



ALAMEDA COUNTY BHCS
ROUND THREE
INNOVATION GRANT PROGRAM



St. Mary's Center

Peer Elder Program (PEP)



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Peer Elder Program (PEP)

OUR STORY

St. Mary's Center has served extremely low-income seniors for more than 40 years. Our goal is to be a healing community who helps the most vulnerable seniors in our community to live healthier, more stable, and more enriching lives. This ambition is well-rooted in our beginnings as a settlement house that promoted community building to cultivate hope, personal agency, and a general sense of well-being among the people we serve.

Now, as a CBO offering a wide variety of wellness programs, the PEP Program expands the outreach of those services to isolated seniors with serious mental health issues. PEP engages isolated seniors with peer supporters trained as community connectors who have learned to overcome the ill-effects and duration of isolation through ongoing positive social interaction.

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Peer Elder Program – PEP
An ACBHCS Innovation 3 Project

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Learning Questions and Summary of Innovations Project Outcomes:

- 1. How does the use of trained peers (or family members) of consumers for home-based outreach to socially isolated adults and older adults with serious mental health illness reduce their isolation through relationship building?**

Summary of outcomes: The PEP program proved to be a successful model for reducing isolation among older adults with serious issues by building relationships with trained peers. Both the Peer Companions (the trained peers) and the Senior Peers (the persons being visited and or telephoned) found that the program gave them a new and/or renewed self-esteem, sense of self-worth, purpose, vitality and overall sense of well-being. In fact, the relationships fostered during the piloting of the program have continued beyond the dates established by the grant cycle at the requests of both the Peer Companions and Senior Peers. *Note:* The PEP program was not designed to include the training of family members because our target population of Peer Companions and Senior Peers are most often estranged from their families.

- 2. How does a telephone—or telephone and internet-based program that provides social interaction and individual support reduce isolation among adults and older adults with serious mental illness and lead to greater in-person social interaction over time?**

Summary of outcomes: Regular weekly telephone calls provided by Peer Companions (trained peers) to isolated older adults with mental illness (designated as Senior Peers) consistently resulted with in-person social interactions that have continued beyond the dates originally established by the grant cycle at the requests of both the Peer Companions and the Senior Peers. The most dramatic positive outcome is demonstrated one Senior Peer who initially agreed to receive only text messages, but slowly became increasingly interested in more contact which developed into weekly phone calls, occasional in-person visits, and regular attendance at St. Mary's Center (SMC) special events. This senior now facilitates one of the weekly peer social support activities in SMC's community center, and participated as an advocate in SMC's field test of the PEP program. *Note:* The PEP program did not include internet contact as our target population most often does not have personal or private access to a computer.

Program Design

Goals of the Program:

1. To help reduce social isolation among seniors with serious mental health issues
2. To create an integrative care initiative/approach to reduce isolation among the target population.
3. To engage behavioral health care service stakeholders (seniors and providers) in a care partnership whose combined and interrelated efforts would produce the desired outcome of the care initiative.
4. To develop a peer support program that would function as the galvanizing agent of the integrative care initiative.

Description of the Program

The PEP Program is designed as a model for creating an integrative care initiative that engages behavioral health care service (BHCS) stakeholders (seniors who know the ill-effects of isolation and BHCS providers including social workers/therapists, case managers, recovery and wellness program facilitators, group workers, and a cultural mentor) in a care partnership whose combined and interrelated efforts can reduce the ill-effects and duration of isolation among seniors (ages 55+) with serious mental health issues. The galvanizing agent of this care initiative is a peer support program, and the PEP Program Coordinators are its primary facilitators. More specifically, the care partnership is *intentionally structured* (each care partner's role is well-defined), *practical* (suited to the capacity of the varied care partners), *beneficial* (appeals to the interests of the care partners), *evidence-based* (includes multiple sources of pertinent data to assess the program impact on the target populace), *sustainable* (caseload-based to provide more reliable data and more consistent engagement among the care partners), *integrative* (program infrastructure facilitates ongoing collaboration among care partners). These foundational principles undergird each of the program's essential components.

Impact of the Program

The result of these efforts was to create a collaborative support community whose combined efforts did reduce the ill-effects and duration of isolation among the seniors served by the program. Some became increasingly engaged in the social interactions initiated by their Peer Companion, e.g., they were more attentive and

conversant. Some took the initiative for interactions with their peer. Others became increasingly engaged in the peer social activities provided by the agency. The program also had a positive impact on the Peer Companions, e.g., they reported that they had acquired more insight and skills they could readily apply to other social relationships. And, the agency's administration as well as a number of its BHCS providers have reported that learnings from the program are instructive—they can inform the agency's ongoing efforts to cultivate an infrastructure that can help to enhance and/or create other integrative approaches for the services it provides.

Program Strategies

The desire to create a collaborative support community is well-rooted in our agency's beginnings as a settlement house that promoted community building to promote a sense of well-being, hope, belonging and personal agency. Now, as a community based organization offering a variety of clinical and peer-to-peer therapeutic processes for seniors, developing the PEP Program gave us another opportunity to expand the scope and enhance the outcomes of the services we provide to one of the most vulnerable populaces in our community—isolated seniors with serious mental health issues. Crafting the specific contours of this initiative began with the creation of an implementation team convened by the agency's executive director.

Target Subpopulation

Effectiveness among subpopulations. It is important to state that 15 of the 16 Senior Peers were African American, only one was Caucasian.¹ Six of the 16 seniors were men and 10 were women. All of them spoke English and none of them had a physical/medical condition that would prevent their participation in a social activity that required traveling a short distance (although one of the seniors used a walker). All of the Senior Peers who remained in the program for at least 4 months showed some degree of reduced isolation. And, we did not find any significant differentiation in the reported effectiveness of the program in relationship to age, culture/ethnicity or gender.

However, our review of the Peer Companion weekly notations, as well as the 4 month assessment did reveal that those seniors who had an ongoing co-dependency with a member of their family (i.e., the son of one Senior Peer was regularly demanding and/or taking money to support his addiction) were less likely to stay in the program for 4 months. It took longer for a Senior Peer to become actively engaged in a conversation or an activity that was not part of their established routine if he or she suffered from a cognitive disorder (e.g., the early stages of dementia) or seemed to be barely holding on to sobriety. Moreover, those persons who just seemed to have a cantankerous

¹ Our original vision for the project included outreach to Pacific Islanders and Chinese seniors as potential Senior Peers and Senior Companions. However, our staff who work with these populaces let the planning team know that almost all of the Pacific Islanders engaged in our community are active peer supporters in the City of Oakland Senior Companion Program; and, our Chinese staff members did not believe they had the requisite skills to facilitate a bilingual or separate training process for Chinese speaking Peer Companions.

personality tended to at least question, if not outright dismiss, the idea that their quality of life would be significantly improved through social interaction with anyone other than their Peer Companion. At the same time, we found that the patient persistence of Peer Companions with Senior Peers suffering cognitive disorders or struggling to remain clean and sober eventually did become more engaged in the peer-to-peer process and began to participate in other social activities at SMC. The same was true for the cantankerous Senior Peers.

Involvement with BHCS stakeholders. As documented above, seniors who have been both recipients and providers of BHC services participated in the focus group that helped to develop the thematic content as well as the structure and timeframe of the Peer Companion Training process. Seniors who had only been recipients of BHCS were involved throughout the project as focus group participants. They were also Peer Companions who visited and telephoned Senior Peers and helped to collect assessment data.

Similarly, the role of BHCS providers is well-documented above. They helped to develop the program design, goals, and desired outcomes. They also helped to establish the eligibility criteria for both the Senior Peers and Peer Companions, and conducted outreach to both groups of seniors. They also provided baseline assessment data for the Senior Peers, helped to monitor the ongoing implementation of the program, and participated in the 4 month and 8 month assessments.

The PEP program was not designed to include the training of family members because our target population of Peer Companions and Senior Peers are most often estranged from their families. Most often these rifts are the result of a past hurt that is unresolved (e.g., stigma, rejection, distrust, guilt, shame) or the senior's own desire not to participate in a co-dependent relationship with a family member.

Cultural Responsiveness of the Strategies. We knew that the majority of our Senior Peers and Peer Companions would be African American. In fact, the majority of the Senior Peers were African American (15 of 16 as stated above). None of them expressed a preference for an African American Peer Companion, and the two who were matched with a companion of another ethnicity/culture posed no objection to the pairing. Of the 8 Peer Companions who were able to participate in the whole program, 6 were African American. One Peer Companion was Caucasian, and another one identified as "mixed Hispanic". None of them expressed a preference for a Senior Peer of their own ethno-cultural community, and none hesitated when asked to offer peer support to a person of a different ethno-cultural background.

That being said, it is important to note that the issues of cultural awareness and cultural sensitivity were discussed during the initial training process for the Peer Companions. For instance we spoke about the possibility that an isolated African American senior with co-occurring mental health issues might have an inordinate sense of self-loathing due to the negative stereotypes that are often projected within the larger society. We talked about the peer support process as an expression of the African American value of “kinship”—a sense of belonging and its inherent requirement of contributing to the life of the community. We identified music, card games, current events etc. that might readily appeal to African American Senior Peers. We also asked the Caucasian and Hispanic Peer Companions to name behavioral norms, as well as music, activities, etc. that might appeal to Senior Peers of those ethno-cultural communities. Nothing culturally specific immediately came to mind, but both persons said (in their own way) that everybody should be encouraged to be who they are. And, if you don’t understand what they are saying about who they are, ask!

Effectiveness of the Strategies

Evidence of the Program’s Effectiveness. We had a variety of sources to confirm the program’s effectiveness: There was consistent data provided by (a) the weekly visit or telephone notations of the Peer Companions, (b) the occasional check-ins as well as the 4 month and 8 month assessments conducted by the case managers, and (c) observations of Senior Peers by Community Center Activities Coordinators.

The Influence of evidence-based and community defined best practices on the Program Design. Contemporary behavioral health care literature abounds with evidence that integrative and peer support services are effective methods of reducing the ill-effects and/or duration of isolation among seniors with mental health issues. So, we had no problem finding resources to support our agency’s desire to create a peer support program. Our challenge was to create a process that included the peer supporters as an integral participants in the care partnership among the varied stakeholders in the services we provide.

Besides SMC’s own commitment to providing integrative behavioral health care services, there were three other primary influences on the design of the PEP Program: The first influence was the expertise of Dr. Patrick Arborne of the San Francisco Institute on Aging (IOA) who spoke at a May 2014 Conference on the importance of providing seniors with *a supportive community* to reduce the ill-effects and/or duration of

loneliness and isolation.² His insights sparked the idea of creating the PEP program as part of a supportive community.

The second person we consulted, Karen Garrison, Director of the Senior Companion Program for the Family Service Agency of San Francisco, helped to crystalize the idea of PEP being a *collaborative support community*. She strongly recommended that the target population be caseload-based and that there be a variety of sources for generating data regarding the program's overall impact. She emphasized the need to develop a process for consistently collecting and cross-referencing the data, and the need for a dedicated staff person to facilitate collaborations throughout the process. She also forewarned us that our Peer Companion and Senior Peer population might fluctuate during the process. But, she said the benefits to the persons who participate make the endeavor worthwhile.

The third primary influence on the program design was an article published on line, "Peer Support among Persons with Severe Mental Illnesses: A Review of evidence and Experience".³ This article referenced a study in which seniors who had learned to manage mental health issues acted as "community connectors" for other seniors who had not learned how to overcome "perceived isolation" (i.e., when a person feels isolated from others even if there are other persons around them). The results of the study was that the persons engaged in a relationship with a peer "community connector" expressed increased hope, social support, belonging, and more active engagement in managing their illness.

Quantitative and Qualitative Data. The most telling statistic regarding the overall effectiveness of the program is the fact that all of the Peer Companions and all of the Senior Peers who participated in the program for at least 4 months have decided to continue their engagement beyond the 9 month period that they originally agreed to participate in the PEP Program. As stated above, we relied on case managers to determine whether or not potential Senior Peers were presenting symptoms of isolation, rather than administering a test to establish baseline data. We also used our list of desired outcomes as "talking points" to assess if and how the program was helping to reduce the ill-effects and/or duration of isolation.

The 8 month assessment of seniors who received weekly visits included data from the case managers (CM), Peer Companions (PC), and Community Center Activities

² The powerpoint of Dr. Arborne's presentation was also available on the IOA Website for the Conference participants.

³ L. Davidson, C. Bellany, K. Guy and R. Miller. World Psychiatry. June 2012, 11(2): 123-128.

Coordinators (CCAC), as well as Senior Peers who were reporting their experience of the peer interactions to their case managers. The data confirms that the program did help to reduce isolation in various ways as summarized in *Appendix 13*. The data is a testimonial to the power of peer relationships and the communal framework in which they are embedded: All 8 of the seniors said they looked forward to, and were grateful for their peer relationship. They also felt more connected and cared for. Peer Companions reported that all 8 Senior Peers had a more upbeat mood and/or attitude as their relationship developed. Case managers reported that they all seemed to become more buoyant when they spoke about their peer relationship. And, Community Center Activities Coordinators confirmed the evidence of reduced isolation for the Senior Peers that they observed or interacted with.

The 8 month assessment of seniors who received weekly telephone calls shows more modest results overall. Frankly, part of our program began with a lot of starts and stops. It was harder and took longer for the Peer Companions to cultivate a trusting relationship with these seniors—for the first month or so, the Senior Peers were more guarded, and the Peer Companions seemed more perplexed about ways of engaging them. However, the persistent patience of the Peer Companions eventually won the day. As the summary of our findings reveals in *Appendix 13*, all of the Senior Peers who remained in the program longer than 4 months reported that they were grateful for their peer relationship. They felt more connected and cared for. Peer Companions reported that all 8 Senior Peers had a more upbeat mood and/or attitude as their peer relationship developed. A few accepted invitations to seasonal lunch-time events held at SMC. And, one Senior Peer who accepted the invitation to participate in the program if she didn't have to do more than receive a weekly text from a Peer Companion is now conducting a weekly social activity in our Community Center that she created!

The Peer Companions also derived numerous benefits from participating in the program. Their enthusiasm for this project just seemed to grow. They said their engagement in the process not only gave them a chance to "give back", it is also helped them to reframe the struggles of their own journey into "life lessons" they had to share. Essentially, the opportunity to be a Peer Companion contributed to their ongoing healing, their self-acceptance, self-esteem and overall sense of well-being. One Peer Companion expressed this appraisal of participating in program by saying, "I not only learned how to help somebody else, but I learned more ways to help myself stay socially connected. And, I thought I was doing pretty good!" However, the most impressive

evidence of the program's positive impact on the Peer Companions may be their interest in having a more peer relationship in addition to the ones they already have.

Program Replication

Recommendations. In addition to the detailed program design described above, we highlight the following recommendations for successful replication:

- The Case Managers should identify and invite potential Senior Peers to participate in the program. Ideally, the number identified should be two to three times larger than the goal to account for those who would not be interested in participating.
- There should be a “warm handoff” from the Case Manager to the PEP Coordinators of potential Senior Peers who have accepted the invitation to receive weekly visits from a Peer Companion.
- There would also be a warm hand-off from the Case Managers to the Program Coordinators of the seniors who agreed to receive weekly telephone calls from a Peer Companion. The PEP Coordinators would conduct the same activities described for the weekly visits. However, we also recommend that the PEP Coordinator offer an in-person introduction between the Senior Peer and his or her Peer Companion.
- PEP Coordinators would meet potential Senior Peers to clarify their questions regarding the program, introduce them to Peer Companions and review protocols and help schedule the first weekly visit.
- The PEP Coordinators would do monthly check-ins with the Senior Peers, not only to encourage their participation, but also to monitor the development of their peer relationship. In addition, the PEP Coordinators would conduct occasional assessments to determine the program's ability to achieve its goals. They would develop summary reports for the Case Managers so that the data from the Peer Companions would inform the behavioral health care services they provide to the Senior Peers.
- Our Peer Companions asked that the initial training sessions be no more than twelve 90 minute sessions that could be completed in a six week time-frame. They also asked that the follow support sessions be for 60 minutes every other week. Based on our experience, we recommend that the initial training sessions be 2 hours or that there be more than twelve in order to adequately cover the necessary contact. If that is not possible, count on including essential training content in the first few follow-up sessions.
- We learned that training follow-up sessions for the Peer Companions should be conducted weekly rather than bi-weekly as we had originally planned.

- It is important that the Peer Companion has time to get comfortable interacting with one Senior Peer before engaging in an additional peer relationship. Therefore, it is best to stagger the scheduling of introductions between Peer Companions and their Senior Peers.

Staffing Requirements: No licensure or certification is necessary for the PEP Coordinator. However, it is highly recommended that they are well-informed about integrative approaches to behavioral health care services. With regard to the staff position FTE equivalent, we believe that would depend on the size of the target population. Our program was staffed by two quarter time and one part-time position PEP Coordinators (a full-time FTE with no support staff). The role/responsibilities of the staff are listed below:

- Actively participate in negotiating the program vision, content and structure
- Orient and/or train care partners as needed
- Acquire and and/or develop requisite program resources, instruments and protocols
- Conduct outreach to potential Peer Companions
- Conduct follow-up meeting with potential Senior Peers identified and invited into the program by Case Managers
- Conduct initial training of Peer Companions
- Facilitate the pairings of Peer Companions with Senior Peers
- Conduct weekly Peer Companion Support Sessions
- Receive and summarize data generated by Peer Companion notations of visits and telephone calls with their Senior Peers
- Maintain database of Peer Companion's weekly visit and telephone notations
- (Recommended) Provide Case Managers with bi-monthly summaries of data derived from weekly Peer Companion notations
- (Recommended) Check-in with Senior Peers on a monthly basis to encourage their participation and further monitor the quality of their peer interaction
- Be available to Peer Companions and Senior Peers as needed to celebrate milestones and address mishaps as needed

Necessary collaborators for the success of the program. The primary collaborators for this program design are internal to the agency: —with the guidance and support of the agency’s administrative leadership it is necessary for all the care partners to forge a common vision of the program, an implementation plan, the care partners’ roles and responsibilities, as well as a method for holding each other accountable. The end result is the development of a collaborative support community capable of helping to reduce isolation for seniors with serious mental health issues.

Recommended facilities, resources, and infrastructure needed for support. Persons’ implementing this program would probably have the necessary facilities to conduct the training and follow-up Weekly Support Sessions for the Peer Companions. We also have the good fortune of a community center with social/recovery/wellness programs and lunch Monday through Friday. If offerings are not available onsite, it would certainly be important to identify and partner with another agency.

Our only technological recommendations include no more than whatever is needed for music, Power-point and/or video presentations.

All of the participants were English speaking. Persons who need to contract staff, or plan to include other language groups among the program participants would have to assess these needs according to their local situation.

Budget requirements: The budget amount that St. Mary’s was allocated was sufficient to accomplish what we have outlined in this report. Budget requirements for any other projects based on this model would, of course, be dependent on the staffing requirements for the number of clients served and the number of peer supporters enlisted, as well as the agency’s existing infrastructure.

The use of existing Case Managers for parts of the project in a way that furthered their clinical goals reduced some of the program costs.

Appendix 1 PROGRAM DESCRIPTION

Peer Elder Program (PEP)

The PEP Program seeks to train seniors as Peer Companions who will visit or telephone other seniors who need more communal support to overcome the ill effects of isolation.

The Peer Companion – A community connector—a caring, positive presence who knows the importance of ongoing positive social interaction for maintaining wellness. Each peer companion will visit one senior peer, and telephone another senior peer every week to provide companionship that encourages more social interaction. They may engage in conversation, go for a walk or some other social activity of mutual interests.

The Senior Peer- An isolated senior with mild to moderate mental health issues who needs more social support to overcome the ill-effects of isolation (i.e., having no one to talk to, feeling lonely, disinterested in doing things they enjoy)

What the program IS:

- A companion program that fosters the overall well-being of Peer Companions and Invitees
- A supervised process that complements (i.e., is informed by and supportive of) SMC's case management processes
- A series of weekly activities (i.e., telephone conversations, walks, etc. at Senior Peer's home or other location) mutually agreed upon by Peer Companions and Senior Peer

What the program is NOT:

- A substitute for case management or psychotherapy of isolated seniors
- A care-giver program (e.g., Peer Companions will not be expected to run errands, clean, or cook, etc. for Peer Invitees)
- Unscheduled or sporadic contact between Peer Companions and their Senior Peers

What would a potential Peer Companion look like?

1. History of mental health issues, but stable and capable of managing these issues
2. Permanently/stably housed
3. May have history of substance or alcohol abuse, must be clean and sober at least 1 year
4. Emotionally/mentally and physically stable
5. Has aptitude and/or demonstrated ability to engage with others with a caring non-judgmental attitude
6. Open to persons of other races and/or cultures
7. Shows ability to successfully practice wellness techniques/self-care
8. Interested in being a peer companion to isolated seniors (for nine months)
9. Can manage difficult social interactions with assistance as needed
10. Practices healthy boundaries in social relationships
11. Is willing and able to engage in a 6-week, 12-session training process followed by weekly support sessions
12. Is willing and able to make weekly notations of visits/telephone calls with Senior Peers

What would a Peer Invitee look like?

Has very limited, if any social interaction	May be extremely shy
Only ventures outside when necessary	May have language barriers
Exhibits fearfulness or social phobia	Appears to have no family or friends
May suffer from chronic pain (physical/mental)	May have mobility, sight or hearing issues Suffers from slight to moderate depression

Case manager Involvement

- Identify 5 potential Peer Companions (Prioritize list in order of aptitude and potential availability)
- Identify 5 isolated seniors who would might be open to a peer companion (Prioritize list in order of greatest need and openness)
- Initiate invitation to isolated seniors and help match Peer Companions to Invitees
- Conduct periodic assessments of isolated seniors to evaluate the benefits of program
- Introduce Peer companions and to their Senior Peer

Community Center Activities Coordinators' involvement

- Observe and facilitate ongoing quality of social engagement between Senior Peers and his or her Peer Companions, as well other members of the SMC community
- Invite Senior Peers to more participation in agency's daily, occasional/seasonal activities
- Participate in the periodic assessments of isolated seniors to evaluate the benefits of the program

PEP Coordinators' Involvement

- Conduct initial training and weekly support sessions for Peer Companions
- Facilitate ongoing collaboration among PEP care partners (Peer Companions and behavioral health care service providers so that isolated seniors experience PEP Program as a supportive caring community.

Appendix 2

ONGOING ELIGIBILITY CRITERIA for SENIOR PEERS

In accord with the specific purposes of the PEP Program, case managers must know that potential Senior Peers are suffering the ill-effects of actual or perceived isolation as indicated on the 12-Item UCLA Loneliness Scale (attached) and other known indicators of isolation. The senior must also be open to increased social interaction by engaging with a Peer Companion through weekly visits or telephone calls.

It is **not necessary** to administer the UCLA Loneliness Scale or another assessment instrument to determine a senior's eligibility for participation in the program. Case managers can reference client file notations to discern: (1) how often a senior explicitly or implicitly spoke about feeling or being isolated, or (2) presented symptoms commonly associated with social isolation, e.g., they seem emotionally disengaged, have lost interest in activities they once enjoyed.

Specific Eligibility Criteria for Senior Peers

1. Case managed by SMC social workers and group workers
2. Housed in SROs as well as other senior residences with which SMC has a good relationship
3. Does not have (or chooses not to engage with) family or friends
4. Has little, if any, social interaction
5. Does not venture outside of their residence at all
6. Only ventures outside when absolutely necessary
7. Has expressed desire for positive social relationships
8. Does not feel they are really known or understood by other people
9. Wishes they did have someone to talk to
10. Feels stigmatized (judged and/or excluded) because of mental health issues
11. Has lost interest in activities they once enjoyed because they don't like doing these activities alone
12. Lacks motivation to do daily life tasks, e.g., bathe, dress, have at least one healthy meal
13. Is not confident in own ability to initiate and/or sustain satisfying social relationships—may be extremely shy, may not have sufficient access to persons with whom they would want a personal relationship
14. Has physical infirmities that diminishes their interests and/or ability to pursue social engagement, e.g., may have mobility, sight or hearing issues
15. Seems generally apathetic and/or pessimistic about life in general
16. May exhibit early stages of dementia
17. May exhibit low self-esteem or lacks sense of self-worth
18. May exhibit signs of social phobia, depression, anxiety, grief, etc.
19. At least tentatively, if not enthusiastically welcomes social interaction from PEP Peer Companion

UCLA 12-ITEM LONELINESS SCALE

The UCLA Loneliness Scale is a test that helps psychologists and counsellors assess subjective feelings of loneliness or social isolation. This is the most common and widely used measure of loneliness with over 500 citations in the literature. The original test was created at the end of 1970s. Since then, updates have been made to it. The UCLA Loneliness Scale used currently was published in 1996.

Scores on the loneliness scale have been found to predict a wide variety of mental (such as anxiety, depression) and physical (such as immune incompetence, nursing home admission, mortality) health outcomes in our research and the research of others.

Test

Indicate how often each of the statements below is descriptive of you. Circle one letter for each statement:

- O** indicates “I often feel this way”
S indicates “I sometimes feel this way”
R indicates “I rarely feel this way”
N indicates “I never feel this way”
-

- | | |
|---|---------|
| 1. How often do you feel unhappy doing so many things alone? | O S R N |
| 2. How often do you feel you have nobody to talk to? | O S R N |
| 3. How often do you feel you cannot tolerate being so alone? | O S R N |
| 4. How often do you feel as if nobody really understands you? | O S R N |
| 5. How often do you find yourself waiting for people to call or write? | O S R N |
| 6. How often do you feel completely alone? | O S R N |
| 7. How often do you feel you are unable to reach out and communicate with those around you? | O S R N |
| 8. How often do you feel starved for company? | O S R N |
| 9. How often do you feel it is difficult for you to make friends? | O S R N |
| 10. How often do you feel shut out and excluded by others? | O S R N |

Interpreting the UCLA Loneliness Scale

To determine your level of loneliness give yourself:

- 1 point for each question you answered “never” **N**
2 points for each question you answered “rarely” **R**
3 points for each question you answered “sometimes” **S**
4 points for each question you answered “often” **O**

Compute your score by adding the ten numbers together.

Scoring System:

- 15-20: People attaining this score-range are operating comfortably and experience an average level of loneliness.
- 21-30: People within this range struggle a little with social interactions, experiencing frequent loneliness.
- 31-40: Scores falling within this range would indicate a person experiencing severe loneliness.

Fear not if you acquired a high score, first time doing this assessment.

Some people take this test monthly to see whether their score remains static, or whether it dips and rises in response to life events. This won't solve the problem of loneliness (or perceived isolation), but it will provide more information about how you feel managing the "usual" activities of your life. Could give you insight on patterns that you might want to change.

Russell, David. (1996). The UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. Journal of Personality Assessment, 66, 20-40. Accessible on line: <http://dsw2010.wordpress.com/loneliness%20assessment/>

Appendix 3

DESIRED OUTCOMES for PEP SENIOR PEERS

There are many observable indicators that the program is helping to reduce the severity and/or duration of isolation. It must also be acknowledged that the degree to which each Senior Peer is positively affected by the program will vary—some seniors may only show a modest reduction in their experience of isolation while others may experience a dramatic reduction.

The following list of desired outcomes is not meant to be exhaustive, but it can identify useful indicators to assess the positive impact of the PEP Program on the target populace.

The Senior Peer is:

- Exhibiting a more upbeat mood and/or attitude (e.g., more happy, optimistic, playful, hopeful)
- Looking forward to peer companion visits and phone calls
- More engaged in and/or initiating conversations with his or her Peer Companion
- Demonstrating increased energy and enthusiasm for life in general
- Expressing more positive self-esteem, self-acceptance and/or sense of self-worth
- Showing renewed interest in hobbies or other activities they enjoy
- Venturing outside for recreational activities, i.e., taking a walk, outings
- Venturing out by themselves to social activities and attend to basic needs
- Participating more often in social and/or wellness program's at St. Mary's Center
- Motivated to initiate or re-establishing healthy relationships with family and old friends
- Making new friends within and beyond St. Mary's Center
- Re-connecting to a faith based institution or a spiritual practice
- Thinking of new ways to increase his/her quality of life
- More compliant with medical plans and/or behavioral health care services
- More proactive about improving mental and physical health
- Expressing gratitude for the relationship with his or her Peer Companion
- Feeling more connected and/or cared for
- Interested in giving back – volunteering or being a peer

Appendix 4

ONGOING ELIGIBILITY CRITERIA for PEER COMPANIONS

In accord with the specific purposes of the PEP Program, Peer Companions must demonstrate the aptitude and/or ability to:

- Be a member in good standing within the St. Mary's Center community
- Maintain a consistent and active relationship with his or her Case Manager
- Maintain a clean and sober lifestyle for more than a year
- Maintain emotional, mental and physical stability even if she or he has experienced significant emotional and/or mental challenges
- Place his or her personal wellness first – emotionally, mentally and physically – in order to properly assist others in the journey toward wellness
- Devote 6–8 hours a week to faithfully performing the duties of a PEP Peer Companion:
 1. Uphold the general purposes of the PEP Program
 2. Initiate and plan weekly visits and/or telephone calls with their Senior Peers
 3. Fulfill the commitment of weekly visits and telephoning calls with their Senior Peers
 4. Submit weekly notations of their visits and telephone calls (forms will be provided)
 5. Fully participate in the Weekly Peer Companion Support Sessions throughout the duration of their volunteer service
- Maintain strict confidence regarding information shared by Senior Peers except when it is necessary to share information that can help a Senior Peer who is in eminent danger
- Agree to a Background Check (i.e., instantcheckmate.com) before beginning service
- Discuss questionable requests from Senior Peers with PEP Coordinators or agency case managers before responding to the requests
- Seek counsel from the PEP Coordinator and/or case managers as needed to handle difficult/troublesome situations that may arise
- Report any dangerous situations that may require immediate intervention
- Say and do nothing that undermines the medical and/or behavioral health care services Senior Peers are receiving from physicians their behavioral and/or health care providers
- Be completely compliant to the behavioral expectations for PEP Peer Companions, such as consistently being respectful, nonjudgmental and compassionate in attitude, word and actions toward Senior Peers, maintaining healthy boundaries with Senior Peers, etc.
- Effectively use transportation
- Able to speak, read, and write in English
- Submit to quarterly evaluations by Senior Peers in conversation with case managers and/or the PEP Program Coordinator to monitor the overall effectiveness of the program

- Sign a media release form that gives permission for SMC to photograph, video and/or quote you in PEP promotional materials, as well as reports regarding the components and/or progress of the program.

Appendix 5
SENIOR FOCUS GROUP

St. Mary's Center
SMC Peer Elder Program (PEP) Focus Group
Tuesday, July __, 2014

Thank you for coming

Agenda

1. Welcome and introductions
2. About the media release forms
3. Program description
4. Let's create the guidelines for good communication
5. Getting to know you: If anyone, dead or alive, could come to visit you who would you choose and why? *One sentence answers, please.*

Part One / Dialogue: Defining a Healthy Lifestyle (30 mins)

1. What do you consider as the important aspects of a "healthy" lifestyle?
2. Do you believe social interaction is important to a healthy lifestyle? *Why or why not?*
3. What kinds of social activities do you enjoy? '
4. What kinds of social activities are you least likely to engage in?
5. What are some of the characteristics/behaviors of isolation and loneliness
6. What helps reduce loneliness?
7. What are some of the benefits /disadvantageous to living in community?

Let's take a 5 minute break

Part Two / Dialogue: Defining a Comfortable, Genuine Peer Relationship (20 mins)

8. Name some personal qualities you would like a peer companion to have?
9. How do you build rapport with a peer?
10. What are you concerned about when you invite someone into your home for the first time?
11. What helps you feel more comfortable when you invite someone into your home for the first time?
12. What are some of the challenges you believe a peer companion may experience?

A couple of questions about the PEP training (20 mins)

13. What are some of the topics that need to be covered during a peer companion training?
14. What is the most effective *and attractive* format for a peer companion training? (*once a week, for a week, twice a week*)(*how long should it be?*)

Gratitude and closing

"The more one does and sees and feels, the more one is able to do, and the more genuine may be one's appreciation of fundamental things like home, and love, and understanding companionship." - Amelia Earhart



Appendix 6
PEP INFORMATION WORKSHOP Flyer and AGENDA

St. Mary's Center
Peer Elder Program Informational Workshop

"Don't walk behind me; I may not lead. Don't walk in front of me; I may not follow.
Just walk beside me and be my friend." — Albert Camus

Friday, August ____, 2014 from 11:00 am until 12:00 pm
Recovery Room



Would you like to be a friend to someone in need? Become a PEP Companion!

At this workshop you will learn...

- The purpose of the Peer to Peer program
- The Benefits of Becoming a Companion?
- The program's time commitment and expectations
- How this program may deepen your own wellness

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- About the Peer to Peer Training
- About the participation stipends

Register for the workshop with Aleta, Janny or Sr. Eva PEP Coordinators

St. Mary's Center
Peer Elder Program Information Workshop
Agenda

Friday, August __, 2014 @ 11:00 am



WELCOME

- Introduction to Peer Elder Program
- Video - Peer to Peer program, Washington DC
- The Benefits of Becoming a Peer Companion
- Roles, Responsibilities and Expectations
- An Overview of the Peer Companion Training Process
- About the participation stipends
- Review of the Peer Companion Application Process
- Q&A

Peer Companion Applications are available from Janny and Aleta.

Appendix 7
PEER COMPANION APPLICATION
St. Mary's Center Peer Elder Program (PEP)
Peer Companion Application

Thank you for your interest in becoming a Peer Companion. The 9 month SMC PEP program will help to create model programs for helping to reduce isolation among isolated with mental health issues in Alameda County. The Peer Companions will be “community connectors” who help isolated seniors have a fuller experience of the supportive services offered by the St. Mary's Center community. The primary goal is to gently encourage isolated seniors to participate in social activities that increase their quality of life. A small stipend will be offered to help with transportation needs for Peer Companions participating in the program.

Peer Companion Program Requirements

- Maintain a good relationship with your SMC case manager
- Be responsible and accountable to PEER Companion expectations
- Devote at least 6-8 hours a week to your Peer Companion responsibilities
- Participate in Peer Companion Training Process
- Must be able to speak, read and write in English
- Place your personal wellness first—emotionally, mentally and physically
- Maintain a clean and sober lifestyle
- Can access reliable transportation
- Submit to a Background Check
- Practice “unconditional high regard” towards your Senior Peers and all others you come in contact with
- Be non-judgment and compassionate in words, deeds and actions
- Sign a Media Release Form (to advertise and report on the program as needed)

Peer Companions are NOT expected to

- Be available 24 hours a day
- Respond to medical or psychiatric emergencies
- Assess, diagnose or offer clinical advice
- Act as a service provider; counselor or case manager
- Travel an unreasonable distance to meet with your peer companion

Name (first/last): _____

Address: _____ City: _____

Zip Code: _____ Phone: _____ Cell: _____

What other languages other than English do you speak? _____, _____

I, _____ fully understand and will comply with the requirements associated with participating in the St. Mary's Center Peer Elder Program (PEP).

_____ Date: _____

Senior's Signature

SMC Case Manager's Signature: _____ Date: _____

Appendix 8

PEER COMPANION INITIAL TRAINING: AT-A-GLANCE

ST. MARY'S CENTER

PEER ELDER PROGRAM (PEP)

INITIAL TRAINING PROGRAM TOPICAL OVERVIEW

Tuesday and Friday, 12:30 – 2:00 PM

August 22 – September 26, 2014

- **Session 1: Intro to the PEP Program: Overview of PEP Goals, Guiding Principles, Benefits of having or being a Peer Companion.** Emphasize that topics will be repeatedly revisited during bi-weekly inservice sessions.
- **Session 2: Taking Care of Self First.** Important to recognize pitfalls peer relationships (e.g., triggers, co-dependence); Senior Companions need to maintain self-care practices (i.e., rest/down time, exercise, participation in varied social/wellness/faith-based groups)
- **Session 3: Creating Healthy Boundaries.** Important to have realistic expectations of self and peer, practice self-awareness, boundaries make you and the other person feel safe.
- **Session 4: Facilitating Self-Determination.** Don't try to "fix" everything. Know when to step in and when to step back. Caring for another includes offering support for growth—everyone grows at own pace and may make choices we would not make for ourselves.
- **Session 5: Effective Communication and Active Listening.** Review the characteristics of effective communication style (e.g., eye contact, polite, clear) and characteristics of active listening (e.g., minimize distractions, focus on what speaker is saying).
- **Session 6: Recognizing and Recovering from Trauma.** Understanding common symptoms of trauma including poor self-image, loss of trust and social withdrawal. To recover, a person has to connect to others.
- **Session 7: Best Practices for Supporting Peers in Recovery.** Benefits of living sober, how to support your peer in his/her recovery, what to do if you encounter evidence of substance abuse (e.g., observe without confronting, consult with Case Managers).
- **Session 8: Overcoming Stigma and Isolation caused by Mental Health Issues.** Discuss stigmas related to mental health issues. Discuss dangers of isolation (loneliness, no interest in performing daily tasks or seeking help, diminished immune system). Helping to overcome isolation: be present, listen, empathize, help persons make connections
- **Session 9: When Is It Time for a Consultation or Intervention.** Recognizing signs of emotional and/or cognitive distress in yourself and/or your Senior Peer that may require help from a Case Manager (e.g., anxiety, depression, sadness, regret).
- **Session 10: Simple Practices that Can Help to Empower Your Senior Peer.** Identify self-care practices that can be shared with senior peers (e.g., listening to music, gardening), inspire your peer by being a good example, while being vulnerable, challenge without being judgmental.
- **Session 11: Introducing the Wellness Recovery Action Plan (WRAP).** Learn the five key recovery concepts of WRAP: hope, personal responsibility, education, self-advocacy, support; explore ways to develop and use a Wellness Toolbox to nurture/maintain wellness.

Peer Elder Program (PEP)

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SAMPLING OF PEP TRAINING LESSON PLANS

SESSION 1

You and the PEP Program

CLASS TIME: 90 minutes

GOAL: Familiarize participants with PEP Program background, goals, guiding principles, and necessary protocols.

OBJECTIVES:

1. Explain the dangers of isolation and the need for social interaction to overcome it
2. Promote understanding of the PEP Program as an opportunity to help reduce isolation among seniors with serious mental health issues
3. Familiarize participants with the substantive and structural content of the PEP program, e.g., program goals related to the ACBHCS INN 3 Learning Question, guiding principles of the program, weekly responsibilities and standards of conduct, documentation, logistics, stipends, responsibilities of SMC staff to Senior Companions and Senior Peers, content of initial and ongoing training, etc.
4. Highlight some of the expected benefits of the program for the Peer Companions.

Peer Companion Intention for the Day

“Lift while you climb” (An African American Proverb)

SETTING

- A clean, comfortable room with good light and, if possible, fresh air
- Chairs arranged in a circle
- Light refreshments
- Accessible and clean restrooms nearby and well stocked
- Readily identifiable and accessible emergency exits

MATERIALS NEEDED

- Sign In Sheet
- Media Release Forms (one for each participant)
- Session Evaluation
- Participant’s PEP Training Binders with 12 numbered tabs and Session 1 Handouts (3-hole punched):
 1. Overcoming Isolation
 2. The Peer Elder Program—PEP: Background, Description and Goals
 3. PEP Timeline
 4. Ongoing Expectations of PEP Peer Companions
 5. Responsibilities of SMC Staff
 6. Thematic Overview of Peer Companion Training Curriculum
 7. Overview of Weekly Peer Companion Support Sessions and Weekly Notes
 8. Media Release Form
- Pens and 3-hole punched binder paper for participants to take notes as desired

- Dry Erase Board and pens or flip chart, easel, pens and tape
- “Peer Companion Intention for the Day” posted in a prominent location (this serves as a “memory verse” that summarizes the a key concept of the session)
- *(Optional)* Video: *Senior Companion Program* – (4:41 minutes)
- *(Optional)* Laptop, projector, extension cord(s), screen/wall space for viewing video

SESSION OUTLINE

- **Welcome participants** and invite them to sign in, have some refreshments and have a seat (5 minutes)
- **Introductions:** Ask participants to say his/her name/name she/he likes to be called.
Optional: After everyone is introduced, ask if anyone can name everyone. (8-10 minutes)
- **Conocimiento** (a “getting to know you” activity that fosters bonding and community while introducing the session topic.) Content can be built upon during the session: Name of one of your best friends and state why the friendship is important to you—for instance, the friendship help to lift your spirits, comfort or reassure you; the friendship helps you to keep a positive outlook. *Keep responses to less than 2 minutes. No conversations about each other’s answers. Acknowledging each other’s comments during your turn is ok* (15 minutes). Record responses.
- *Time permitting*, introduce and show VIDEO as segue to next activity (5 minutes)
- **Review Session Goal and Objectives.** Ask for/address clarifying questions (3 minutes)
- **Presentation** (12 to 15 minutes)—Let participants know they will receive a Training Program Binder that contains the content of the presentation, but you are going to highlight the information in the interest of time. You may offer note paper and pens to those who want it.
 1. Refer to *Overcoming Isolation* in the Session 1 Handouts and the recorded responses generated during the *conocimiento* to highlight the dangers of isolation and the need for social interaction to overcome it.
 2. Highlight *PEP Program Background, description and Goals* in Session 1 Handouts to promote an understanding of PEP as an opportunity to enhance and extend onsite services of the agency to help seniors overcome isolation.
- **Invite and address clarifying questions as needed** (3 minutes)
- **BREAK** (8-10 minutes)
- **Distribute and Review PEP Training Binders** (15—20 minutes):
 1. Give a short overview of what is in the binder and how it will be developed during the course of the training process
 2. Review *Peer Companion Criteria and Ongoing Eligibility*.
 3. Point out *Ongoing Responsibilities of PEP Program Coordinators and Case Managers*, and reassure the participants that they will have ongoing support
 4. Review *PEP Peer Companion Training Program At-A-Glance*. *Let participants know that these topics may be reviewed again during weekly PEP Companion Support Sessions that will follow the initial training.*
 5. Review *PEP Companion Support Sessions At-A-Glance*
- Invite and address clarifying questions as needed. (3 minutes)

- **Closing** (5—7 minutes)
 1. Invite participants to recite the Intention of the Day. Ask if anyone can say how being a PEP Companion is a way doing what the Peer intention says (1 minute or so).
 2. Distribute the Session Evaluation Sheet. Ask participants to quietly reflect for a minute or so on the content of the session, then complete the evaluation. Collect evaluations.
 3. Invite participants to read over the handouts prior to the next session.
 4. Remind them of the date and time of next session.
 5. Time permitting, ask participants to say one word that describes how they feel about becoming a Peer Companion.
 6. Thank everyone. END.

**PEP Peer Companion Training
SIGN – IN SHEET**

SESSION # _____

DATE _____

NAME (Please print)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

St. Mary's Center
925 Brockhurst St. Oakland CA 94608
www.stmaryscenter.org

Art Work, Story, Photo and Video Release Form

St. Mary's Center shares stories and creative works by seniors to increase awareness and educate our community on issues related to the extremely low-income seniors who we serve. We respect each person's privacy in regard to presenting personal work to the public.

I, _____ give permission to be photographed and videotaped at events connected with St. Mary's Center for the purpose of community outreach and education. I understand that my image and creative work may be included in reports, publications, grants, news media, exhibits, the internet and other venues.

I give permission to St. Mary's Center to use my name (check one)

___ first/last name ___ first name ONLY ___ pen name _____

I give permission to St. Mary's Center to use my

___ art work, written words and story

I give permission to St. Mary's Center to use:

___ photos and videos of myself

Print Name

Date of Birth

Signature

Date

**PEP Peer Companion Training
Session Evaluation**

SESSION # _____ / DATE _____

- What do you most want to remember about the content of today's session?

- What do you would you like to have further explained and/or clarified?

- What is your overall assessment of the Session? Please circle one of the 4 descriptors below or put an **X** in between two of them to show how you are leaning?

Not Very
Useful

Somewhat
Useful

Pretty
Useful

Very
Useful

- What would you suggest to make the content and/or learning strategies better for this session?

Additional Comments:

OVERCOMING ISOLATION
PEP Peer Companion Training
Session 1 – Handout # 1

“Our connection to others is what binds us to life”

(slogan on a banner at Institute on Aging Conference on Overcoming Loneliness and Isolation)

Our need to be known and to belong is essential to our sense of wellbeing. However, more and more people are reporting that they feel lonely or that they are increasingly isolated from people who really know or care about them. Seniors are particularly vulnerable to feeling lonely and/or being isolated due to the loss of spouses, parents, children or friends. They may have physical limitations (such as limited mobility, vision impairment or hearing deficits) that prevent them getting out to do the things they enjoy. Seniors who suffer with mental health issues are even more likely to be isolated. They may have actually been pushed away by family or friends. They often impose isolation on themselves in an effort to protect themselves from being criticized and/or rejected. Some may have self-isolated themselves because they do not feel safe with the people around them, or they simply do not know how to connect with other people.

However a person becomes isolated, it is important that they overcome it because social isolation is a leading cause of poor health, serious mental health issues, substance abuse and premature death. People who are socially isolated often feel like they are “invisible” to the persons around them. They are known to suffer low self-esteem, depression and anxiety. They may lack the motivation to do simple daily life tasks such as bathe, dress themselves, prepare/eat a healthy meal, make sure their immediate surroundings are reasonably safe and clean, be medication compliant (take needed medicine as prescribed). They sometimes develop a sense of pessimism or negativity that can make them irritable and argumentative. On the other hand, some socially isolated people become hopeless, emotionally detached and uncommunicative about how they feel. And, when the symptoms of social isolation begin to combine, linger or deepen they can severely diminish a person’s ability to develop a healthy sense of hope, purpose or contentment about life.

Social isolation can be overcome, but many people who suffer with it do not have the emotional energy, skill or information about accessible resources to get the help they need. It is most often necessary for caring people to reach out to isolated persons. And, as current research also shows, positive social interactions, through in-person visits and/or telephone contact, can help isolated seniors develop the motivation and supportive network they need to rebuild many of the broken or empty parts of their lives. They need to be known and respected. They need to feel valued and cared for. They need trusted companions to let them be their real selves, and help them become their best selves.

Notes from “Loneliness and Social Isolation for Seniors”, a presentation by Patrick Arbore, PhD, given at the conference, *Loneliness: The Hidden Risk*. Sponsored by the Institute on Aging, San Francisco, CA, May 2014.

**THE PEER ELDER PROGRAM (PEP)
BACKGROUND, DESCRIPTION AND GOALS
PEP Peer Companion Training
Session 1 – Handout # 2**

Program Background. The PEP Program was created in response to two questions asked by Alameda County Behavioral Health Care’s Round Three Innovations Project:

1. Can the use of trained peers or family members of consumers for home-based outreach to socially isolated older adults with serious mental health issues reduce their isolation through relationship building?
2. How does a telephone (outreach)...program providing social interaction and individual support reduce isolation among older adults with serious mental illness and lead to greater in-person social interaction over time?

Our answer to the questions was, “Yes”—trained peers for home-based and telephone outreach to socially isolated seniors with serious mental health issues can reduce their isolation and lead to greater in-person social interaction over time.

Program Description. The PEP Program is designed as a collaborative support community that helps to reduce isolation among isolated seniors (ages 55+) with serious mental health issues. PEP has four primary components: (1) a peer support program, (2) a care partnership among isolated seniors, Peer Companions, and behavioral health care service providers, (3) a process for ongoing collaboration among the care partners, and (4) PEP Program Coordinators to facilitate the collaboration among the care partners.

The designed so that each of the care partners benefit from participating in the process:

1. Isolated seniors receive the support they need to improve the quality of their lives
2. Peer companions receive insight and experiences to strengthen their established wellness practices
3. Behavioral health care providers receive additional resources and support to enhance the impact of the services they already provide

The Program Goals:

1. To help reduce social isolation among seniors with serious mental health issues
2. To create an integrative care approach to help reduce isolation among the target population.
3. To engage behavioral health care service stakeholders (seniors and providers) in a care partnership whose combined and interrelated efforts would produce the desired outcome of the care initiative.
4. To develop a peer support program that would function as the galvanizing agent of the integrative care initiative.

PEP TIMELINE
PEP Peer Companion Training
Session 1 – Handout # 3

AUGUST – SEPTEMBER 2014

CONDUCT SENIOR COMPANION TRAINING Six weeks, two 90-minute sessions each week
IDENTIFY and INVITE POTENTIAL SENIOR PEERS
MATCH SENIOR COMPANIONS WITH PEERS

OCTOBER – DECEMBER 2014

FIRST MEETING OF SENIOR COMPANIONS AND SENIOR PEERS
PC and SP WEEKLY VISITS AND TELEPHONE CALLS
BI-WEEKLY SENIOR COMPANION SUPPORT SESSIONS
BI-WEEKLY CHECK-INS OF SENIOR COMPANIONS WITH PEP STAFF
EVALUATION AND REFINEMENT OF PROGRAM PROTOCOLS

JANUARY – MARCH 2015

PC and SP WEEKLY VISITS AND TELEPHONE CALLS
BI-WEEKLY SENIOR COMPANION SUPPORT SESSIONS
BI-WEEKLY CHECK-INS OF SENIOR COMPANIONS WITH PEP STAFF
EVALUATION AND REFINEMENT OF PROGRAMS PROTOCOLS

APRIL – JUNE 2015

PC and SP WEEKLY VISITS AND TELEPHONE CALLS
BI-WEEKLY SENIOR COMPANION SUPPORT SESSIONS
BI-WEEKLY CHECK-INS OF SENIOR COMPANIONS WITH PEP STAFF
AN ART PROJECT TO COMMEMORATE THE PEP JOURNEY
EVALUATION AND REFINEMENT OF PROGRAM PROTOCOLS

NOTE: *June 30TH ends the initial commitment to volunteer as a PEP Senior Companion or Senior Peer participant. However, seniors may decide they want to continue the peer relationship they have developed on their own.*

JULY – SEPTEMBER 2015

WRITING OF PEP CURRICULUM to be submitted to ACBHCS
PREPARATION FOR COUNTY-WIDE SHARING/CELEBRATION OF INN 3 PROJECTS

ONGOING EXPECTATIONS OF PEP PEER COMPANIONS
PEP Peer Companion Training
Session 1 – Handout # 4

In accord with the specific purposes of the PEP Program, Peer Companions must complete the initial training process and consistently demonstrate their aptitude and/or ability to:

- Be a member in good standing within the St. Mary's Center community
- Maintain a consistent and active relationship with his or her Case Manager
- Maintain a clean and sober lifestyle for more than a year
- Maintain emotional, mental and physical stability even if she or he has experienced significant emotional and/or mental challenges
- Place his or her personal wellness first – emotionally, mentally and physically – in order to properly assist others in the journey toward wellness
- Sign a media release form that gives permission for SMC to photograph, video and/or quote you in PEP promotional materials, as well as reports regarding the components and/or progress of the program.
- Agree to a Background Check (i.e., instantcheckmate.com) before beginning service
- Devote 6–8 hours a week to faithfully performing the duties of a PEP Peer Companion:
 1. Uphold the general purposes of the PEP Program
 2. Initiate and plan weekly visits and/or telephone calls with their Senior Peers
 3. Fulfill the commitment of weekly visits and telephoning calls with their Senior Peers
 4. Submit weekly notations of their visits and telephone calls (forms will be provided)
 5. Fully participate in the Weekly Peer Companion Support Sessions throughout the duration of their volunteer service
- Maintain strict confidence regarding information shared by Senior Peers except when it is necessary to share information that can help a Senior Peer who is in eminent danger
- Report any dangerous situations that may require immediate intervention
- Discuss questionable requests from Senior Peers with PEP Coordinators or agency case managers before responding to the requests
- Seek counsel from the PEP Coordinator and/or case managers as needed to handle difficult/troublesome situations that may arise
- Say and do nothing that undermines the medical and/or behavioral health care services Senior Peers are receiving from physicians their behavioral and/or health care providers
- Be completely compliant to the behavioral expectations for PEP Peer Companions, such as consistently being respectful, nonjudgmental and compassionate in attitude, word and actions toward Senior Peers, maintaining healthy boundaries with Senior Peers, etc.
- Effectively use transportation
- Able to speak, read, and write in English
- Submit to quarterly evaluations by Senior Peers in conversation with case managers and/or the PEP Program Coordinator to monitor the overall effectiveness of the program

RESPONSIBILITIES OF THE SMC STAFF

PEP Peer Companion Training

Session 1 – Handout # 5

The PEP Program Coordinators are responsible for facilitating the varied processes that are necessary for successful implementation of the program. To this end, the program coordinators will:

1. Conduct the initial Peer Companion Training Process
2. Facilitate the pairing of Peer Companions with Senior Peers (isolated seniors)
3. Conduct the Weekly Peer Companion Support Sessions that follow the initial training
4. Keep a file of the Weekly Visit and Telephone Notes developed by the Peer Companions
5. Be available to Peer Companions during SMC's regular operating hours to discuss any troubling situations, and celebrate positive milestones that may arise in the peer-to-peer interactions
6. Check in with case managers to monitor how things are going with the social interaction
7. Facilitate 4 month and 8 month assessments of the program's overall effectiveness

Case Managers are responsible for identifying and inviting potential Senior Peers who may benefit from participating in the PEP Program. They will:

1. Introduce these seniors to the goals and potential benefits of the program
2. Help to pair/match Peer Companions with Senior Peers (isolated seniors)
3. Set-up and participate in the first meeting of Senior Peers and Peer Companions
4. Review the program protocols at the first meeting
5. Check in with the Senior Peers from time to time to see how things are going with the weekly peer-to-peer social interactions
6. Be available to Senior Peers and Peer Companions that they case manage during SMC's regular operating hours to discuss any troubling situations, and celebrate positive milestones that may arise in the peer-to-peer interactions
7. Check in with the PEP Coordinators to share/discuss how things are going with the peer-to-peer social interaction
8. Participate in the 4 month and 8 month assessments of the program's overall effectiveness

Community Center Activities Coordinators will also participate in the implementation of the program. They will:

1. Be available to acknowledge and affirm the first time or increased participation of Senior Peers in the community center activities
2. Help the Peer Companions encourage Senior Peers to engage in peer-to-peer social interactions, especially those that are offered at SMC

THEMATIC OVERVIEW OF THE PEER COMPANION TRAINING CURRICULUM

Twelve 90-minute Sessions conducted over the course of six weeks

PEP Peer Companion Training

Session 1 – Handout # 5

- *(date)* **Session 1: Intro to the PEP Program:** Overview of program goals, guiding principles, benefits of having or being a Peer Companion. Emphasize that topics will be revisited during weekly PEP Companion Support Sessions (a weekly rotation of in-services and check-ins).
- *(date)* **Session 2: Taking Care of Self First.** Important to recognize pitfalls peer relationships (e.g., triggers, co-dependence); Senior Companions need to maintain self-care practices (i.e., rest/down time, exercise, participation in varied social/wellness/faith-based groups)
- *(date)* **Session 3: Creating Healthy Boundaries.** Important to have realistic expectations of self and peer, practice self-awareness, boundaries make you and the other person feel safe.
- *(date)* **Session 4: Facilitating Self-Determination.** Don't try to "fix" everything. Know when to step in and when to step back. Caring for another includes offering support for growth—everyone grows at own pace and may make choices we would not make for ourselves.
- *(date)* **Session 5: Effective Communication and Active Listening.** Review the characteristics of effective communication style (e.g., eye contact, polite, clear) and characteristics of active listening (e.g., minimize distractions, focus on what speaker is saying).
- *(date)* **Session 6: Recognizing and Recovering from Trauma.** Understanding common symptoms of trauma including poor self-image, loss of trust and social withdrawal. To recover, a person has to connect to others.
- *(date)* **Session 7: Best Practices for Supporting Peers in Recovery.** Benefits of living sober, how to support your peer in his/her recovery, what to do if you encounter evidence of substance abuse (e.g., observe without confronting, consult with Case Manager(s)).
- *(date)* **Session 8: Overcoming Stigma and Isolation caused by Mental Health Issues.** Discuss stigmas related to mental health issues. Discuss dangers of isolation (loneliness, no interest in performing daily tasks or seeking help, diminished immune system). Helping to overcome isolation: be present, listen, empathize, help persons make connections
- *(date)* **Session 9: When Is It Time for a Consultation or Intervention.** Recognizing signs of emotional and/or cognitive distress in yourself and/or your Senior Peer that may require help from a Case Manager (e.g., anxiety, depression, sadness, regret).
- *(date)* **Session 10: Simple Practices that Can Help to Empower Your Senior Peer.** Identify self-care practices that can be shared with senior peers (e.g., listening to music, gardening), inspire your peer by being a good example, while being vulnerable, challenge without being judgmental.
- *(date)* **Session 11: Introducing the Wellness Recovery Action Plan (WRAP).** Learn the five key recovery concepts of WRAP: hope, personal responsibility, education, self-advocacy, support; explore ways to develop and use a Wellness Toolbox to nurture and maintain wellness.
- *(date)* **Closing Session: Celebrate Completion of PEP Peer Companion Training.** Highlights of the training program and awarding of Certificates to PEP Senior Companions.

**OVERVIEW OF PEER COMPANION SUPPORT SESSIONS
and WEEKLY NOTES
PEP Peer Companion Training
Session 1 – Handout # 6**

Throughout their volunteer service, Peer Companions will meet for weekly one hour support sessions (day/time/location). The primary content of these sessions will follow a regular rotation of in-services and check-ins as illustrated by the following example:

- Month / date Brief check in followed by an In-service:** Review Peer Companion’s weekly responsibilities: do at least one thing to take care of yourself, initiate visit/telephone call with Senior Peer, engage in visit/telephone call, complete PEP Companion Visit/Telephone Notation (see below), and participate in weekly PEP Peer Support Sessions
- date Check-in:** The whole time can be devoted to group sharing/discussion, e.g., How’s it going? Anything to celebrate? Any cause for concerns?
- date Open:** This can be a time for one-on-one consultations with PEP Coordinators by Peer Companions, or a brief group check-in followed by an in-service, or an extended group check-in and discussion of milestones and/or causes for concern.
- date Open:** Same as described above

PEP COMPANION VISIT AND TELEPHONE NOTES

Peer Companion _____
Date _____

Senior Peer _____
Time _____

If your weekly visit or telephone call did not take place, please state why.	
What was the mood of your peer upon arrival/ the beginning of your telephone conversation?	
What was the highlight and/or focus of your visit/telephone call?	
What thoughts and/or feelings did your peer express about the visit/telephone call?	
How did you feel about the visit/telephone call?	
What plans were made for the next visit/telephone call?	
Please share any observations or information that you are concerned about.	
Any improvement in mood, conversation, behavior, activities since last visit/telephone call?	

Session 2 Taking Care of Self First

CLASS TIME: 90 minutes

GOAL: Explore the need to recognize interpersonal dynamics that can damage peer-to-peer relationships (e.g., triggers, co-dependencies and/or transference) and emphasize the importance of maintaining self-care practices to avoid and/or overcome these dynamics

OBJECTIVES:

1. Explain how painful and/or peaceful memories can be triggered—recalled and felt as is they were happening again.
2. Identify ways to recognize, avoid and/or overcome behaviors that can lead to co-dependency and/or transference.
3. Remind participants of ways to maintain their wellness regime to manage potentially stressful situations.

Peer Companion Intention for the Day

To be a good companion, I put my health and well-being first

SETTING

- A clean, comfortable room with good light and, if possible, fresh air
- Chairs arranged in a circle
- Light refreshments
- Accessible and clean restrooms nearby and well stocked
- Readily identifiable and accessible emergency exists

MATERIALS NEEDED

- Sign in Sheet
- “Peer Companion Intention for the Day” posted in a prominent location
- Handout: “Taking Care of Self” (3-hole punched)
- Pens and 3-hole punched binder paper for participants to take notes as desired
- Dry erase board and pens or flip chart, easel, pens and tape
- Digital Pictures: Twin Towers—9/11 and Lake scene
- Laptop, projector, extension cords, screen/wall space for viewing pictures and video
- Session Evaluation

SESSION OUTLINE

- **Welcome companions** and ask for and address any questions regarding the content of the previous class. (3-5 minutes) In lieu of offering a break, let companions know they can move when they need to—taking refreshments as needed is practicing self-care.
- **Conocimiento:** Announce that you are going to show two pictures. State that you would like participants to look at pictures in silence for a few moments. Then, you will ask them to respond to what they have seen. *Rules: Keep your answer to less than 2 minutes. No cross talk while other people are talking. No conversations about each other’s answers. However, acknowledging other people’s comments when it is your turn to speak is ok.*

- **Show a picture from the 9/11/2001 tragedy.** (Available on the web) Ask for two to three comments about feelings and memories that the images bring up. Record responses.
- **Show a picture of a beautiful lake.** (Available on the web) Ask for comments from two to three other participants. Record responses.
- **Teaching:** Refer to participant responses to illustrate how our brains recall memories and feelings associated with the significant events of our lives. Some connections are deep in our subconscious and cannot be accessed by the conscious mind, but we still feel moved by these experiences. This is one way to describe triggers, co-dependency and transference. Maintaining our wellness practices, including knowing when we need to ask for help can assist us to avoid the ill-effects of triggers, co-dependency and transference.
- **Review the Class Goal and Objectives.** Ask for/address clarifying questions (2 minutes)
- **Exercise One (30 minutes)**
Identifying and Avoiding Triggers, Co-Dependency and Transference (30 minutes)
 1. Using the handout, highlight the main points of the “Triggers” information
 2. (optional) At the end of the presentation - use the PEP conversation starter questions (located at the end of the topic) to connect the topic to the peer to peer relationship.
 3. Have a companion read the scenario pertaining to the topic.
 4. Have a co-facilitator record best practices and solutions companions come up with
 5. Repeat 1-4 for topics “Codependency” and “Transference” and “Taking Care of Self”

CLOSING THE SESSION (5 minutes)

- Allow for a question and answer period that incorporates personal reflection. Record notes using the dry erase board or flip chart.
- Ask the participants to recite the “Peer Companion Intention of the Day”, then review what we learned in light of the intention for the day.
- Ask each participant to say one word that captures what they learned during the session
- Distribute the Session Evaluation Sheet. Ask participants to quietly reflect for a minute or so on the content of the session, then complete the evaluation. Collect evaluations.
- Invite participants to read over the handouts prior to the next session.
- Remind them of the date and time of next session.
- Thank everyone. END.

CREATING HEALTHY PARTNERSHIPS: TAKING CARE OF SELF FIRST
Session 2 – Handout

Peer Companion Intention for the Day

“To be a good companion, I put my health and well-being first”

IMPORTANT POINTS TO REMEMBER

- Bring things that trouble you to the PEP Coordinators or your case manager right away.
- If you experience co-dependency, transference or you are triggered in your peer relationship, get help from your case manager or PEP coordinators right away.
- Ask before engaging in activities with your peer that are questionable and do not feel right.
- If you are not having a good day and are worried that it may affect your visit, ask your peer coordinator if you can re-schedule
- Engage in your regular self-care practices, be open to new practices that may increase your wellness

TRIGGERS

Something in the present releases – automatically, in your brain – memories or reactions from past painful experiences. These responses can be understood, and overcome.

Triggers can be totally obvious, like someone touching you when you don't want or expect it, or someone threatening you or clearly trying to take advantage of you. Triggers can be obvious or subtle, in our awareness or not.

Triggers aren't always about other people and what they say or do. They can be something like a faint smell of alcohol (that used to be on the breath of an abuser). They could be the shape of a man's moustache, a style of clothing, a wallpaper pattern, or the sound of a slamming door. They can be an 'anniversary' date of a traumatic event like a negative experience or someone's death. What are triggers for a particular person depends on his/her unique experiences of being vulnerable and hurt in his/her life, and the unique details of the situations in which those experiences occurred.

The trigger is always real. By definition, a trigger is something that reminds you of something bad or hurtful from your past. It 'triggers' an association or memory in your brain. But sometimes you are *imagining* that what's happening now is actually like what happened back then, when in reality it's hardly similar at all, or it just reminds you because you're feeling vulnerable in a way you did when that bad thing happened in the past.

Triggers that involve other people's behavior are often connected to ways that we repeat unhealthy relationship patterns learned in childhood. Things that other people do – especially people close to us and especially in situations of conflict – remind us of hurtful things done to us in the past. Then we respond as if we're defending ourselves against those old vulnerabilities, hurts, or traumas. But our responses usually just trigger vulnerable feelings in

the other person, as well as their own old self-defense patterns, and we *both* end up repeating the unhealthy relationship patterns we that fear and don't want in our lives.

You *can* change how you respond to triggers.

Fortunately, it's entirely possible to greatly increase your awareness of your own unique triggers, and of what happens in your mind and body when particular things trigger you. With that foundation of awareness and understanding in place, you can learn how to avoid simply responding as you always did in the past, and instead respond in new and much more healthy ways. In this way, you can free yourself from deeply ingrained conditioning, actually rewiring your brain to respond in new and much healthier ways to the inevitable triggers we all encounter in our lives and relationships.

Excerpt from 1in6.org / Getting Triggered
<https://1in6.org/men/get-information/online-readings/self-regulation-and-addictions/getting-triggered/>

PEP Conversation Starter: What may trigger you in your relationship with your peer?

What might you do to avoid or reduce its effect on you and the relationship?

What will you do if you accidentally triggered your peer?

SCENARIO ONE – It's Only A Song

After last week's great first visit, PEP Peer Companion, Sally, brought her favorite music CD of blues to share with her Senior Peer, Bridget. After listening to the second song, Bridget broke into tears. Sally became distraught and asked why Bridget was reacting this way. "It's only a song!" Sally yelled. Bridget ran into her bedroom and shut the door. Sally didn't know what to do. She felt disappointed and angry. She left and did not return.

Did Sally respond well when Bridget was triggered by the song? NO YES

Why or why not?

What could Sally had done differently to maintain a healthy, safe peer relationship?

What can Sally do now to help the situation?

CODEPENDENCY

by Darlene Lancer, JD, MFT

Researchers found that codependent symptoms got worse if left untreated. The good news is that they're reversible. Following is a list of codependency symptoms.

Low self-esteem. Feeling that you're not good enough or comparing yourself to others are signs of low self-esteem. The tricky thing about self-esteem is that some people think highly of themselves, but it's only a disguise — they actually feel unlovable or inadequate. Underneath, usually hidden from consciousness, are feelings of shame.

People-pleasing. It's fine to want to please someone you care about, but codependents usually don't think they have a choice. Saying "No" causes them [anxiety](#). Some codependents have a hard time saying "No" to anyone. They go out of their way and sacrifice their own needs to accommodate other people.

Poor boundaries. Boundaries are a sort of an imaginary line between you and others. It divides up what's yours and somebody else's, and that applies not only to your body, money, and belongings, but also to your feelings, thoughts and needs. That's especially where codependents get into trouble. They have blurry or weak boundaries. They feel responsible for other people's feelings and problems or blame their own on someone else. Sometimes, people flip back and forth between having weak boundaries and having rigid ones.

Reactivity. A consequence of poor boundaries is that you react to everyone's thoughts and feelings. If someone says something you disagree with, you either believe it or become defensive. You absorb their words, because there's no boundary. With a boundary, you'd realize it was just their opinion and not a reflection of you and not feel threatened by disagreements.

Caretaking. Another effect of poor boundaries is that if someone else has a problem, you want to help them to the point that you give up yourself. It's natural to feel empathy and sympathy for someone, but codependents start putting other people ahead of themselves. In fact, they need to help and might feel rejected if another person doesn't want help. Moreover, they keep trying to help and fix the other person, even when that person clearly isn't taking their advice.

Control. Control helps codependents feel safe and secure. Everyone needs some control over events in their life. You wouldn't want to live in constant uncertainty and chaos, but for codependents, control limits their ability to take risks and share their feelings. Codependents also need to control those close to them, because they need other people to behave in a certain way to feel okay. In fact, people-pleasing and care-taking can be used to control and manipulate people. Alternatively, codependents are bossy and tell you what you should or shouldn't do. This is a violation of someone else's boundary.

Dysfunctional communication. Codependents have trouble when it comes to communicating their thoughts, feelings and needs. Of course, if you don't know what you think, feel or need, this becomes a problem. Other times, you know, but you won't own up to your truth. You're afraid to be truthful, because you don't want to upset someone else. Instead of saying, "I don't like that," you might pretend that it's okay or tell someone what to do.

Communication becomes dishonest and confusing when you try to manipulate the other person out of fear.

Dependency. Codependents need other people to like them to feel okay about themselves. They're afraid of [being rejected](#) or abandoned, even if they can function on their own. Others need always to be in a relationship, because they feel depressed or lonely when they're by themselves for too long. This trait makes it hard for them to end a relationship, even when the relationship is painful or abusive. They end up feeling trapped.

Denial. One of the problems people face in getting help for codependency is that they're in denial about it, meaning that they don't face their problem. Usually they think the problem is someone else or the situation. They either keep complaining or trying to fix the other person, or go from one relationship or job to another and never own up the fact that they have a problem. Although some codependents seem needy, others act like they're self-sufficient when it comes to needing help. They won't reach out and have trouble receiving. They are in denial of their vulnerability and need for love and intimacy.

from www.psychcentral.com

<http://psychcentral.com/lib/symptoms-of-codependency/00011992> / Excerpt

PEP Conversation Starter: How do you think codependency may show up in your relationship with your peer?

What might you do to avoid or reduce its effect on you and the relationship?

SCENARIO TWO – Let Me Take Care of You

Senior Peer, Bill, was waiting anxiously for his Peer Companion, Larry. Every week he cooked something that he hoped Larry would like. This week he bought Larry a new scarf because it was getting cold outside. He was hoping Larry could stay longer this time. He felt better when Larry was here—more himself. Maybe he can convince Larry to spend the weekend with him, they could take the car and go to a baseball game. When Larry showed up for his visit he was uncomfortable with the elaborate lunch and the gift of the scarf.

Are these signs of codependency? NO YES

Who is practicing codependency? _____

Why or why not?

What can Larry do differently to help turn this into a healthy, safe peer relationship?

TRANSFERENCE

By: Michael G. Conner, Psy.D

During transference, people turn into a "biological time machine". A nerve is struck when someone says or does something that reminds you of your past. This creates an "emotional time warp" that transfers your emotional past and your psychological needs into the present. This all happens without you knowing why you feel and react the way you do.

Some people refer to transference as a "projection." In this case you are projecting your own feelings, emotions or motivations into another person without realizing your reaction is really more about you than it is about the other person. Once you discover a transference pattern, you can choose to respond in terms of what is really happening instead of what happened. People who don't recognize the difference between past and present can end up in the same messed-up relationships over and over or with the same problem over and over.

How do you know you are having a "transference reaction"? It's not always easy, but you probably are if you know very little about the person and you are having a powerful reaction that is not justifiable to a reasonable person.

From www.crisiscounseling.com

<http://www.crisiscounseling.com/Articles/Transference.htm> (excerpt)

A FEW COPING STRATEGIES FOR TRANSFERENCE

by Ryan Howes, Ph.D.

Talk about it - Most of the time, this is all it takes to make these uncomfortable feelings more manageable and even help them diminish.

Find the root - Transference reactions usually point to a deeper issue or unfinished business from the past. You get angry at someone because he reminds you of your bully cousin? You're in a loveless marriage but you have strong feelings for your friend? If you can identify, discuss, and work through the deeper issue, the strong reaction to the person should subside.

Look for differences - If you really feel the need to end the transference pattern, you can try to actively separate the person from the template. Is your new girlfriend really like your mother? Probably not. Make a list of a dozen ways that the person differs from the template.

How do you want to relate? – Sometimes when we're focusing on what not to do, we do just that...Spend some time thinking about and discussing how you want to relate to your friend, how you'd like it to feel, what you imagine it would look like. Then practice.

As magical as it seems, transference is really just a relationship issue. You learn more about yourself when you work on your relationships, and transference gives you the opportunity to understand plenty about your thoughts, feelings, behaviors, relationships, and fantasies.

From: <http://www.psychologytoday.com/blog/in-therapy/201206/clients-guide-transference>

PEP Conversation starters: How can transference show up in a peer to peer relationship?

What are some ways that you may try to avoid or prevent transference in the peer to peer relationship?

SCENARIO THREE – You Remind Me of My Sister

Peer Companion, Tracy, was having a hard time bonding with her Senior Peer, Renee. Renee reminded Tracy of her estranged older sister who was abusive to her for much of her life. Renee dressed and wore her hair the same way as her sister, and sometimes she sounded like her, too. Tracy was feeling anxious before each visit and would sometimes snap at Renee for little things. She saw that it hurt Renee’s feelings but she was finding hard to control how she felt.

Is Tracy experiencing “Transference” in her PEP relationship? NO YES
Why or why not?

What can Tracy have done differently to maintain a healthy, safe peer relationship?

What could Tracy do now to move towards a healthy peer relationship with Renee?

Appendix 9

PEER ELDER PROGRAM (PEP) PACKET

Peer Elder Program (PEP) Description

Welcome to the PEP Program! It is our hope that both the Senior Peer and Senior Companion will find their social relationship to be personally enriching. The program seeks to engage seniors suffering from isolation in a collaborative support community of persons and activities that can improve their sense of well-being—it seeks to reassure them that they are welcomed, known, appreciated and cared for by the St. Mary’s Center Community.

The primary responsibility of a Peer Companion is to be a “community connector”—a caring, positive presence who knows the importance of ongoing positive social interaction for maintaining wellness. Through weekly telephone calls or visits at the Senior Peer’s home, St. Mary’s Center (or another mutually agreed upon site), a Peer Companion and his or her Senior Peer might simply engage in a conversation. Perhaps, they will go for a walk, watch a television program they both enjoy, or do some other social activity of mutual interests.

The primary responsibility of a Senior Peer is the desire and willingness to move beyond the ill-effects of feeling lonely and disconnected from other people, or pained and overwhelmed by the varied social, emotional/mental, and or physical circumstances of his or her life. Perhaps the weekly telephone calls or visits with a Peer Companion will offer the simple reassurance that you are not alone. Perhaps, you will find that you have more interests, energy and support to do routine daily life tasks or to re-engage in social activities you enjoy.

PEP Timeframe

The weekly telephone calls or visits will be initiated by the Peer Companions for approximately nine months (October 2014 to June 2015).

PEP Program Protocols

Both Peer Companions and Senior Peers need to be mindful of what the program is and what the program is not intended to provide:

The program IS:

- A companion program that fosters the overall well-being of Senior Peers and Peer Companions
- A supervised process that complements (i.e., is informed by and supportive of) SMC’s case management processes
- A series of weekly activities (i.e., telephone conversations, walks, etc. at Senior Peer’s home or other location) mutually agreed upon by Peer Companion and Senior Peer

The program IS NOT:

- A substitute for case management or other conventional behavioral health care services provided to Senior Peers
- A care-giver program (e.g., Peer Companions will not be expected to run errands, clean, or cook, etc. for Senior Peers)
- A 24-hour “hotline” or peer support service—peer interactions will only occur during SMC’s usual hours.

Expectations of Both Peer Companions and Senior Peers

- Be a member in good standing within the St. Mary's Center community
- Maintain a consistent and active relationship with his or her Case Manager
- Maintain a clean and sober lifestyle
- Uphold the general purposes of the PEP Program
- Fully participate to the best of their ability in the planned weekly activities
- Maintain strict confidence regarding personal information shared except when it is necessary to share information to help the other person who may be in eminent danger
- Discuss questionable requests from either person with his or her case manager **or** PEP Coordinators before responding to the requests
- Seek counsel from his or her case manager or the PEP Coordinators as needed to handle difficult/troublesome situations that may arise
- Immediate report any dangerous situations that may require professional attention (for example, call 911 for a medical emergency)
- Say and do nothing that undermines the medical and/or behavioral health care services Senior Peers are receiving from physicians their behavioral and/or health care providers
- Maintain healthy boundaries and treat each other with respect
- Occasionally, if not weekly let each other know how you feel about the visit or phone call
- Occasionally let your case manager know how things are going, especially at the 4 month and 8 month intervals of when the peer relationship began so that they can monitor the effectiveness of the of the program
- Sign a media release form that gives permission for SMC to photograph, video and/or quote you in PEP promotional materials, as well as reports regarding the components and/or progress of the program

Scheduling weekly visits or telephone calls: Before the end of each visit or phone call, the Peer Companion is to ask for a date (day of the week), time and location of the next meeting or call. Remember: these interactions are only to occur during the usual hours of St. Mary's Center (Monday—Friday, 9AM—5PM).

Re-scheduling a weekly visit or telephone call: In the event that either the Peer Companion or Senior Peer is unable to keep the appointment, he or she should contact the other person in a timely manner to reschedule.

If either senior misses or cancels two appointments for whatever reason, notify the PEP Coordinators or the person's case manager so that they can check on the senior and determine if the senior is having second thoughts about participating in the program or if something else needing immediate attention is occurring.

Ongoing Support from SMC staff

Case managers will be actively engaged in the ongoing implementation of the program by occasionally checking in with Senior Peers and Peer Companions to support as needed. They should be contacted if and when a situation arises that is troubling for either the Peer Companion or Senior Peer. They will also interview Senior Peers they invited into the program (at 4 months and 8 months) to determine the program’s overall effectiveness to help reduce isolation.

PEP Coordinators will be actively engaged in weekly implementation of the program. They will conduct weekly Peer Companion Support Sessions to monitor if and how the social interactions among Peer Companions and Senior Peers is developing. Additionally, the Program Coordinators will be accessible to Peer Companions, Senior Peers and behavioral health care providers to celebrate any milestones or and address any mishaps that may arise. And, they will participate in the 4 month and 8 month evaluation of the program’s overall impact.

Essential Contact Information

SENIOR PEER _____, _____
Name Phone #

PEER COMPANION _____, _____
Name Phone #

CASE MANAGER
_____, 510-923-9600 ext _____
Name Phone #

PEP COORDINATORS

Janny Castillo 510-923-9600 ext. 234
Aleta Manuel 510-923-9600 ext. 232
Sr. Eva Lumas 510-923-9600 ext. 214

NEXT Meeting: Day _____, Time _____, Location _____

NEXT Week’s Telephone Call: Day _____, Time _____

St. Mary's Center
925 Brockhurst St. Oakland CA 94608
www.stmaryscenter.org

Art Work, Story, Photo and Video Release Form

St. Mary's Center shares stories and creative works by seniors to increase awareness and educate our community on issues related to the extremely low-income seniors who we serve. We respect each person's privacy in regard to presenting personal work to the public.

I, _____ give permission to be photographed and videotaped at events connected with St. Mary's Center for the purpose of community outreach and education. I understand that my image and creative work may be included in reports, publications, grants, news media, exhibits, the internet and other venues.

I give permission to St. Mary's Center to use my name (check one)

____ first/last name ____ first name ONLY ____ pen name _____

I give permission to St. Mary's Center to use my

____ art work, written words and story

I give permission to St. Mary's Center to use:

____ photos and videos of myself

Print Name

Date of Birth

Signature

Date

Appendix 10
WEEKLY VISIT AND/OR TELEPHONE NOTES
PEP COMPANION VISIT AND TELEPHONE NOTES
 (Submitted monthly to PEP Coordinators)

Peer Companion _____

Senior Peer _____

Date _____

Time _____

If your weekly visit or telephone call did not take place, please state why.	
What was the mood of your peer upon arrival/ the beginning of your telephone conversation?	
What was the highlight and/or focus of your visit/telephone call?	
What thoughts and/or feelings did your peer express about the visit/telephone call?	
How did you feel about the visit/telephone call?	
What plans were made for the next visit/telephone call?	
Please share any observations or information that you are concerned about.	
Any improvement in mood, conversation, behavior, activities since last visit/telephone call?	

Appendix 11

4 MONTH and 8 MONTH ASSESSMENTS

These assessments will help to create a profile of how the PEP Program is impacting each of the Senior Peers. Please note that the assessment has two parts, and each part has two sections. **Part 1, Section 1** contains the list of expressed desired outcomes for the Senior Peers. **Part 1, Section 2** asks for supportive data of reduced isolation or explanatory reasons why it may not have occurred. **Part 2, Section 1** asks if there are any other verbal or behavioral indicators of reduced isolation. **Part 2, Section 2** asks for supportive data of reduced isolation or explanatory reasons why it may not have occurred.

We will use the assessment form as talking points to record the data you collected by interviewing and/or observing the Senior Peers. Note that the PEP Coordinators will supply the data garnered from the weekly notations of the Peer Companions.

Senior Peer's First Name _____ Peer Companion _____

Interact primarily through _____ In-person visits _____ Telephone Calls

PART 1, Section 1

DESCRIPTIVE INDICATORS	CM Responses		PC Notations		CCAC Notations	
	Yes	No	Yes	No	Yes	No
Exhibiting a more upbeat mood and/or attitude (e.g., more happy, optimistic, playful, hopeful)						
Looking forward to peer companion visits and phone calls						
More engaged in and/or initiating conversations with his or her Peer Companion						
Demonstrating increased energy and enthusiasm for life in general						
Expressing more positive self-esteem, self-acceptance and/or sense of self-worth						
Showing renewed interest in hobbies or other activities they enjoy						
Venturing outside for recreational activities, i.e., taking a walk, outings						

PART 1, Section 1, continued

DESCRIPTIVE INDICATORS	CM Responses		PC Notations		CCAC Notations	
	Yes	No	Yes	No	Yes	No
Venturing out by themselves to social activities and attend to basic needs						
Participating more often in social and/or wellness program's at St. Mary's Center						
Motivated to initiate or re-establishing healthy relationships with family and old friends						
Making new friends within and beyond St. Mary's Center						
Re-connecting to a faith based institution or a spiritual practice						
Thinking of new ways to increase his/her quality of life						
More compliant with medical plans and/or behavioral health care services						
More proactive about improving mental and physical health						
Expressing gratitude for the relationship with his or her Peer Companion						
Feeling more connected and/or cared for						
Interested in giving back – volunteering or being a Peer Companion						

PART 1, Section 2

SUPPORTIVE EVIDENCE of reduced isolation checked above (i.e., something the Senior Peer said or did) _____

Possible Explanatory Reason(s) for lack of improvement (i.e., illness, adversarial environment/relationship) _____

Part 2, Section 1

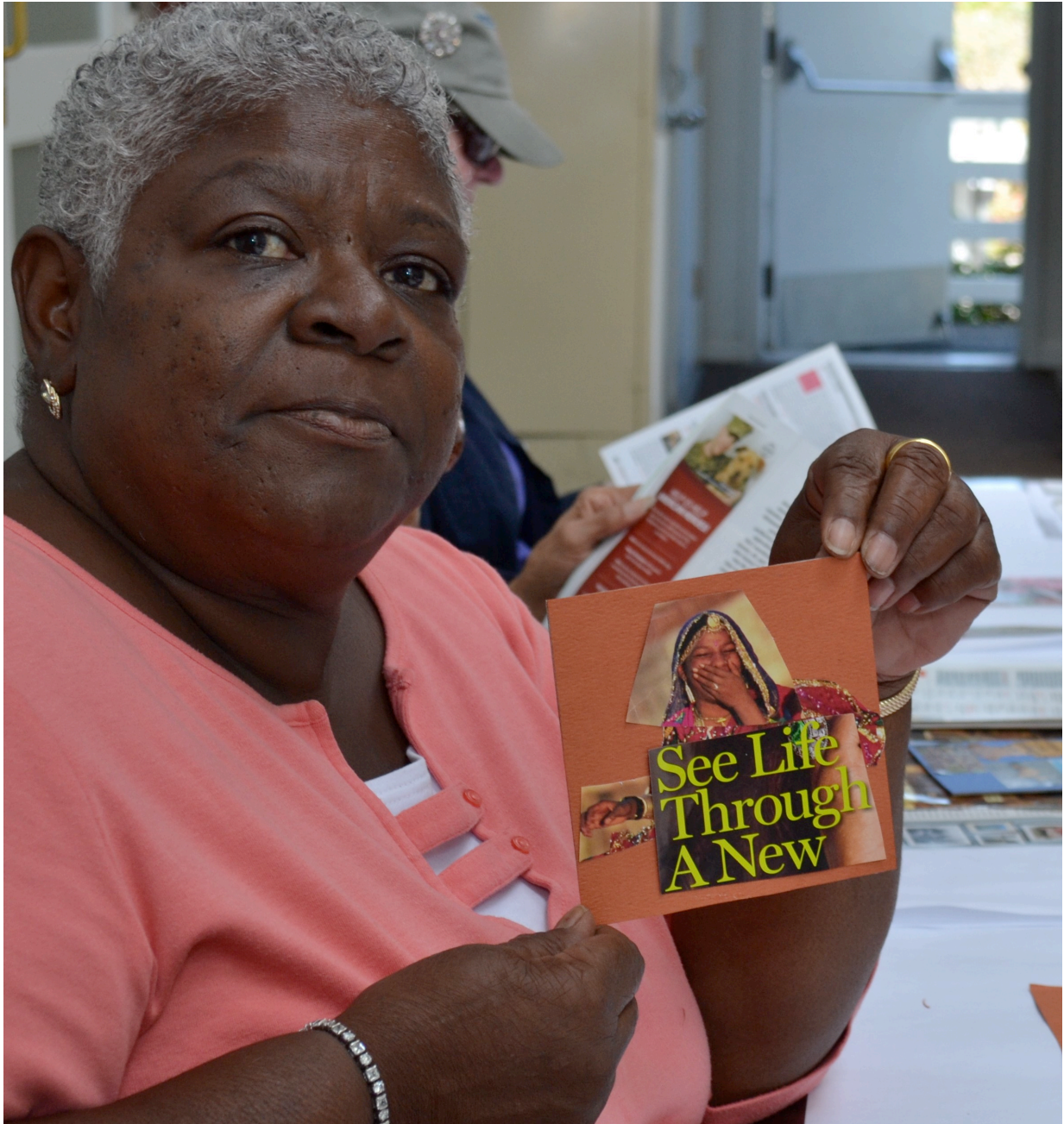
OTHER DESCRIPTIVE INDICATORS	CM Responses		PC Notations		CCAC Notations	
	Yes	No	Yes	No	Yes	No

PART 2, Section 2

SUPPORTIVE EVIDENCE of reduced isolation checked above (i.e., something the Senior Peer said or did) _____

Possible Explanatory Reason(s) for lack of improvement (i.e., illness, adversarial environment/relationship) _____

Appendix 12
SAMPLE PLACARD from the PEP PROGRAM COLLAGE
Created by a Senior Peer



Appendix 13
8 MONTH ASSESSMENT
of
SENIOR PEERS WHO RECEIVED WEEKLY VISITS

Note: Numbers reflect the number of Senior Peers. The assessment data does not contain any “No” responses because the behavior was not observed or the topic was not discussed by the care partners. A blank “Yes” column also means that no data was reported or observed. There were also no observations or verbal reports of “other indicators”, therefore, Part 2, Sections 1 and 2 are blank.

PART 1, Section 1

DESCRIPTIVE INDICATORS	CM Responses		PC Notations		CCAC Notations	
	Yes	No	Yes	No	Yes	No
Exhibiting a more upbeat mood and/or attitude (e.g., more happy, optimistic, playful, hopeful)	8		8		5	
Looks forward to peer companion visits	8		8			
More engaged in and/or initiating conversations with his or her Peer Companion	8		8			
Demonstrating increased energy and enthusiasm for life in general			6			
Expressing more positive self-esteem, self-acceptance and/or sense of self-worth	2		2		2	
Showing renewed interest in hobbies or other activities they enjoy	2		2		2	
Venturing outside for recreational activities, i.e., taking a walk, outings	8		8			
Venturing out by themselves to social activities and attend to basic needs	5		5		5	
Participating more often in social and/or wellness program’s at St. Mary’s Center	5		5		5	
Motivated to initiate/re-establishing healthy relationships with family and old friends	2		3		3	

PART 1, Section 1, continued

DESCRIPTIVE INDICATORS	CM Responses		PC Notations		CCAC Notations	
	Yes	No	Yes	No	Yes	No
Making new friends within and beyond St. Mary's Center	2		3		3	
Re-connecting to a faith based institution or a spiritual practice						
Thinking of new ways to increase his/her quality of life						
More compliant with medical plans and/or behavioral health care services	2		2			
More proactive about improving mental and physical health	3		2			
Expressing gratitude for the relationship with his or her Peer Companion	8		8			
Feeling more connected and/or cared for	8		8			
Interested in giving back – volunteering or being a Peer Companion						

PART 1, Section 2

SUPPORTIVE EVIDENCE of reduced isolation indicated above

Observations by case managers, peer companions or community Center activities coordinators:

- Some Senior Peers started to take the initiative for scheduling the next visit with their Peer Companion.
- Some started to come to SMC for lunch even if their Peer Companion is not there
- Some started to show up more regularly for recovery meetings
- One Senior Peer ignored a medical condition until he was in a crisis, although he forbade his Peer Companion to call an ambulance, he thanked him when he came home from the hospital
- Sometimes Peer Companions found that they had to schedule more time with their Senior Peer because they didn't get much of a chance to visit over lunch at SMC—the Senior Peer was busy chatting with new found friends.
- The Senior Peers were extremely grateful for learning about resources they didn't know to be available, i.e., a free cell phone.

A sampling of statements Senior Peers made:

- “It’s nice to have something to look forward to and know that it’s really going to happen—the person shows up like they said they would.”
- “Me and (my Peer Companion) understand each other!”
- “I don’t know what would have happened to me if (my Peer Companion) had not insisted on calling 911”
- “I feel like someone is really looking out for me and helping me to do things I like to do.”

Possible Explanatory Reason(s) for lack of improvement (i.e., illness, adversarial environment/relationship)

Part 2, Section 1

OTHER DESCRIPTIVE INDICATORS	CM Responses		PC Notations		CCAC Notations	
	Yes	No	Yes	No	Yes	No

PART 2, Section 2

SUPPORTIVE EVIDENCE of reduced isolation checked above (i.e., something the Senior Peer said/did)

Possible Explanatory Reason(s) for lack of improvement (i.e., illness, adversarial environment/relationship)

**8 MONTH ASSESSMENT
of
SENIOR PEERS WHO RECEIVED TELEPHONE CALLS**

Note: Numbers reflect the number of Senior Peers. The assessment data does not contain any “No” responses because the behavior was not observed or the topic was not discussed by the care partners. A blank “Yes” column also means that no data was reported or observed.

PART 1, Section 1

DESCRIPTIVE INDICATORS	CM Responses		PC Notations		CCAC Notations	
	Yes	No	Yes	No	Yes	No
Exhibiting a more upbeat mood and/or attitude (e.g., more happy, optimistic, playful, hopeful)	4		5			
Looks forward to peer companion telephone call	8		8			
More engaged in and/or initiating conversations with his or her Peer Companion	8		8			
Demonstrating increased energy and enthusiasm for life in general	1		1			
Expressing more positive self-esteem, self-acceptance and/or sense of self-worth	2		2			
Showing renewed interest in hobbies or other activities they enjoy	1		1		1	
Venturing outside for recreational activities, i.e., taking a walk, outings	1		1		1	
Venturing out by themselves to social activities and attend to basic needs						
Participating more often in social and/or wellness program’s at St. Mary’s Center	3		3		3	
Motivated to initiate or re-establishing healthy relationships with family and old friends						

PART 1, Section 1, continued

DESCRIPTIVE INDICATORS	CM Responses		PC Notations		CCAC Notations	
	Yes	No	Yes	No	Yes	No
Making new friends within and beyond St. Mary's Center						
Re-connecting to a faith based institution or a spiritual practice						
Thinking of new ways to increase his/her quality of life						
More compliant with medical plans and/or behavioral health care services						
More proactive about improving mental and physical health						
Expressing gratitude for the relationship with his or her Peer Companion	8		8			
Feeling more connected and/or cared for	8		8			
Interested in giving back – volunteering or being a Peer Companion	1		1		1	

PART 1, Section 2

SUPPORTIVE EVIDENCE of reduced isolation indicated above

Observations by case managers, peer companions or community Center activities coordinators:

- The Senior Peers were increasing able to engage in appropriate self-disclosure with their Peer Companion
- A few accepted invitations to participate in seasonal lunch-time events at SMC
- One Senior Peer went from only wanting a weekly text to conducting a weekly peer activity at SMC
- All of the Senior Peers expressed their desire to maintain their peer relationship beyond the grant cycle
- All of them have said it is not only good to have someone to talk to, but they enjoy talking about something other than the doldrums of dealing with daily life tasks or managing their mental and/or physical health issues.

A sampling of statements Senior Peers made:

- “I’m doing things now that I probably would not have done without encouragement and someone to do it with me (i.e., participating in a lunch-time event at SMC)”
- “I like it (the peer relationship) because when (my Peer Companion) asks what’s going on, I can talk about anything, like sports, not just my health”
- “I decided not to through my life away. This relationship helped to get life going again. Now, I am doing things I always liked to.”
- “I have a friend, that’s always a good thing.”

Possible Explanatory Reason(s) for lack of improvement (i.e., illness, adversarial environment/relationship)

Part 2, Section 1

OTHER DESCRIPTIVE INDICATORS	CM Responses		PC Notations		CCAC Notations	
	Yes	No	Yes	No	Yes	No
Becoming more and more trusting, e.g., feeling less anxious, misunderstood or unwanted	8		8			

PART 2, Section 2

SUPPORTIVE EVIDENCE of reduced isolation checked above (something the Senior Peer said/did)

- More engaged in conversations and sometimes initiates them.
- If an unexpected situation prevents the scheduled telephone all to occur, the Senior Peer will ask or accept the offer to have the Peer Companion call back.
- “Good to know that somebody just *knows*.” A Senior Peer

Possible Explanatory Reason(s) for lack of improvement (i.e., illness, adversarial environment/relationship)



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.

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