2: Putting Collaborative Action Planning to Work  
**Step 1: Build Rapport and Engage the Peer Client (5 minutes)**

1. **Say in your own words:** Every helping relationship begins with client rapport and engagement. Without attending to this initial step in a relationship, our efforts often fail.
2. **Say in your own words:** There are a variety of ways to build rapport, such as active listening, empathy, compassion, and genuineness. All have been addressed in previous lessons.
3. **Say in your own words:** Another way to engage people is to know them outside of their immediate concerns or problems. To do this, consider having initial discussions about:
  - what life is like when the problem is not around
  - people’s strengths and how they have used those strengths
  - hobbies or other interests
  - favorite memories, events or people in their lives – past or present
  - hopes or dreams they have for their future life
  - anything else that interests or excites them

**Step 2: Help peer clients identify an organizing vision. (30 minutes)**

**Leader’s note:** Before you train steps 2 – 5, ask for a volunteer who would be willing to either role-play her/himself or an imaginary peer client. After each step is presented, complete each step of the Collaborative Helping Map (refer to Handout 2: Collaborative Action Planning – Sample Questions). Fill-in the appropriate space on the Blank Collaborative Helping Map (Chart 1B) and Decision-Making (Chart 2A) charts.

1. **Say in your own words:** Traditionally, helping professions have focused on problems, for example, “What is the problem” or “what caused the problem?”

1. **Instructions to Leaders:** Point to Chart #1A, Organizing Vision section.



2. **Say in your own words:** Organizing visions focus on possibilities. They ask “What would you like your future to look like” or “Where would you like to be headed in your life? (Madsen & Gillespie, 2014 p.54)” A focus on possibilities does not discount problems, but rather approaches them from a perspective of what can be done about the problem (a proactive approach) versus the traditional approach of simply responding to the problem (reactive approach).
3. **Say in your own words:** Important components of organizing visions include:
  - **Mutually shared** – the vision develops from a mutual sharing of ideas between the peer client and peer coach. The newly formed organizing visions are shared by peer clients and peer coached.
  - **Proactive** – This implies forward thinking, what actions can peer clients take to move toward the organizing vision and further away from problems.
  - **Meaningful** – Organizing visions need to be meaningful for the client. It should excite them, engage their imaginations and motivate them to pursue their vision.
  - **Concrete** - Visions should be concrete. Having a clear and concrete vision provides people hope that their vision can be achieved.
  - **Achievable** – Organizing visions should not be too big or too difficult to achieve as that can quickly result a sense of failure and hopelessness.
  - **Challenging** - It is important that organizing visions are not too simple or small, as people may feel there is no challenge. Research indicates that an optimal amount of challenge increases motivation.
  - **Client Directed** - Remember that ‘big’, ‘too difficult’ and ‘small’ are all a matter of perception. What is a small challenge for one person may be a huge challenge for another. Be sensitive to what is right for peer clients.
4. **Say in your own words:** There are a number of different ways to begin visioning conversations; many of which are a natural part of our conversations with others. Handout 2: Collaborative Action Planning – Sample Questions, offers some questions you might consider.

**Instructions to leaders:** Take 1 - 2 minutes and quickly review the Organizing Visioning Questions on Handout 2.

**Activity 2: Instruction to Leaders:** Call on the person who volunteered to participate earlier. Ask the volunteer to identify her or his organizing vision. Model using organizing vision questions from Handout 2. Write the volunteer's organizing vision in the Organizing Vision section of the blank Collaborative Helping Map (Chart #1B).

BREAK – (10 minutes)

**Step 3: Identify Obstacles, Strengths and Supports (30 minutes)**

1. **Say in your own words:** Once peer clients have established an Organizing Vision, it is time to help clients identify both obstacles and supports. It is peer clients' choice which one that they might choose to initially address.

**2. Instructions to Leaders:** Point to Chart #1A, Obstacles section.

3. **Say in your own words:** Obstacles are those things that can be either bumps in the road or major barriers in which other paths must be taken in order to reach our preferred destinations. It asks “What gets in the way (of change)?” When discussing obstacles, it is important to minimize blame and shame and support peer clients as they discuss obstacles, some of which might be quite painful.
4. **Say:** Obstacles may include things such as:
  - *Health or Mental Health Problems:* e.g., arthritis, diabetes, coronary heart disease, depression, anxiety
  - *Feelings:* e.g., sadness, anger, frustration, hopelessness
  - *Beliefs:* e.g., I am worthless; there is no hope for me; I will never be loved
  - *Negative interactional patterns with others:* e.g., I can't get along with my family members
  - *Dilemmas:* e.g., If I get better, I will lose my benefits, supports
  - *Situations:* e.g., Poverty, lack of transportation, social bias against people affected by mental health issues

- *Cultural forces*: e.g., Racism, sexism, heterosexism, classism, normalism

**Instructions to Leaders:** Take 1 - 2 minutes and quickly review the Obstacle and Challenges Questions on Handout 2.

**Activity 3: Instruction to Leaders:** Continue with the person who volunteered to participate earlier. Ask the volunteer to identify her or his Obstacles or Challenges. Model using Obstacle and Challenges questions from Handout 2. Write the volunteer's response in the Obstacles and Challenges section of the blank Collaborative Helping Map (Chart #1B).

**5. Instructions to Leaders:** Point to Chart #1A, Strengths, Supports and Sustaining Resources section.

6. **Say in your own words:** Strengths are our internal resources that provide us with a sense of energy, passion and joy from the sheer pleasure of being engaged in the activity. Supports and/or Sustaining resources are those resources we can call on which both support and sustain us through the difficult times as we move toward a preferred outcome. It asks, "What help you get there (to your preferred vision)?" The goal is to reconnect peer client to and enhance their use of their supports and sustaining resources.
7. Say: Supports and/or sustaining resources may include;
  - *Personal Strengths*: e.g., perseverance, friendliness, courage, compassion, helpfulness
  - *Sustaining practices*: e.g., meditation, exercise, healthy nutrition
  - *Helpful beliefs*: e.g., I can make a difference in my life, I have the skills to make a change
  - *Tangible resource*: such as housing, medical plans, safe neighborhoods, financial security

- *Positive interaction patterns with family members or others:* e.g., Aunt Sally has always been a person who believed in me
- *Intentions, purposes, values, hopes, and dreams:* e.g., I want to live a happier life; I want to be a better partner; I am committed to sobriety
- *Supportive community members or groups:* e.g., faith groups, veteran organizations, support group, friends
- *Broader sustaining cultural beliefs:* e.g., respect for self and family

**Instructions to leaders:** Take 1 - 2 minutes and quickly review the Strengths, Supports and Sustaining Resources Questions on Handout 2.

**Activity 4: Instruction to Leaders:** Continue with the person who volunteered to participate earlier. Ask the volunteer to identify her or his Strengths, Supports and/or Sustaining Resources. Model using Strengths, Supports and Sustaining Resources questions from Handout 2. Write the volunteer's response in the Strengths, Supports and Sustaining Resources section of the blank Collaborative Helping Map (Chart #1B).

**Step 4: Develop and Monitor Plans (25 minutes)**

**Instructions to Leaders:** Point to Chart #1A, Develop and Monitor Plans section.

1. **Say in your own words:** The goal for this step is to develop plans that are desired by and meaningful to the client and help peer clients move closer to their organizing visions.
2. **Say:** Well-designed plans are:
  - Developed collaboratively and mutually agreed-upon by both peer clients and peer coaches.
  - ‘Proactive’, meaning they identify actions peer clients can actively do to move closer to their visions.
  - Include actions that address identified barriers and build on strengths and supports. If possible, the actions should engage peer clients’ natural communities to help and support change.
  - Specific, somewhat challenging, and outline concrete steps that peer clients will take.
  - Achievable and have specific measurable outcomes.
  - Flexible and dynamic. Actions can be modified or completely changed by peer clients as a result of changes in peer clients’ preferences or life circumstances (illness, changes in housing, income, mental state, etc.).
3. **Say in your own words:** When people have identified an organizing vision, barriers and strengths, supports and sustaining resources, they have a fairly easy time making plans. Peer coaches’ primary work is to make sure that the goals are specific, concrete and measurable and address the question: ‘Who will do what, when, how much, how often and with whom?’

**Instructions to leaders:** Take 1 - 2 minutes and quickly review the Plan Development Questions on Handout 2.

**Activity 5: Instruction to Leaders:** Continue with the person who volunteered to participate earlier. Ask the volunteer to develop a plan that moves her or him closer to her/his organizing vision. Model using Plan Development questions from Handout 2. Make sure the plan meets the criteria discussed in #3 above. Write the volunteer’s plans in the Develop and Monitor Plans section of the blank Collaborative Helping Map (Chart #1B).

4. **Say in your own words:** Peer clients may develop more than one plan. They may feel undecided about their plans or which plan they want to start first. If the peer client is unable to decide which plan to begin with or is ambivalent about her/his plan, consider utilizing a decision-making tool. It offers a quick and reliable method for peer clients to develop and evaluate their plans.
5. **Say:** There are 6 basic steps to decision-making
  - Identify the options or plans you would like evaluate.
  - Identify which action is most important to you and will allow you to move closer to your organizing vision.
  - Select an action or plan and write down the pros (strengths, supports, sustaining resources) and cons (obstacles and challenges).
  - Rate each item on a five-point scale where 0 equals not at all important to 5 which represents the action is extremely important.
  - Add up the scores for each column. The higher total should give you your decision.
  - Apply the “heart” test. After reviewing your scores, does the action or plan feel like the right thing to do in your heart? Are you excited about completing it? If the heart says ‘no’, re-evaluate plans until one feels right.
6. **Say in your own words:** If your client is comparing multiple plans, compare the scores of each plan. The higher score should provide an indication of which plan to begin. Make sure to conduct the “heart” test, before beginning.

**Instructions to Leaders:** Point to Chart 2B and state this is an example of a completed decision-making chart. Briefly review the chart and ask for questions. Do not spend too much time reviewing the decision-making chart.

7. **Say in your own words:** Once peer clients have established a plan, it is important to regularly monitor those plans to determine if:
  - peer clients are progressing,
  - plans need to be modified or discontinued if no longer relevant or
  - peer clients wish to pursue a new plan



8. **Say:** Active and regular follow-up on action plans has been shown to lead to better outcomes as it:
  - provides support and motivation for people,
  - supports peer coach/peer client partnerships,
  - allows success to be acknowledged and encourages ongoing action planning, and
  - provides an opportunity for peer coaches and peer clients to quickly identify barriers or changes in life conditions so plans can be modified to support continued success.
9. **Say in your own words:** Plans should be reviewed at least every 6 months or when circumstances change which may alter peer clients' abilities to pursue their visions.

### **Step 5: Make and Monitor Short-term Action Plans (30 minutes)**

1. Say in your own words: Once a plan is made, both peer coaches and clients have a map on the directions to be taken. However, taking the first step or two may feel overwhelming. In order for peer clients to feel confident and achieve success, it is more realistic to focus on small actions that can be successfully completed in a short period of time, such as one to two weeks.

**Instructions to Leaders:** Point to Chart #1A, Make an Action Plan section.

2. Say in your own words: The purpose of this stage is for peer clients to experience success. Successful completion of an action promotes hope, empowerment, and motivation to continue on the path to a preferred life. Although selected actions should pose some challenge, there is no action that is 'too small'. Success is what is most important at this stage.
3. Say: As with mid-range plans, actions selected for the short-term action plan should:
  - be chosen by peer clients,
  - be specific and concrete,
  - promote a positive outcome, and
  - move peer clients closer to their plan and preferred vision.
4. Say: Short-term action plans should address the following steps (adapted from Lorig, et.al., 2012):
  - Specifically **WHAT** the person will do?

- **HOW MUCH** will be done (e.g., how long, how far, portions, repetitions)?
  - **WHEN** will the action take place? Will it be done in the morning, afternoon or evening? Or will it be done first thing after one awakens, before lunch or after work?
  - **How OFTEN** will the person do it (days per week, month and so on)? Lorig recommends that people do not do the activity every day, as things may come up and interfere with plans. Not doing the action every day adds flexibility for these events to occur. Consider doing the activity no more than 4-5 days per week. If people do more – great!
  - With **WHOM** will the person do this activity? The likelihood of succeeding increases if others are supportive and involved in the action plan. The Collaborative Action Planning model encourages engaging people’s natural community in the support of plans.
  - Before proceeding with the Action Plan, ask peer clients how confident they are that they can complete the plan. Lorig, et.al., uses a 10 point scale, where 0 = not at all sure and 10 = absolutely sure. She suggests that people should be confident at a level of 7 or more before proceeding with the action plan. If the confidence level is 6 or less, it indicates that the action plan may be too difficult or the client lacks the confidence to follow-through on the plan. If this happens, peer coaches should talk about clients’ concerns and adapt plans until clients feel confident they can successfully complete the revised action plan.
5. Say in your own words: It is recommended that short-term action plans are monitored either weekly or bi-weekly. If peer clients are not completing their plans, explore why. There are many reasons for not completing plans, being sick and unable to follow-through, friends or family are visiting, holidays, etc.

6. **Say in your own words:** If peer clients do not complete the action plan, peer coaches should not see this outcome as a failure. Michael White, one of the founders of Narrative Therapy, used to say (paraphrasing) ‘what are often viewed as failures can actually be moments of intimacy, where we are invited to explore people’s experience at an even deeper level.’ Peer coaches can use their active listening skills to better understand peer clients’ experiences. With this deeper understanding of peer clients’ experiences, peer coaches can work in partnership with peer clients’ to develop an action plan that both excites peer clients and is achievable.

**Instructions to leaders:** Take 3 - 4 minutes and review Action Plan Questions on Handout 2 and distribute and review Handout 4: My Weekly Action Plan.

**Activity 6: Instruction to Leaders:** Continue with the person who volunteered to participate earlier. Ask the volunteer to develop an action plan that moves her or him closer to her/his organizing vision. Model using Action Plan questions from Handout 2 and Handout 4: My Weekly Action Plan. Work through Handout 4 and then write the volunteer’s plans in the Make an Action Plan section of the blank Collaborative Helping Map (Chart #1B).

7. **Say in your own words:** Now let’s give all of you a chance to complete an Action plan.

**Activity 7: Instruction to Leaders:** Tell trainees to partner with someone and discuss an action they might wish to complete over the next week. Have them use the handout #4 “MY WEEKLY ACTION PLAN” and with their partner’s input, complete the left side of the handout, answering questions 1 – 6.

**Instructions to Leaders:** After the exercise, ask trainees about their experience in completing the action plan, including thoughts and feelings. Ask if there are any questions or concerns that came up during the exercise. Spend time addressing concerns, but try to keep the discussion under 5 minutes.

- Closing
  1. **Say in your own words:** Before next class, complete your Action Plan and when we next meet, report back on your results.
  2. Questions and Answers (10 minutes)
  3. Closing and Feedback (5 minutes)
    - In one sentence, tell us what was most useful to you or what did you like best?
    - How and when might you implement your Action Plan and what is your confidence level?
    - Are there any other comments or concerns?

## CHARTS

### CHART 1A: COLLABORATIVE HELPING MAP

|  |  |
|--|--|
| <b>ORGANIZING VISION</b><br>Where would you like to be headed in your life?  |  |
| <b>OBSTACLES &amp; CHALLENGES</b><br>What gets in the way?   | <b>STRENGTHS, SUPPORTS &amp; SUSTAINING RESOURCES</b><br>What helps you get there? |
| <b>DEVELOP AND MONITOR PLANS</b> <ul style="list-style-type: none"><li>• Who will do what, when, how much, how often and with whom to reach this vision?<ul style="list-style-type: none"><li>• How will you draw on supports and address 'obstacles' to carry-out your plan?</li></ul></li><li>• How will you know when you have achieved your goals?</li></ul> |  |
| <b>MAKE AN ACTION PLAN</b><br>What action of my plan can I accomplish in the next one to two weeks?  |  |

### CHART 1B: COLLABORATIVE HELPING MAP FOR EXERCISE

|                                   |   |
|-----------------------------------|---|
| <b>ORGANIZING VISION</b>          |   |
| <b>OBSTACLES &amp; CHALLENGES</b> | <b>STRENGTHS, SUPPORTS &amp; SUSTAINING RESOURCES</b> |
| <b>DEVELOP AND MONITOR PLANS</b>  |   |
| <b>MAKE AN ACTION PLAN</b>        |   |

**CHART 2A: DECISION-MAKING CHART**

| <b>Pro</b>   | <b>Rating</b> | <b>Con</b> | <b>Rating</b> |
|--------------|---------------|------------|---------------|
|              |               |            |               |
|              |               |            |               |
|              |               |            |               |
|              |               |            |               |
| <b>TOTAL</b> |               |            |               |

**CHART 2B: DECISION-MAKING CHART (EXAMPLE)**

| <b>Pro</b>                      | <b>Rating</b> | <b>Con</b>   | <b>Rating</b> |
|---------------------------------|---------------|--|---------------|
| I will feel better              | 4             | I will have some anxiety about meeting new people. | 3             |
| It will help with my arthritis  | 3             | I need transportation to get to the center         | 2             |
| I will have others to talk to   | 4             | There is a minimal cost                            | 2             |
| It will get me out of the house | 2             |  |               |
| <b>TOTAL</b>                    | <b>13</b>     |  | <b>7</b>      |



1. Specifically, **WHAT** the person will do?
2. **HOW MUCH** will be done (e.g., how long, how far, portions, repetitions)?
3. **WHEN** will the action take place?
4. How **OFTEN** will the person do it (days per week, month and so on)?
5. With **WHOM** will the person do this activity?

## HANDOUT 1: COLLABORATIVE HELPING MAP

Adapted from W.C. Madsen and K. Gillespie Collaborative Helping: A strengths framework for home-based services. Wiley 2014.

|   |   |
|---|---|
| <p><b>ORGANIZING VISION</b></p> <p>Where would you like to be headed in your life?</p>  |   |
| <ul style="list-style-type: none"> <li>• Develop a vision that is promotes preferred changes in your life, is meaningful and has a sufficiently concrete goal</li> <li>• The vision should be built on a foundation of personal motivation, access to resources and community support</li> </ul>  |   |
| <p><b>OBSTACLES &amp; CHALLENGES</b></p> <p>What gets in the way?</p>   | <p><b>STRENGTHS, SUPPORTS &amp; SUSTAINING RESOURCES</b></p> <p>What helps you get there?</p>   |
| <ul style="list-style-type: none"> <li>• Identify obstacles and challenges at the individual level, interpersonal level (family, friends) and the societal and cultural levels</li> <li>• Describe in a way that helps people move away from feeling personally responsible for all of their problems</li> </ul>  | <ul style="list-style-type: none"> <li>• Identify strengths, supports and sustaining resources at the individual level, interpersonal level (family, friends) and the societal and cultural levels</li> <li>• Describe in a way that helps people connect to their good intentions and belief they can use these to reach their goals.</li> </ul> |
| <p><b>DEVELOP AND MONITOR PLANS</b></p> <p>Who will do what, when, how much, how often and with whom to reach this vision?<br/>           How will you draw on supports and address ‘obstacles’ to carry-out your plan?<br/>           How will you know when you have achieved your goals?</p>   |   |
| <ul style="list-style-type: none"> <li>• Develop a meaningful plan that moves people closer to their organizing vision.</li> <li>• The plan should draw on strengths, supports and resources to achieve their goals and overcome potential obstacles and challenges.</li> <li>• People’s natural community and how they will support the plan should be included.</li> <li>• The plan should state how plans will be monitored and how people will know when they achieved success</li> </ul> |   |
| <p><b>MAKE AN ACTION PLAN</b></p> <p>What action of my plan can I accomplish in the next one to two weeks?</p>  |   |
| <ul style="list-style-type: none"> <li>• The action plan should indicate what small, incremental step people will take over the next 1 – 2 weeks that will move them closer to their goals</li> <li>• The plan should address ‘What’, ‘How Much’, ‘When’, ‘How Often’, and with “Whom”.</li> <li>• How confident is the person on a scale of 1 (not at confident) to 10 (extremely confident) that she or he can complete the action plan?</li> </ul>   |   |

## **HANDOUT 2: Collaborative Action Planning – Sample Questions**

### **Organizing Visioning Questions**

- If we were to look into a crystal ball that could see into the future, say about a year from now, and your life was as you wished it to be, what would we see?
- If we were to make a plan for your future life, what plans would you like to make?
- Was there a recent time when you good about yourself? What was it that made you feel good?
- There are days when we are not at our best. However, has there been a time when you felt at your best? What were you doing? How were others responding to you? What were you thinking or feeling at the time?
- If in a year or two from now you were happy and I was a fly on the wall noticing your life, what would I see? What do you think would be different from your life today?
- In concrete terms, what would your life look like if it was going as you wished?
- Can you say more about that?
- We have developed a vision of how you would like your life to be, why do you think this vision is important to you?
- Have you experience elements of that vision either in your past or present?
- Who in your life would appreciate and support this vision? What have they done in the past to support you?

### **Obstacle and Challenges Questions**

- What do you consider to be some of the primary obstacles or challenges in your life?
- When (the obstacle/challenge) pops-up what does it get you to believe about yourself?
- What effects does (obstacle/challenge) have on your life?
- How does (obstacle/challenge) keep you from moving forward with your life?
- What effect does (obstacle/challenge) have on your relationships? Are these effects ones that you like or dislike? Why?
- Do you find that (obstacle/challenge) pushes people away from you or draws them nearer? How does it do that?

- Do you find that (obstacle/challenge) is always around talking you out of things or does it jump out at you at times when you least expect it? Can you tell me more?

### **Strengths, Supports and Sustaining Resources**

- Have you discovered personal strengths that have helped you in difficult times? What are they and what have you done to increase them?
- How has supported you through difficult times? What specifically have they done to help you?
- What community resources have you used that has helped you move in a preferred direction in your life? Are there other resources out there that you think might improve your life even more?
- As you think about your strengths, not just a quality you have, but something you do, what are the skills that you put into it? What are the practices of (strength)? How did you develop those practices?
- If you were to combine your strengths, community resources and the support of friends, what do you feel might be possible for you to achieve?
- Do you prefer the effects of the barriers/obstacles in your life, or what you are able to achieve as a result of your strengths and supports?
- What other supports might you call on to help you move toward your vision?

### **Plan Development Questions**

- As you think about your vision, challenges and supports, what would you like to commit to doing that would help you reach your goals?
- What specific actions do you think you could take that would reflect your commitment?
- When might you wish to do your actions?
- As you think about this plan, what difference do you think it might make in your life? Do you think this would be a preferred direction? Why?
- Who might you want to include in your plan as supports?
- What role or action might you wish them to take?
- Are there specific resources that you need in order to move forward?
- How will you know if you have made progress?

### **Action Plan Questions**

- What specific action would you like to take over the next week or two that will move you closer to your goals? (Go out to lunch; goal is to increase socialization)
- How often would you like to (action)? ( go out twice a week)
- When do you want to do (action)? ( on Monday and Thursday)
- How much of that (action) would you like to do? (twice a week for about one hour)
- With whom would you like to (action)? (with my friend Maria or John)
- On a scale of 1 to 10, how confident are you that you will be able to complete your plan? (Score must be greater than 7; if 6 or less, renegotiate the plan)

**HANDOUT 3: DECISION-MAKING CHART**

| <b>Pro</b>   | <b>Rating</b> | <b>Con</b> | <b>Rating</b> |
|--------------|---------------|------------|---------------|
|              |               |            |               |
|              |               |            |               |
|              |               |            |               |
|              |               |            |               |
|              |               |            |               |
|              |               |            |               |
|              |               |            |               |
| <b>TOTAL</b> |               |            |               |



# HANDOUT 4: MY WEEKLY ACTION PLAN

## MY WEEKLY ACTION PLAN

DATE: \_\_\_\_\_

I, \_\_\_\_\_  
plan to improve my health by agreeing to:

1. This week I will (state **WHAT** you will do - a specific action, such as exercising):

2. **HOW MUCH** will you do (length of time, distance or serving portion):

3. **WHEN** are you going to do it (time of day):

4. How **OFTEN** are you going to do it (days per week, month):

5. With **WHOM** will you do it (friend, family, others):

6. How **SURE** are you that you will complete your goal? (0 = Not at all sure; 10 = Absolutely sure) Circle the number that represents your level of confidence. If your number is less than 7, revise your plan until your confidence level is 7 or above.

0 1 2 3 4 5 6 7 8 9 10  
not at all somewhat absolutely  
sure sure sure

## MY RESULTS

7. a. Circle the day(s) you selected to complete your goal.  
b. List the time(s) of day to complete your goal.  
c. Place a check ✓ in the box when you complete your goal.

| a. Day of the Week | b. Time(s) | c. Goal Completed ✓ |
|--------------------|------------|---------------------|
| Sunday             |            |                     |
| Monday             |            |                     |
| Tuesday            |            |                     |
| Wednesday          |            |                     |
| Thursday           |            |                     |
| Friday             |            |                     |
| Saturday           |            |                     |

8. Comments (explain challenges you faced this week, or what helped you achieve success):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. How much success did I achieve this week? (0 = No success; 10 = Complete success) Circle the number that best represents your level of success.

0 1 2 3 4 5 6 7 8 9 10  
no success some success complete success

Senior Peer Mental Health Coach Program  
 City of Fremont  
 Evaluation of Session 9

| How would you rate your:                                 |                | Low |   |   |   |   | High |
|--|----------------|-----|---|---|---|---|------|
| Knowledge of collaborative action planning               | Before session | 1   | 2 | 3 | 4 | 5 |      |
|  | After session  | 1   | 2 | 3 | 4 | 5 |      |
| Knowledge of five steps of collaborative action planning | Before session | 1   | 2 | 3 | 4 | 5 |      |
|  | After session  | 1   | 2 | 3 | 4 | 5 |      |
| Understanding of weekly action plan                      | Before session | 1   | 2 | 3 | 4 | 5 |      |
|  | After session  | 1   | 2 | 3 | 4 | 5 |      |

What's the purpose to having collaborative action planning with your peer?

Why identify obstacles, strengths, and supports that your peer has is important in collaborative action planning?

# Senior Peer Coaching Training



Class Nine  
March 17, 2015



# Developing Collaborative Action Plans



Class Nine of the Senior Peer Coaching Training  
Presented by Dr. Ray Grimm





# Agenda



- ❧ Check-in
- ❧ Recap of Session 8
- ❧ Introduction to Collaborative Action Planning
- ❧ Putting Collaborative Action Planning to Work
  - ❧ 1. Build Rapport and Engage the Peer Client
  - ❧ 2. Help peer clients identify an organizing vision
  - ❧ 3. Identify Obstacles, Strengths and Supports
  - ❧ 4. Develop and Monitor Plans
- ❧ Exercise: Completing a Collaborative Helping Map
- ❧ Exercise: Making Your Short-Term Action Plan
- ❧ Questions and Answers, Closing and Feedback

# Learning objectives



By the end of this session, participants will:

- ☞ Understand the Principles of Collaborative Action Planning
- ☞ Identify the 5 steps of Collaborative Action Planning
- ☞ Understand how to utilize active listening and collaborative skills to complete the Collaborative Action Planning process
- ☞ Make a Weekly Action Plan



# Check-in



# Mary



# Collaborative Helping Map



## ORGANIZING VISION

Where would you like to be headed in your life?

### OBSTACLES & CHALLENGES

What gets in the way?

### STRENGTHS, SUPPORTS & SUSTAINING RESOURCES

What helps you get there?

## DEVELOP AND MONITOR PLANS

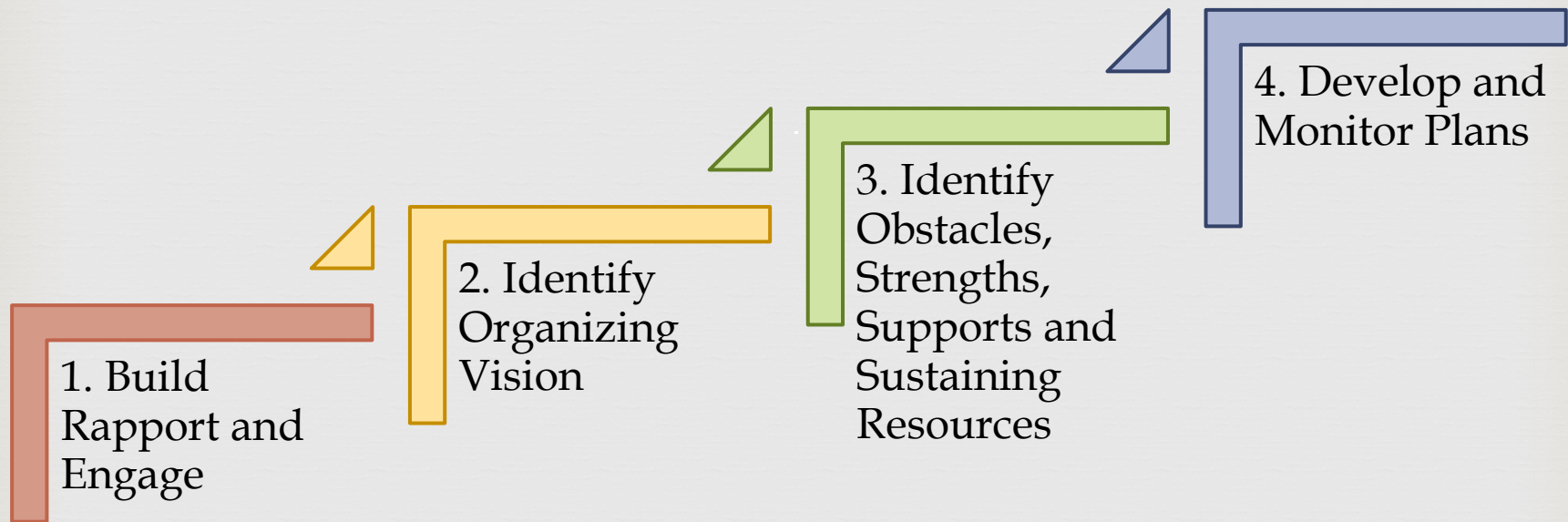
How will you draw on supports and address 'obstacles' to carry-out your plan?

How will you know when you have achieved your goals?

Who will do what, when, how much, how often and with whom?

What specific action will you take during the next week or two to move you closer to your vision?

# 4 Steps of Collaborative Action Planning





# 1. Build Rapport and Engage



## 2. Identify an Organizing Vision





# Break



# 3a. Identify Obstacles



∞ Obstacles are the ‘bumps in the road’ or major barriers that get in the way of our preferred paths.



# 3b. Identify Strengths, Supports and Sustaining Resources



- Strengths are our internal resources
- Supports and Sustaining resources are those people and resources we can call on in difficult times.





# 4a. Develop Plans



# Strategic Decision-Making/ Problem-Solving



## ☞ Strategic Decision-Making

1. Identify plan to evaluate

## ☞ Strategic Problem-Solving

1. Identify problem/barrier
- 1b. Brainstorm ideas that address the problem.

Further steps for both strategic decision-making and strategic problem-solving.

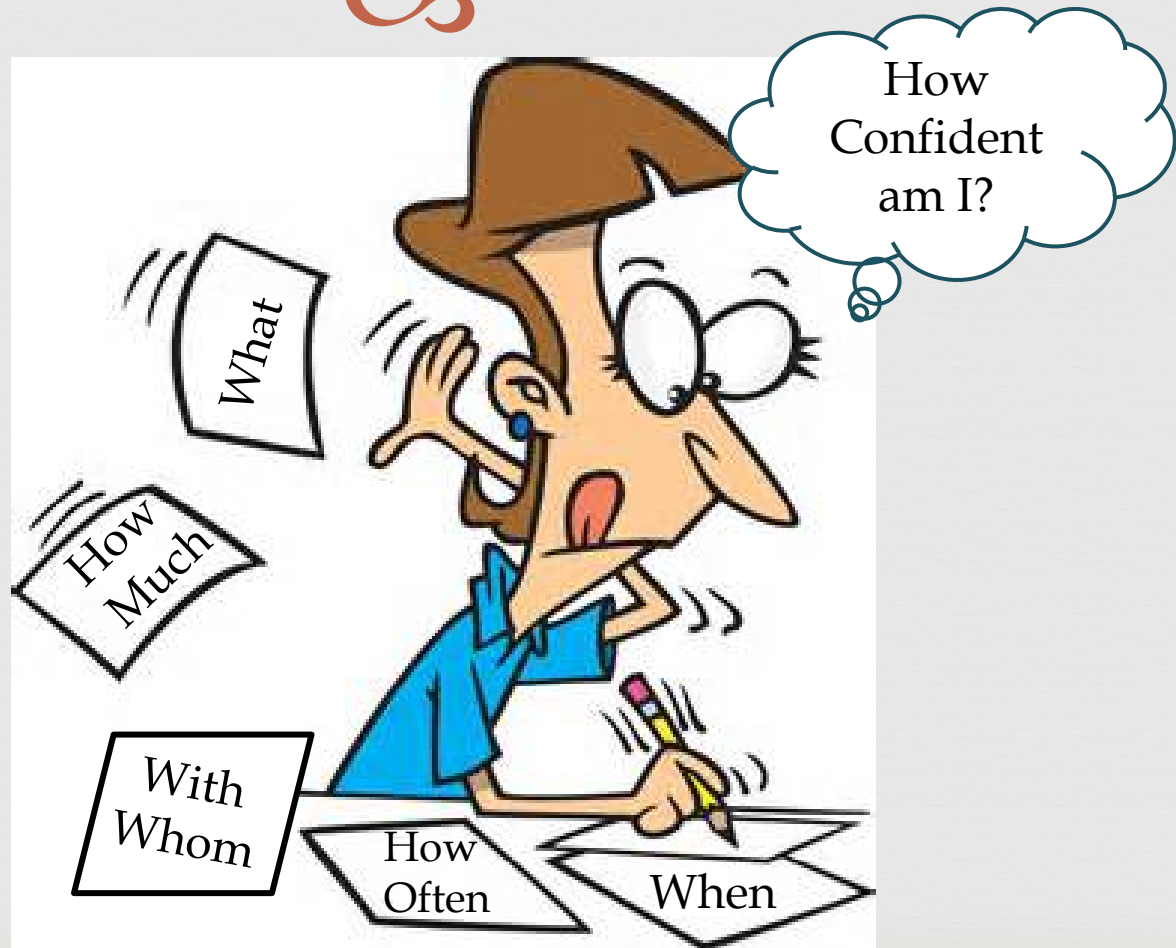
2. Identify an action that is important to the client and move toward vision.
3. Write down the pros and cons for the action.
4. Rate each item on a 5-point scale (0=not at all important, 5=extremely important).
5. Add up scores and see which score is higher, the pro or con column.
6. Apply the 'heart' test – in your heart, does it feel like the right thing to do?

# 4b. Monitoring





# Short-Term Action Planning



# Let's Give it a Try!



# Closing and feedback



- ❧ In one sentence, tell us what was most useful to you or what did you like best?
- ❧ How and when might you implement your Action Plan and what is your confidence level?
- ❧ Are there any other comments or concerns?

# Questions & answers



## Class Ten:

### Collaborative Action Planning – Part two

#### ➤ AGENDA

- Check-in
- Recap of Session 9
- Putting Collaborative Action Planning to Work
  6. Develop and Monitor Plans
  7. Make and Monitor Short-Term Action Plans
- Vignettes
  1. Vignette #1
  2. Vignette #2
  3. Vignette #3
  4. Vignette #4
- Questions and Answers
- Closing and Feedback

#### ➤ LEARNING OBJECTIVES

- By the end of this session, participants will:
  - ▶ Understand the Principles of Collaborative Action Planning
  - ▶ Identify the 5 steps of Collaborative Action Planning
  - ▶ Understand how to utilize listening and collaborative skills to complete the Collaborative Action Planning process
  - ▶ Make a Weekly Action Plan.

#### ➤ MATERIALS NEEDED

- Flip chart with markers, stand
- HANDOUTS
  - ▶ Handout 1: Sample Questions for Collaborative Helping Interviews
  - ▶ Handout 2: My Weekly Action Plan
- CHARTS
  - ▶ Chart 1A: Collaborative Helping Map

- ▶ Chart 1B: Collaborative Helping Map for Exercise
- ▶ Chart 2: Short-term Action Plan Questions
- Vignettes
  - ▶ Vignette #1
  - ▶ Vignette #2
  - ▶ Vignette #3
  - ▶ Vignette #4
- Refreshments (Smart & Final, \$12 for 15 people):
  - ▶ Mozzarella sticks
  - ▶ Assorted vegetable tray
  - ▶ Coffee, tea, water
- Pencils/Pens

## ➤ PREPARATION

- Review all related materials before the session
- Purchase refreshments
- Make copies of each handout
- Write brief agenda on flip chart or white board

## ➤ SESSION 10

### Check-In (10 minutes)

- You can share something about what is going on in your life or any thoughts or feelings in response to the classes, class experience etc.
- Approximately 2-3 minutes each person, no cross talk, maybe a quick question, very supportive, everyone practicing listening.

### Recap of Session 9

- Reviewing introduction to Collaborative Action Planning
- Reviewing first 3 steps of Collaborative Action Planning



## Collaborative Action Planning (continuing)

### Step 4: Develop and Monitor Plans

**Instructions to Leaders:** Point to Chart #1A, Develop and Monitor Plans section.

1. **Say in your own words:** The goal for this step is to develop plans that are desired by and meaningful to the client and help peer clients move closer to their organizing visions.
2. **Say:** Well-designed plans are:
  - Developed collaboratively and mutually agreed-upon by both peer clients and peer coaches.
  - ‘Proactive’, meaning they identify actions peer clients can actively do to move closer to their visions.
  - Include actions that address identified barriers and build on strengths and supports. If possible, the actions should engage peer clients’ natural communities to help and support change.
  - Specific, somewhat challenging, and outline concrete steps that peer clients will take.
  - Achievable and have specific measurable outcomes.
  - Flexible and dynamic. Actions can be modified or completely changed by peer clients as a result of changes in peer clients’ preferences or life circumstances (illness, changes in housing, income, mental state, etc.).
3. **Say in your own words:** When people have identified an organizing vision, barriers and strengths, supports and sustaining resources, they have a fairly easy time making plans. Peer coaches’ primary work is to make sure that the goals are specific, concrete and measurable and address the question: ‘Who will do what, when, how much, how often and with whom?’

**Instructions to leaders:** Take 1 - 2 minutes and quickly review the Plan Development Questions on Handout 2.

**Activity 5: Instruction to Leaders:** Continue with the person who volunteered to participate earlier. Ask the volunteer to develop a plan that moves her or him closer to her/his organizing vision. Model using Plan Development questions from Handout 2. Make sure the plan meets the criteria discussed in #3 above. Write the volunteer's plans in the Develop and Monitor Plans section of the blank Collaborative Helping Map (Chart #1B).

4. **Say in your own words:** Peer clients may develop more than one plan. They may feel undecided about their plans or which plan they want to start first. If the peer client is unable to decide which plan to begin with or is ambivalent about her/his plan, consider utilizing a decision-making tool. It offers a quick and reliable method for peer clients to develop and evaluate their plans.
5. **Say:** There are 6 basic steps to decision-making
  - Identify the options or plans you would like evaluate.
  - Identify which action is most important to you and will allow you to move closer to your organizing vision.
  - Select an action or plan and write down the pros (strengths, supports, sustaining resources) and cons (obstacles and challenges).
  - Rate each item on a five-point scale where 0 equals not at all important to 5 which represents the action is extremely important.
  - Add up the scores for each column. The higher total should give you your decision.
  - Apply the “heart” test. After reviewing your scores, does the action or plan feel like the right thing to do in your heart? Are you excited about completing it? If the heart says ‘no’, re-evaluate plans until one feels right.
6. **Say in your own words:** If your client is comparing multiple plans, compare the scores of each plan. The higher score should provide an indication of which plan to begin. Make sure to conduct the “heart” test, before beginning.

**Instructions to Leaders:** Point to Chart 2B and state this is an example of a completed decision-making chart. Briefly review the chart and ask for questions. Do not spend too much time reviewing the decision-making chart.

7. **Say in your own words:** Once peer clients have established a plan, it is important to regularly monitor those plans to determine if:
  - peer clients are progressing,
  - plans need to be modified or discontinued if no longer relevant or
  - peer clients wish to pursue a new plan.
  
8. **Say:** Active and regular follow-up on action plans has been shown to lead to better outcomes as it:
  - provides support and motivation for people,
  - supports peer coach/peer client partnerships,
  - allows success to be acknowledged and encourages ongoing action planning, and
  - provides an opportunity for peer coaches and peer clients to quickly identify barriers or changes in life conditions so plans can be modified to support continued success.
  
9. **Say in your own words:** Plans should be reviewed at least every 6 months or when circumstances change which may alter peer clients' abilities to pursue their visions.

**Step 5: Make and Monitor Short-term Action Plans (30 minutes)**

1. **Say in your own words:** Once a plan is made, both peer coaches and clients have a map on the directions to be taken. However, taking the first step or two may feel overwhelming. In order for peer clients to feel confident and achieve success, it is more realistic to focus on small actions that can be successfully completed in a short period of time, such as one to two weeks.

**Instructions to Leaders:** Point to Chart #1A, Make an Action Plan section.

2. **Say in your own words:** The purpose of this stage is for peer clients to experience success. Successful completion of an action promotes hope, empowerment, and motivation to continue on the path to a preferred life. Although selected actions should pose some challenge, there is no action that is 'too small'. Success is what is most important at this stage.
  
3. **Say:** As with mid-range plans, actions selected for the short-term action plan should:
  - be chosen by peer clients,
  - be specific and concrete,
  - promote a positive outcome, and

- move peer clients closer to their plan and preferred vision.
4. Say: Short-term action plans should address the following steps (adapted from Lorig, et.al., 2012):
    - Specifically **WHAT** the person will do?
    - **HOW MUCH** will be done (e.g., how long, how far, portions, repetitions)?
    - **WHEN** will the action take place? Will it be done in the morning, afternoon or evening? Or will it be done first thing after one awakens, before lunch or after work?
    - **How OFTEN** will the person do it (days per week, month and so on)? Lorig recommends that people do not do the activity every day, as things may come up and interfere with plans. Not doing the action every day adds flexibility for these events to occur. Consider doing the activity no more than 4-5 days per week. If people do more – great!
    - With **WHOM** will the person do this activity? The likelihood of succeeding increases if others are supportive and involved in the action plan. The Collaborative Action Planning model encourages engaging people’s natural community in the support of plans.
    - Before proceeding with the Action Plan, ask peer clients how confident they are that they can complete the plan. Lorig, et.al, uses a 10 point scale, where 0 = not at all sure and 10 = absolutely sure. She suggests that people should be confident at a level of 7 or more before proceeding with the action plan. If the confidence level is 6 or less, it indicates that the action plan may be too difficult or the client lacks the confidence to follow-through on the plan. If this happens, peer coaches should talk about clients’ concerns and adapt plans until clients feel confident they can successfully complete the revised action plan.
  5. Say in your own words: It is recommended that short-term action plans are monitored either weekly or bi-weekly. If peer clients are not completing their plans, explore why. There are many reasons for not completing plans, being sick and unable to follow-through, friends or family are visiting, holidays, etc.
  6. Say in your own words: If peer clients do not complete the action plan, peer coaches should not see this outcome as a failure. Michael White, one of the founders of Narrative Therapy, used to say (paraphrasing) ‘what are often viewed as failures can actually be moments of intimacy, where we are invited to explore people’s experience at an even deeper level.’ Peer coaches can use their active listening skills to better understand peer clients’ experiences. With this deeper understanding of peer clients’ experiences, peer coaches can work in partnership with peer clients’ to develop an action plan that both excites peer clients and is achievable.

**Instructions to leaders:** Take 3 - 4 minutes and review Action Plan Questions on Handout 2 and distribute and review Handout 4: My Weekly Action Plan.

**Activity 6: Instruction to Leaders:** Continue with the person who volunteered to participate earlier. Ask the volunteer to develop an action plan that moves her or him closer to her/his organizing vision. Model using Action Plan questions from Handout 2 and Handout 4: My Weekly Action Plan. Work through Handout 4 and then write the volunteer's plans in the Make an Action Plan section of the blank Collaborative Helping Map (Chart #1B).

7. **Say in your own words:** Now let's give all of you a chance to complete an Action plan.

**Activity 7: Instruction to Leaders:** Tell trainees to partner with someone and discuss an action they might wish to complete over the next week. Have them use the handout #4 "MY WEEKLY ACTION PLAN" and with their partner's input, complete the left side of the handout, answering questions 1 – 6.

**Instructions to Leaders:** After the exercise, ask trainees about their experience in completing the action plan, including thoughts and feelings. Ask if there are any questions or concerns that came up during the exercise. Spend time addressing concerns, but try to keep the discussion under 5 minutes.

## Vignettes

- Trainees will be given vignettes and practice to develop an appropriate plan by utilizing Collaborative Action Planning methodology.
- Vignette #1
- Vignette #2

- Vignette #3
- Vignette #4

## Questions and Answers

## Closing and Feedback

- In one sentence tell us: What was the most useful part of today's session or what did you like best?
- In one sentence tell us: What will you do to take care of yourself over these next few days?



## CHARTS

### CHART 1A: COLLABORATIVE HELPING MAP

|  |  |
|--|--|
| <b>ORGANIZING VISION</b><br>Where would you like to be headed in your life?  |  |
| <b>OBSTACLES &amp; CHALLENGES</b><br>What gets in the way?   | <b>STRENGTHS, SUPPORTS &amp; SUSTAINING RESOURCES</b><br>What helps you get there? |
| <b>DEVELOP AND MONITOR PLANS</b> <ul style="list-style-type: none"><li>• Who will do what, when, how much, how often and with whom to reach this vision?<ul style="list-style-type: none"><li>• How will you draw on supports and address 'obstacles' to carry-out your plan?</li></ul></li><li>• How will you know when you have achieved your goals?</li></ul> |  |
| <b>MAKE AN ACTION PLAN</b><br>What action of my plan can I accomplish in the next one to two weeks?  |  |

### CHART 1B: COLLABORATIVE HELPING MAP FOR EXERCISE

|                                   |   |
|-----------------------------------|---|
| <b>ORGANIZING VISION</b>          |   |
| <b>OBSTACLES &amp; CHALLENGES</b> | <b>STRENGTHS, SUPPORTS &amp; SUSTAINING RESOURCES</b> |
| <b>DEVELOP AND MONITOR PLANS</b>  |   |
| <b>MAKE AN ACTION PLAN</b>        |   |

## CHART 2: SHORT-TERM ACTION PLAN QUESTIONS

6. Specifically, **WHAT** the person will do?
7. **HOW MUCH** will be done (e.g., how long, how far, portions, repetitions)?
8. **WHEN** will the action take place?
9. How **OFTEN** will the person do it (days per week, month and so on)?
10. With **WHOM** will the person do this activity?

## **HANDOUT 1: Collaborative Action Planning – Sample Questions**

### **1. Organizing Visioning Questions**

- If we were to look into a crystal ball that could see into the future, say about a year from now, and your life was as you wished it to be, what would we see?
- If we were to make a plan for your future life, what plans would you like to make?
- Was there a recent time when you good about yourself? What was it that made you feel good?
- There are days when we are not at our best. However, has there been a time when you felt at your best? What were you doing? How were others responding to you? What were you thinking or feeling at the time?
- If in a year or two from now you were happy and I was a fly on the wall noticing your life, what would I see? What do you think would be different from your life today?
- In concrete terms, what would your life look like if it was going as you wished?
- Can you say more about that?
- We have developed a vision of how you would like your life to be, why do you think this vision is important to you?
- Have you experience elements of that vision either in your past or present?
- Who in your life would appreciate and support this vision? What have they done in the past to support you?

### **2. Obstacle and Challenges Questions**

- What do you consider to be some of the primary obstacles or challenges in your life?
- When (the obstacle/challenge) pops-up what does it get you to believe about yourself?
- What effects does (obstacle/challenge) have on your life?
- How does (obstacle/challenge) keep you from moving forward with your life?
- What effect does (obstacle/challenge) have on your relationships? Are these effects ones that you like or dislike? Why?
- Do you find that (obstacle/challenge) pushes people away from you or draws them nearer? How does it do that?

- Do you find that (obstacle/challenge) is always around talking you out of things or does it jump out at you at times when you least expect it? Can you tell me more?

### **3. Strengths, Supports and Sustaining Resources**

- Have you discovered personal strengths that have helped you in difficult times? What are they and what have you done to increase them?
- How has supported you through difficult times? What specifically have they done to help you?
- What community resources have you used that has helped you move in a preferred direction in your life? Are there other resources out there that you think might improve your life even more?
- As you think about your strengths, not just a quality you have, but something you do, what are the skills that you put into it? What are the practices of (strength)? How did you develop those practices?
- If you were to combine your strengths, community resources and the support of friends, what do you feel might be possible for you to achieve?
- Do you prefer the effects of the barriers/obstacles in your life, or what you are able to achieve as a result of your strengths and supports?
- What other supports might you call on to help you move toward your vision?

### **4. Plan Development Questions**

- As you think about your vision, challenges and supports, what would you like to commit to doing that would help you reach your goals?
- What specific actions do you think you could take that would reflect your commitment?
- When might you wish to do your actions?
- As you think about this plan, what difference do you think it might make in your life? Do you think this would be a preferred direction? Why?
- Who might you want to include in your plan as supports?
- What role or action might you wish them to take?
- Are there specific resources that you need in order to move forward?
- How will you know if you have made progress?

## 5. Action Plan Questions

- What specific action would you like to take over the next week or two that will move you closer to your goals? (Go out to lunch; goal is to increase socialization)
- How often would you like to (action)? ( go out twice a week)
- When do you want to do (action)? ( on Monday and Thursday)
- How much of that (action) would you like to do? (twice a week for about one hour)
- With whom would you like to (action)? (with my friend Maria or John)
- On a scale of 1 to 10, how confident are you that you will be able to complete your plan? (Score must be greater than 7; if 6 or less, renegotiate the plan)





Vignette 1:

Paul comes to you and complains of muscle tension, especially in his shoulders and neck contributing to headache. He also reports that he has been experiencing a decrease in sleep, fatigue and constant restlessness in addition to poor concentration ability. He tells you that he feels irritable and yelled at his daughter for no apparent reason. He has not been out of the house in 2 weeks and has not made an effort to call or attend appointments.

He talked briefly about feeling “stressed out” but he is not certain why he is feeling so poorly. He doesn’t abuse substances and medical history is unremarkable.

**GOAL:** The team therapist would like you to help this client with increasing social interactions and keeping appointments.

Vignette 2:

You are meeting with Susan, your 66 year old female peer client, and she arrives appearing very anxious and worried. She says that it is still the beginning of the month and she ran out of her savings, food supplies and groceries. She wants help in identifying resources and also seeking help in alleviating her anxiety and insomnia.

Susan said that she has not been assessed by a psychiatrist and insists that she is not interested in taking any medication because of the concerns with the side effects that they may have.

**GOAL:** The team therapist would like you to help this peer client with increasing access to resources for food, medical evaluation, and budgeting/financial education.

### Vignette 3:

Lisa is a 64 year old female you meet at her home. Lisa reports difficulty leaving her apartment, which is cluttered with boxes and other materials. She complains of numerous health concerns, including pain while walking, insomnia, and diabetes. Lisa reports that neighbors wish to “retaliate” against her for noise complaints she made against them and says it can be difficult to leave the house because of her severe anxiety.

Lisa has strained relationships with several family members and only has one visit a week from her son, her IHSS worker. She does not interact with neighbors and rarely answers the phone, even when friends call. She does not leave her apartment except to occasionally pick up groceries, which she reports is very stressful for her. In recent months, she has limited her grocery outings to once a week. Lisa does not wish to join a support group, partake in senior center activities, or meet with a psychiatrist because she says she cannot trust anyone.

**GOAL:** The team therapist would like you to help this client increase her social interactions and increase her outings to a minimum of two outings per week.

Vignette 4:

Tom is a 76 year old retired middle school teacher. For the past 30 years, he lived with his wife and they don't have any children. Last September, his wife passed away due to heart attack. This was a big shock for Tom. Suddenly, he lost the closest person he had. He has been excessively sad since then. He dropped most activities that he likes and spends most of the time at home. He has also lost a lot of weight since the death of his wife. His neighbor noticed this mood and behavior change. The neighbor contacted Senior Mobile Mental Health Program and hopes he can get some help from the program.

**GOAL:** The team therapist would like you to help this client process his grief and resume some of the activities he dropped. The team therapist would also like you to help this client work on regaining some of the weight he has lost.

Senior Peer Mental Health Coach Program  
 City of Fremont  
 Evaluation of Session 10

| How would you rate your:                                 |                | Low |   |   |   |   | High |
|--|----------------|-----|---|---|---|---|------|
| Knowledge of collaborative action planning               | Before session | 1   | 2 | 3 | 4 | 5 |      |
|  | After session  | 1   | 2 | 3 | 4 | 5 |      |
| Knowledge of five steps of collaborative action planning | Before session | 1   | 2 | 3 | 4 | 5 |      |
|  | After session  | 1   | 2 | 3 | 4 | 5 |      |
| Understanding of weekly action plan                      | Before session | 1   | 2 | 3 | 4 | 5 |      |
|  | After session  | 1   | 2 | 3 | 4 | 5 |      |

What's the purpose to having collaborative action planning with your peer?

Why identify obstacles, strengths, and supports that your peer has is important in collaborative action planning?

# Senior Peer Coaching Training



Class Ten  
March 19, 2015





# Applying the lessons: Practice



Class Ten of the Senior Peer Coaching Training  
Presented by Dr. Ray Grimm



# Check-in



# Vignette 1



Paul comes to you and complains of muscle tension, especially in his shoulders and neck contributing to headache. He also reports that he has been experiencing a decrease in sleep, fatigue and constant restlessness in addition to poor concentration ability. He tells you that he feels irritable and yelled at his daughter for no apparent reason. He has not been out of the house in 2 weeks and has not made an effort to call or attend appointments.

He talked briefly about feeling “stressed out” but he is not certain why he is feeling so poorly. He doesn’t abuse substances and medical history is unremarkable.



# Vignette 2



You are meeting with your 66 year old female peer and she arrives appearing very anxious and worried. She says that it is still the beginning of the month and she ran out of her savings, food supplies and groceries. She wants help in identifying resources and also seeking help in alleviating her anxiety and insomnia. She said that she has not been assessed by a psychiatrist and insists that she is not interested in taking any medication because of the concerns with the side effects that they may have.

# Vignette 3



Lisa is a 64 year old female you meet at her home. Lisa reports difficulty leaving her apartment, which is cluttered with boxes and other materials. She complains of numerous health concerns, including pain while walking, insomnia, and diabetes. Lisa reports that neighbors wish to “retaliate” against her for noise complaints she made against them and says it can be difficult to leave the house because of her severe anxiety.

Lisa has strained relationships with several family members and only has one visit a week from her son, her IHSS worker. She does not interact with neighbors and rarely answers the phone, even when friends call. She does not leave her apartment except to occasionally pick up groceries, which she reports is very stressful for her. In recent months, she has limited her grocery outings to once a week. Lisa does not wish to join a support group, partake in senior center activities, or meet with a psychiatrist because she says she cannot trust anyone.

# Break





# Questions & answers



## Class Eleven:

### Getting Started with Clients: Boundaries, Self-Disclosure, Risk Areas, & Handling Crises

#### ➤ AGENDA

- Check-In
- Getting to Started with Clients
  - Boundaries
  - Self-Disclosure
  - Risk Areas
  - Handling Crises

#### ☛ LEARNING OBJECTIVES

- By the end of this session, participants will:
  - ▶ Learn how to set up appropriate boundaries with peers
  - ▶ Learn how to wisely use self-disclosure to build up relationship with peers
  - ▶ Understand risk areas triggering mental health symptoms
  - ▶ Learn techniques of handling crises

#### ➤ SESSION 11

##### Check-In

- You can share something about what is going on in your life or any thoughts or feelings in response to the classes, class experience etc.
- Approximately 2-3 minutes each person, no cross talk, maybe a quick question, very supportive, everyone practicing listening.

##### Boundaries:

- Successful relationship is composed of 2 people, each with a clearly defined sense of her or his own identity. Without our understanding of who we are and what makes us unique, it is difficult to engage in the process of developing relationship.
- The process of establishing healthy relationship is a way that functions smoothly and enhances each other. When we have a strong conception of who

we are, we can appreciate and love the qualities of others that make them a unique person as well.

- The similarities between 2 people may bring them together but their differences contribute to the growth, excitement and mystery of the relationship.
- One features of a healthy sense of self is the way we understand and work with boundaries. Personal boundaries are the limits we set in our relationship that allow us to protect ourselves. They make it possible for us to separate our own thoughts and feelings from others and take responsibility for what we think, feel and do.
- Intact boundaries are flexible. They allow us to get close to others when appropriate and to maintain distance when we might be harmed by getting too close. Good boundaries protect us from abuse and help us to take care of ourselves.
- Some ways in which unhealthy boundaries may show themselves in a relationship:
  - Lack of self-identity: when we lack a sense of our own identity and the boundaries which protect us, we tend to draw our identities from other people. You can't imagine who you are without that relationship. You become so willing to do anything to make the relationship work even it means giving up your own emotional security, friends, sense of respect and independence. You may even endure emotional abuse just to save the relationship.  
Rational Alternative: Find out who you are and makes you unique. Realize your own uniqueness; your own values and worth as a person are not necessarily dependent on other people. You can function as an independent person in your own right.
  - Over- Responsibility and Guilt: One characteristics of growing up in a dysfunctional family is that we may learn to feel guilty if we fail to ensure the success and happiness of our own family members. In adulthood, we may come to feels responsible for their own failures. The guilt we feel

when love ones fails may drive us to keep tearing down our personal boundaries so we are always available to them. When we feel overly responsible for other people (client) we deprive them of their independence, healthy and mature life and their ability to make their own choices and accept consequences of their own decision.

Healthier Response: to show clients respect by allowing them to succeed or fail on their own terms. You can be there to support and comfort when time becomes difficult for them.

Boundaries are healthy when you are able to say “I trust and respect you to make your own life choices”

Move to accepting yourself and your relationship will grow and flourish.

Healthy relationship is one in which our boundaries are strong enough yet flexible enough to allow us to grow in our own uniqueness. There is a sense of respect for each other. Healthy boundaries allow us to trust to develop a healthy relationship.

Learning to have healthy boundaries is an exciting adventure. It means coming to know ourselves and increase our awareness of what we stand for. It also means self-acceptance and knowing that we are OK.

2 people with healthy boundaries encourage independence, letting go of some out our misconception and treating ourselves with respect.

Time for Class Review and Questions/Answers

### Appropriate Use of Self Disclosure

- Definition: Self Disclosure means sharing information about your life experiences with your peer client in the service of helping the client.
- As we have learned, the focus in peer coaching is the client. This is best captured with the “90-10 rule”, the idea that generally the peer client will do 90% of the talking and the coach may do 10% of the talking even less.

- Our main activity is active listening with the client receiving our positive attention.
- At the same time, your peer may want to know a bit about you and your life and will ask questions and you may want to carefully share some information and even carefully share some of your life experiences that might be helpful.
- It can be useful to think about having an internal censor in your mind that runs thoughts through before deciding how to share some of them.
- Here are few questions you can think about before sharing information about your life and life experiences.
- Questions:
  - Is what I am going to share in the service of my clients?
  - How could it help?
  - How might I say, in what words and tone of voice, so that my client might best hear it the way that I mean it and also find it most useful?
  - How can I share this idea in a short and helpful way?
  - How I can best say this so it doesn't seem like I'm trying to give advice but instead at times I may want to be a positive role model?
- Remember, that your client will need to find their own best answers for what will work best for them.
- We hope that thinking about these questions will help you feel that you know where some of the boundaries for sharing are.
- These questions may make you feel a bit stuck at first, so let's practice this way of sharing in class and get the hang of it so it doesn't feel awkward.
- Remember, you don't have to be perfect.
- Our clients are very forgiving and resilient and will be most helped by your genuine caring.
- Practice: Role Play Demonstration and Practice time with Triads (3 trainees, one acts as a coach, one acts as a peer and one as observer, then switch places).
- Time for class review and questions/answers

## **RISK AREAS:**

- Risk areas identified here are some of the potential areas that may lead to the triggers of symptoms of mental health issues. They include:
  - Illness or injury resulting in disability or reduced ability to function in activities of daily normal living. These include life threatening illnesses such as cancer, infectious diseases such as flu or pneumonia or injuries from accidents or a fall. Quite often, even the preparation for diagnostic testing such as a colonoscopy or a mammogram can trigger symptoms of mental health issues.
  - Illness, injury or death of a loved one can also be a potential risk area.
  - Isolation from the family or even society and loneliness caused by circumstances such as divorce or loss of a loved one or even by the loss of driving or transportation privileges.
  - These can also be compounded by substance abuse such as alcoholism, methamphetamine or cocaine or even prescription medications.
  - Financial issues such as loss of a job for self or the head of the household, decrease or stoppage of support such as social security benefits, Medical / Medicare coverage, loss of IHSS support, loss of utilities or even housing may affect health and mental health adversely.
  - Changes in family dynamics may result in and in escalating inter-personal issues. One self or family members getting in trouble with the law can also complicate issues.
  - Abuse, extortion and / or exploitation by others, including members of the family.
  - Seasonal variations in climate resulting in health issues such as arthritic pains or seasonally affective mental health disorders.

## **HANDLING CRISES:**

- Crises happen due to many causes and circumstances. It could be an unexpected negative event such as an accident, a fall or learning of an illness to self or a loved one or an abrupt departure of a loved one or even learning of a personal financial downturn. Such situations could result in a panic, increased



heart-rate, passing out or even a severe health condition such a stroke or a heart attack.

- As such, handling a crisis is very important and it can include equipping oneself with tools and skills. Developing mental toughness to handle such situations requires acquiring and constant practice of these tools and skills as well much before the actual crisis happens. Some of these tools and skills are listed below:
  - Deep breathing practices and exercises
  - Practicing meditation and yoga techniques
  - Awareness techniques such as mindfulness.
  - Distracting techniques such as singing, chanting or praying with a rosary
  - Personal first aid techniques such as bandaging or CPR
  - Having the contact info for calling the emergency personnel, loved ones, neighbors or friends or using alert tools and gadgets to reach them for immediate help and support

## Questions and Answers

## Closing and Feedback

- In one sentence tell us: What was the most useful part of today's session or what did you like best?
- In one sentence tell us: What will you do to take care of yourself over these next few days?

Senior Peer Mental Health Coach Program  
 City of Fremont  
 Evaluation of Session 11

| How would you rate your:                     |                | Low |   |   |   |   | High |
|--|----------------|-----|---|---|---|---|------|
| Understanding of boundaries                  | Before session | 1   | 2 | 3 | 4 | 5 |      |
|  | After session  | 1   | 2 | 3 | 4 | 5 |      |
| Understanding of appropriate self-disclosure | Before session | 1   | 2 | 3 | 4 | 5 |      |
|  | After session  | 1   | 2 | 3 | 4 | 5 |      |
| Knowledge of how to handle crises            | Before session | 1   | 2 | 3 | 4 | 5 |      |
|  | After session  | 1   | 2 | 3 | 4 | 5 |      |

Why boundaries are important when interacting with peer(s)?

How does appropriate self-disclosure enhance the relationship with peer(s)?

Why it is important to identify risk areas?

# Senior Peer Coaching Training



Class Eleven  
March 24, 2015



# Getting Started with Clients: Boundaries, Self-Disclosure, Risk Areas, & Handling Crises



Class Eleven of the Senior Peer Coaching Training  
Presented by Ihande Weber, LCSW



# Agenda



- ☞ Check-In
- ☞ Getting Started with Clients
  - ☞ Boundaries
  - ☞ Self-Disclosure
    - ☞ Role Play
  - ☞ Risk Areas
  - ☞ Handling Crises



# Check-in





# Boundaries



- ❧ One feature of a healthy sense of self is the way we understand and work with **boundaries**.
- ❧ Personal boundaries are the limits we set in our relationships that allow us to protect ourselves. They make it possible for us to separate our own thoughts and feelings from those of others and take responsibility for what we think, feel, and do.
- ❧ Intact boundaries are flexible. They allow us to get close to others when appropriate and to maintain distance when we might be harmed by getting too close. **Good boundaries** protect us from abuse and help us to take care of ourselves.

# Healthy Boundaries



- ❧ Boundaries are healthy when you are able to say, “I trust and respect you to make your own life choices.”
- ❧ Healthy relationships are ones in which our boundaries are **strong enough yet flexible enough** to allow us to grow in our own uniqueness. There is a sense of respect for each other. Healthy boundaries allow us to trust ourselves to develop a healthy relationship.
- ❧ Learning to have healthy boundaries is an exciting adventure. It means coming to know ourselves and increase our awareness of what we stand for. It also implies self acceptance and knowing that we are OK.

# Unhealthy Boundaries



- ❧ Lack of self identity: when we lack a sense of our own identity and the boundaries which protect us, we tend to draw our identities from other people. You can't imagine who you are without that relationship. You become so willing to do anything to make the relationship work even it means giving up your own emotional security, friends, sense of respect and independence. You may even endure emotional abuse just to save the relationship.
- ❧ Rational Alternative: Find out who you are and what makes you unique. Realize that your own uniqueness, your own values and worth as a person are not necessarily dependent on other people. You can function as an independent person in your own right.



# Unhealthy Boundaries



- ❧ Over-Responsibility & Guilt: Growing up in a dysfunctional family means we may learn to feel guilty if we fail to ensure the success and happiness of our own family members. In adulthood, we may come to feel responsible for our own failures. The guilt we feel when loved ones fail may drive us to keep tearing down our personal boundaries so we are always available to them. When we feel overly responsible for other people (client) we deprive them of their independence and their ability to make their own choices and accept the consequences of their own decisions.
- ❧ Healthier Response: to show clients respect by allowing them to succeed or fail on their own terms. You can be there to support and comfort when times become difficult.

# Self-disclosure



- ❧ **Self-disclosure** means sharing information about your life experiences with your peer client in the service of helping the client.
- ❧ As we have learned, the focus in peer coaching is the client. This is best captured with the “80-20 rule,” the idea that generally the peer client will do 80% of the talking and the coach may do 20% or less of the talking.
- ❧ Our main activity is active listening with the client receiving our positive attention. At the same time, your peer may want to know a bit about you and your life and will ask questions and you may want to carefully share some information and even carefully share some of your life experiences that might be helpful.

# Self-disclosure



It can be useful to think about having an **internal censor** in your mind that runs thoughts through before deciding how to share some of them. Here are few questions you can think about before sharing information about your life and life experiences.

- ❧ Is what I am going to share in the service of my clients?
- ❧ How could it help?
- ❧ How might I say (in what words and tone of voice) so that my client might best hear it the way that I mean it and also find it most useful?
- ❧ How can I share this idea in a short and helpful way?
- ❧ How I can best say this so it doesn't seem like I'm trying to give advice but instead model positive behaviors?



# Break



# Risk Areas



The risk areas identified here are some potential areas that may trigger symptoms of mental health issues. They include:

- ❧ Illness or injury resulting in disability or reduced ability to function in activities of daily normal living. These include life threatening illnesses such as cancer, infectious diseases such as flu or pneumonia or injuries from accidents or a fall. Quite often, even the preparation for diagnostic testing such as a colonoscopy or a mammogram can trigger symptoms of mental health issues.
- ❧ Illness, injury or death of a loved one can also be a potential risk area.
- ❧ Isolation from family or society and loneliness caused by circumstances such as divorce or loss of a loved one or even by the loss of driving or transportation privileges.

# Risk Areas



- ❧ These can also be compounded by substance abuse (including prescription medication.)
- ❧ Financial issues such as: loss of a job, loss of status as the head of the household, decrease or stoppage of support (such as social security benefits, Medical/Medicare coverage, IHSS support), loss of utilities, and loss of housing may adversely affect health and mental health.
- ❧ Changes in family dynamics may result in escalating interpersonal issues. One self or family members getting in trouble with the law can also complicate issues.
- ❧ Abuse, extortion and/or exploitation by others, including members of the family.
- ❧ Seasonal variations in climate resulting in health issues such as arthritic pains or seasonal affective mental health disorders.



# Handling Crises



- ❧ Crises happen due to many causes and circumstances. It could be an unexpected negative event such as an accident, a fall, learning of an illness (self or a loved one), an abrupt departure of a loved one, or even learning of a personal financial downturn.
- ❧ Such situations could result in a panic, increased heart-rate, passing out or even a severe health condition such a stroke or a heart attack.

# Handling Crises



As such, handling a crisis is very important and it can include equipping oneself with tools and skills. Developing mental toughness to handle such situations requires acquiring and constant practice of these tools and skills as well much before the actual crisis happens. Some of these tools and skills are listed below:

- ❧ Deep breathing practices and exercises
- ❧ Practicing meditation and yoga techniques
- ❧ Awareness techniques such as mindfulness.
- ❧ Distracting techniques such as singing, chanting or praying with a rosary
- ❧ Personal first aid techniques such as bandaging or CPR
- ❧ Having the contact info for calling the emergency personnel, loved ones, neighbors or friends or using alert tools and gadgets to reach them for immediate help and support

# Questions & answers





## Class twelve:

### Record Keeping

#### ➤ AGENDA

- Check-In
- Introduction
- Recap of Class 11
- Trainees Share Out
- Review of different forms needed for record keeping
- Practice completing the different forms
- Questions and Answers
- Closing and Feedback

#### ➤ LEARNING OBJECTIVES

- By the end of the end of the session, participants will :
  - ✓ Understand and know the purpose of completing needed documentation on a timely manner for good record keeping.
  - ✓ Be able to complete time sheet accurately on a timely manner.
  - ✓ Be able to complete weekly action plan with their peers accurately on a timely manner.
  - ✓ Be able to complete senior peer coach activity note accurately on a timely manner.

#### ➤ MATERIALS NEEDED

- Flip chart, markers and stand
- Blank forms
- Refreshments
- Assorted fruits

- Coffee, tea and water

## ➤ **PREPARATION**

- Review all related materials before the session
- Make copies of all the needed forms
- Purchase Refreshments
- Write brief agenda on flip chart or white board

## ➤ **SESSION 12**

### **Check-In**

- You can share something about what is going on in your life or any thought or feelings in response to the classes, class experiences
- Approximately 2-3 minutes each person, no cross talk, maybe a quick question, very supportive, everyone practice listening.

### **The Importance of Documentation and Record Keeping:**

- Record keeping requirements are often viewed as a chore but in fact this is a familiar part of agency's practice. The purpose of record keeping is to document what was done by whom, to, for and on behalf of whom, when where and why and with what result.
- It also serves as a basis for program continuity of care of the peers by the coaches.
- To substantiate the services provided and the results of such services.
- To facilitate coordination of efforts by fostering communication between members of the treatment team.

### **Elements of Documentation:**

- Document date and length of contact
- Specific services provided i.e.: referrals, advocacy etc.
- Description of type of contact. i.e.: on person, phone, mail etc.
- Indication of who besides the peer, was involved in the contact (family, friends etc.)
- Description of the theme of the session ( work, family social, physical illness)

- Notation of any symptoms or complaint that may indicate physical health problems.
- Description of support provided
- Statement of what was accomplished in the session.
- Practice completing all the forms needed as part of their responsibility as a peer coach.

## **Questions and Answers**

## **Closing and Feedback**

- In one sentence tell us: what was the most useful part of today's session?
- In one sentence tell us: What would you do if you have problems documenting what you have done?

Senior Peer Mental Health Coach Program  
 City of Fremont  
 Evaluation of Session 12

| How would you rate your:                        |                | Low |   |   |   | High |
|---|----------------|-----|---|---|---|------|
| Understanding of timesheet                      | Before session | 1   | 2 | 3 | 4 | 5    |
|   | After session  | 1   | 2 | 3 | 4 | 5    |
| Knowledge of completing weekly action plan      | Before session | 1   | 2 | 3 | 4 | 5    |
|   | After session  | 1   | 2 | 3 | 4 | 5    |
| Knowledge of completing bi-weekly activity note | Before session | 1   | 2 | 3 | 4 | 5    |
|   | After session  | 1   | 2 | 3 | 4 | 5    |

Why it is important to fill out weekly and bi-weekly notes?

Senior Peer Mental Health Coach Program

City of Fremont

Signing Sheet

Training Date:

| Name    | Signature |
|---------|-----------|
| Name 1  |           |
| Name 2  |           |
| Name 3  |           |
| Name 4  |           |
| Name 5  |           |
| Name 6  |           |
| Name 7  |           |
| Name 8  |           |
| Name 9  |           |
| Name 10 |           |
| Name 11 |           |
| Name 12 |           |

## Senior Peer Coach: Activity Note

Coach: \_\_\_\_\_ Date: \_\_\_\_\_

Peer: \_\_\_\_\_ Time spent: \_\_\_\_\_

### Activity type:

Met in person with my Peer at their home

Phone call

Outing - Where did you go? \_\_\_\_\_

Provide information on other programs

What information? \_\_\_\_\_

### During your visit, what else came up for your Peer?

Health and medical issues

Financial issues

Family concerns

Emotional (mood) Specify mood(s):

Feeling sad

Feeling angry

Feeling frustrated

Feeling happy

Other \_\_\_\_\_

### Do you or your Peer have a concern that requires contact from the clinician?

Yes  No

Coach signature: \_\_\_\_\_



## FLSA NON-EXEMPT EMPLOYEE TIME SHEET

Use a separate time sheet for each pay period

Employee Name: \_\_\_\_\_  
(Please Print)

Employee ID Number: \_\_\_\_\_

Department: \_\_\_\_\_

Work Assignment: \_\_\_\_\_

Pay Period Start Date: \_\_\_\_\_

Pay Period End Date: \_\_\_\_\_

**If you work an alternate work schedule, please indicate which schedule you work by checking the appropriate box.**

9/80  4/10  4/11  4/9 & 4  40/variable  Other (Please Explain) \_\_\_\_\_

**OPTIONAL SECTION (FOR DEPARTMENTAL USE)**  
Time to be filled out based on a 24 hour clock: e.g. input 7 = 7:00 am, 12.25 = 12:15 pm, 13.5 = 1:30 pm, 17 = 5:00 pm

| Week 1                               | Day of Week | Date | Start Time | Out (start) | In (end) | Out (start) | In (end) | End Time | Total Hours Worked | Timekeeper Use Only   |
|--------------------------------------|-------------|------|------------|-------------|----------|-------------|----------|----------|--------------------|---|
|                                      | SUN         |      |            |             |          |             |          |          | 0.00               | Overtime Hours<br>(Attach "TIME REPORTING AND LEAVE REQUEST") |
|                                      | MON         |      |            |             |          |             |          |          | 0.00               |   |
|                                      | TUE         |      |            |             |          |             |          |          | 0.00               |   |
|                                      | WED         |      |            |             |          |             |          |          | 0.00               |   |
|                                      | THU         |      |            |             |          |             |          |          | 0.00               |   |
|                                      | FRI         |      |            |             |          |             |          |          | 0.00               |   |
|                                      | SAT         |      |            |             |          |             |          |          | 0.00               |   |
| <b>Total Hours Worked for Week 1</b> |             |      |            |             |          |             |          |          | <b>0.00</b>        |   |

If you have worked overtime, used leave time, or reported hours that are different from your normal work schedule, please attach a completed and approved "TIME REPORTING AND LEAVE REQUEST"

**OPTIONAL SECTION (FOR DEPARTMENTAL USE)**  
Time to be filled out based on a 24 hour clock: e.g. input 7 = 7:00 am, 12.25 = 12:15 pm, 13.5 = 1:30 pm, 17 = 5:00 pm

| Week 2                               | Day of Week | Date | Start Time | Out (start) | In (end) | Out (start) | In (end) | End Time | Total Hours Worked | Timekeeper Use Only   |
|--------------------------------------|-------------|------|------------|-------------|----------|-------------|----------|----------|--------------------|---|
|                                      | SUN         |      |            |             |          |             |          |          | 0.00               | Overtime Hours<br>(Attach "TIME REPORTING AND LEAVE REQUEST") |
|                                      | MON         |      |            |             |          |             |          |          | 0.00               |   |
|                                      | TUE         |      |            |             |          |             |          |          | 0.00               |   |
|                                      | WED         |      |            |             |          |             |          |          | 0.00               |   |
|                                      | THU         |      |            |             |          |             |          |          | 0.00               |   |
|                                      | FRI         |      |            |             |          |             |          |          | 0.00               |   |
|                                      | SAT         |      |            |             |          |             |          |          | 0.00               |   |
| <b>Total Hours Worked for Week 2</b> |             |      |            |             |          |             |          |          | <b>0.00</b>        |   |
| <b>Total Pay Period Hours</b>        |             |      |            |             |          |             |          |          | <b>0.00</b>        |   |

If you have worked overtime, used leave time, or reported hours that are different from your normal work schedule, please attach a completed and approved "TIME REPORTING AND LEAVE REQUEST".

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(If submitting via your e-mail address, no signature necessary)

Authorizing Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Senior Peer Coaching Training



Class Twelve  
March 26, 2015



# Record Keeping



Class 12 of the Senior Peer Coaching Training  
Presented by Ihande Weber, LCSW



# AGENDA



- Introduction
- Recap of Class 11
- Trainees share out
- Review of different forms needed for record keeping
- Practice completing the different forms



# Learning Objectives



- ☞ Understand and know the purpose of completing needed documentation on a timely manner for good record keeping.
- ☞ Be able to complete time sheet accurately on a timely manner
- ☞ Be able to complete weekly action plan with their peers accurately on a timely manner
- ☞ Be able to complete senior peer coach activity note accurately on a timely manner

# Importance of documentation and record keeping



- Record keeping is to document what was done by whom, to, for and on behalf of whom, when and why and with that result.
- Serves as a basis for program continuity of care of the peers by the coaches
- To substantiate the services provided and the results of such services
- To facilitate coordination of efforts by fostering communication between team members

# Elements of documentation



- ❧ Document date and length of contract
- ❧ Specific services provided i.e. referrals , advocacy etc.
- ❧ Description of type of contact i.e.on person,phone,.ail etc.
- ❧ Indication of who besides the peer, was involved in the contact (family, friends etc.)

# Elements of documentation



- ∞ Description of the theme of the session (work, family social, physical illness)
- ∞ Notation of any symptoms or complaint that may indicate physical health problems
- ∞ Description of support provided
- ∞ Statement of what was accomplished in the session
- ∞ Practice completing all the forms needed as part of their responsibility as a peer coach



# Break



# Questions & answers





## Class 13:

### Parking Lots, General Review, Endings Create Beginnings

#### ➤ **AGENDA**

- Check-In
- Parking Lots
- Endings Create Beginnings
  3. Feeling About the Training
  4. Termination of Coach-Peer Relationship
  5. Large Group Exercise
  6. Small Group Exercise
  7. Closing Session
- Questions and Answers
- Closing and Feedback

#### ➤ **LEARNING OBJECTIVES**

- Our goal in this session is to provide a model for sharing feelings concerning the training, and endings in particular.
- Provide a model for sharing feelings concerning the training in general and endings in particular.
- The modeling is done by the trainer, who summarizes the training and provides an example of the termination similar to the process that goes on between coach and peer.

#### ➤ **MATERIALS NEEDED**

- Session Summary
- Training Evaluation

#### ➤ **SESSION 13**

##### **Check-In**

- You can share something about what is going on in your life or any thoughts or feelings in response to the classes, class experience etc.

- Approximately 2-3 minutes each person, no cross talk, maybe a quick question, very supportive, everyone practicing listening.

### Parking Lots

- This session will address issues and concerns brought up from previous sessions that haven't been clarified and discussed in details.
- We can go through the list one at a time and discuss issues needing more clarification. If you think that these issues have been clarified along the way during the training then we can go and delete from the list.

### ENDINGS CREATE BEGINNINGS:

#### Feelings about the Training:

- As we near the end of the training period, become aware of your feelings about the training in general and the ending of the training period. This ending may also trigger in you familiar feelings about endings, closure and perhaps loss. You also may be aware of other reactions to endings.
- It is useful for the trainer, to share whatever you notice in yourself with your trainees. Your openness is likely to elicit feelings of closeness within the group. It also may encourage group members to explore and express personal feelings about endings, closure and loss. Your willingness to express your personal feelings can make termination a creative process.
- Questions for Group Discussion:
  - What did you like about the training?
  - What didn't you like about the training?
  - What would you have liked more of?
  - What would you have liked less of?
  - Does this ending trigger in you familiar feelings about endings and closure?
- The conclusion of training has one advantage over most endings in that you will be continuing a weekly group supervision and individual session with your trainer.

## Termination of Coach-Peer Relationship:

- In thinking, feeling and talking about what endings mean to us, we can begin to relate and understand to what might occur for a peer when it becomes time to terminate coach-peer relationship.
- When supportive relationship had resulted in changes for the peer such as seeing more options to decrease their isolation, feeling good about oneself and increase social support network, we consider closing their case. This issue maybe raised either by the peer or the coach. Whenever and however this subject is brought up, it is important for the coach to consider any thoughts and feelings the peer has that are elicited by the possibility of ending this relationship.
- When peers say that they have received what they wanted or thought they wanted and consider it is time to end the relationship, it desirable to encourage them to return for at least one more visit to review what was accomplished.
- Questions for Discussion:
  - How do you imagine you might feel when it's time for you to terminate with your peer?  
Sample responses: Sadness, fear, anxiety, excitement etc.
- When the trainee experiences endings as loss, with feeling of sadness, encourage the trainee to accept and acknowledge those feelings, both in themselves and ultimately in the peer.
- You might want to explore other options, such as taking a more active part in becoming more aware of personal feelings, rather than being a helpless victim of old emotional responses. The following metaphor can be useful in this regard:

The Senoi Indians of Malaya use dreams as an important part of their culture. They have a special way of dealing with them. A small boy comes running into breakfast crying “mommy, mommy, last night I had dreamed I was chased by a tiger”. “And what did you do?” asks the mother. “I ran away”. “Now you have a wonderful opportunity” responds the mother. “Tonight you can choose to dream the dream again and change the ending. You might confront the tiger and chase him away, or you might make a friend of the tiger, or – can you think of any other way to end the dream?”

- Questions for Group discussion:
    - What does this story mean to you?
- Sample Responses:
- \* You can be in-charge of your own experience.
  - \* We don't have to go through life with old reactions.
- The discussion that ensues may include the idea that one can acknowledge his/her patterns and then choose to alter them in ways that are more satisfying.

### Large Group Exercise (10 minutes)

- The trainer role plays the coach, and the coach role plays to peer. Demonstrate a way to end the coach-peer relationship.

### Small Group Exercise (Triads – 15 minutes)

- Have the coaches form triads and role play ending the coach-peer relationship. Each coach role plays the part of the peer, coach and observer.
  - Questions for Group Discussion:
    - What do you imagine you might feel when ending a relationship with your peer?
- Sample Responses:
- ▶ I might feel sad.
  - ▶ I could feel guilty, like a failure.
  - ▶ I would feel relieve.

## Session Closing

- The idea of making termination into a creative process can be demonstrated in this session by having no plan at all for the closing of the session. Instead the coach may listen very closely and attentively to the peers, pick out a word, a thought, or an idea, and develop a closing around it.
- I want you all to know that I have purposely not prepared a closing statement for this session because I want to be very closely connected with you. I want to know where you are now emotionally, what you want, and what you are sharing today. I heard that one of you say you are excited. My ears perked up with that comment. I felt joyous and my expression lifts up. I'm very proud and glad to know that endings can be joyous and satisfying.
- And now to our celebration - your graduation.
- Reviewing the training and sharing of feelings about the endings in general and endings of the particulars, provides a natural lead into the process of ending the coach –peer relationship.
- Ending the Coach-Peer relationship can occur when:
  - Both coach and peer agree to close the case,
  - Peer decides to terminate, either satisfied or dissatisfied,
  - Coach decides to terminate ( in this situation, it is always recommended that the coach discuss termination with the supervisor before actually doing it),  
or
  - Life circumstances alter for either coach or peer i.e.: health, moving to a different locale, schedule).
- *REMINDER: How we experience endings is our choice and our creation, and therefore, it can be change if we wish.*

## Questions and Answers

### Closing and Feedback

- In one sentence tell us: What was the most useful part of today's session or what did you like best?
- In one sentence tell us: What will you do to take care of yourself over these next few days?



Senior Peer Mental Health Coach Program  
 City of Fremont  
 Evaluation of Session 13

| How would you rate your:                             |                   | Low |   |   |   | High |
|--|-------------------|-----|---|---|---|------|
| Knowledge of terminating coach-<br>peer relationship | Before<br>session | 1   | 2 | 3 | 4 | 5    |
|  | After<br>session  | 1   | 2 | 3 | 4 | 5    |

Does the role play we did today enhance your capacity to end a coach-peer relationship? How?

In general, how do you feel about the training?



**MISSION:** Our mission is to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns.

**VISION:** We envision communities where all individuals and their families can successfully realize their potential and pursue their dreams, and where stigma and discrimination against those with mental health and/or alcohol and drug issues are remnants of the past.

**VALUES:** Access, Consumer & Family Empowerment, Best Practices, Health & Wellness, Culturally Responsive, Socially Inclusive.

## **Alameda County Behavioral Health Care Services**

2000 Embarcadero Cove, Suite 400

Oakland, CA 94606

Tel: 510.567.8100, Fax: 510.567.8180

**[www.acbhcs.org](http://www.acbhcs.org)**