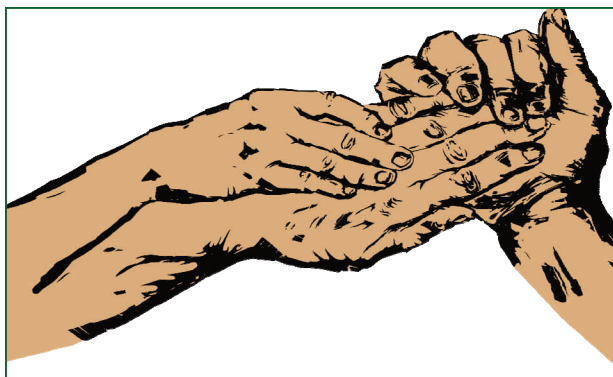


STEP

Seniors and Trauma survivors Empowerment Program

Peer Companion Curriculum

Chương Trình Sức Khoẻ Tinh Thần Cho Người Cao Niên



Boat People SOS, Inc.

Center for the Advancement of Public Health



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The Seniors and Trauma survivors Empowerment Program (STEP) Peer Companion Curriculum was prepared by professionals at George Mason University's Center for the Advancement of Public Health (GMU's CAPH), in collaboration with BPSOS STEP project staff. The STEP project was initiated in October, 2005. This curriculum was developed with guidance of the STEP Advisory Committee; the initial content developer of each session is identified in the sessions.

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PREFACE

Community leaders or others who care about the well-being of others are confronted, all-too-often, with issues about the quality of life and mental health of others. While many life challenges exist, some issues are found within various populations in the United States. For example, among elderly Vietnamese people, it is not uncommon to encounter some or all of the following challenges: living in a country different from your country of origin, living where English is a second language, having to start over with your career, facing torture, losing some or all of your family, experiencing cultural expectations quite different from those faced in your upbringing, gaining access to necessary medical, health or other services, and having these services be culturally appropriate.

These situations, and more, served as the documented need for the **Seniors and Trauma survivors Empowerment Program** (STEP), hosted by Boat People SOS in Northern Virginia. A major part of STEP includes the Peer Companion component. To help prepare Peer Companions to serve in that role – serving as a companion and guide for other Vietnamese elders – a fairly structured training program was developed. This Peer Companion Curriculum represents the foundation of this undertaking, providing the background and content for other communities to replicate or adapt this program.

The curriculum is organized into three phases, each with eight content sessions. The Peer Companion Curriculum provides learning outcomes, key points, content outline, activities, and reflections suitable for implementation at the local level. While the content was designed for Vietnamese elders, the content and process can be adapted for other audiences and settings. The curriculum was well received by the Vietnamese elders in Northern Virginia, and provides a basis for continuing to serve this community in this region.

The content was developed by collaborative efforts from several groups. Primary among these was the Advisory Board serving the STEP initiative. This group met monthly to help design the overall project, and worked diligently for three years to prepare culturally appropriate and needs-based strategies that would be beneficial for the mental health and well-being of the Vietnamese elders in the region. The collaboration among Boat People SOS, George Mason University's Center for the Advancement of Public Health, the Fairfax-Falls Church Community Services Board, and a local clinical psychologist was instrumental in the conceptualization, design, implementation and review of this resource. THE STEP program staff was instrumental with this collaboration, and with operationalizing the activities and services for Vietnamese seniors served by the project.

The program planners are thankful that the Substance Abuse and Mental Health Services Administration (SAMHSA) provided funding for STEP, with an aim of improving mental health among the specified target population. This resource is designed to further extend the nature and scope of these services to other communities and audiences, with an aim of improvement in mental health issues and the quality of life.

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- Sample Certificate

DVD Contents:

- STEP Model
- Curriculum
- Evaluation
- Supplemental Materials

INTRODUCTION AND OVERVIEW

Welcome!

Welcome to the **Peer Companion Curriculum!!!** This resource is designed as a comprehensive curriculum for preparing community members to reach out to their peers. Emerging out of necessity, this curriculum represents hundreds of hours of professional effort to prepare Vietnamese seniors, including trauma and torture survivors among them, with the knowledge and skills to assist other Vietnamese seniors who struggle with mental illness, depression, assimilation, or even just loneliness. As noted in this section, this document is the culmination of a needs-based and innovative approach to reach Vietnamese elders in the Northern Virginia region. With an overall emphasis on attaining the highest quality of mental health of these individuals, the approach outlined in this resource represents what the authors believe is the most appropriate method to achieve this goal. It is the hope of the authors that activities described in the course of this resource will guide the reader along the path of becoming a Peer Companion. With this, those engaged with this curriculum may serve as a positive force in helping Vietnamese seniors achieve a higher quality of life.

Background

This **Peer Companion Curriculum** represents a central part of an initiative undertaken by Boat People SOS (BPSOS), based in Falls Church, Virginia. In existence for over 20 years, BPSOS works with Vietnamese adults and youth throughout the nation. One of the primary issues of concern has been with Vietnamese adults who are victims of trauma or torture, or who may have other issues or concerns regarding their transition to living in the United States. This need for specialized services, based on these identified needs, resulted in the application for and successful funding of an initiative designed to assist these elder Vietnamese individuals.

The Seniors and Trauma survivors Empowerment Program (STEP) was established in 2005 in the Northern Virginia region. This community-based approach was designed to assist older Vietnamese individuals with their transition to the region, as well as with any mental health or related issues faced by them or their family members. Highlighted in greater detail elsewhere (see **Replication Manual** noted below), STEP emphasizes a variety of “wrap-around” services for these individuals and family members. The approach is both proactive and reactive, responds to identified and emerging needs, and provides helpful resource linkages for community members. STEP was developed by BPSOS and operates in conjunction with George Mason University’s Center for the Advancement of Public Health. Funded by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services, STEP’s planning involved support from local agencies and experts, including the Fairfax-Falls Church Community Services Board.



As illustrated by the STEP Model diagram (below), STEP incorporates a range of resources for elder Vietnamese people. The model is designed to support, guide, and assist these individuals. As might be expected, Vietnamese elders have a variety of backgrounds, and thus a variety of needs. Some of these individuals transitioned to the United States to join loved ones or to have new opportunities for themselves. Some Vietnamese elders are torture survivors, and others have faced trauma of various forms. Still others were “Boat People” who fled from Vietnam under horrific circumstances. While many of the older Vietnamese in the region were directly affected by a range of situations, others are affected indirectly through the experiences of family members, friends, co-workers, colleagues, and others. The transition to a new culture is challenging enough for any individual; the difficulties of such a transition are greatly magnified, however, when the individual making it must carry the additional burden of mental or psychological distress, and this, unfortunately, is the reality of many Vietnamese seniors.

STEP MODEL



With the STEP Model, one of the key components from the initial design phase was the involvement of “Peer Support.” This involved the design of support networks and discussion groups among older Vietnamese, as well as with family members. In the implementation of the specific activities for the funded STEP initiative, a central component was mental health services. While the partnership with clinical psychologists and community agencies was helpful, the aim was to assist Vietnamese elders with the range of mental health services according to their individual circumstances. The initial project design called for identifying Vietnamese-speaking clinical personnel who provide the necessary counseling or assistance to address the breadth of issues facing Vietnamese elders. Unfortunately, the local community did not have individuals readily available to meet this need. Further, based on cultural considerations, many older Vietnamese did not want to seek out ‘mental health’ services.

Thus, the “Peer Companion” component of STEP was initiated. The STEP Advisory Committee determined that the initial STEP Model needed to be modified to enhance, substantively, the “Peer Support” activities inherent in the model. The focus was helping older Vietnamese adults with types of ‘mutual assistance’ activities, whereby individuals, with some preparation, could be very helpful with improving the quality of life for their peers. The determination was made that engaging their peers



would be the most appropriate way to promote mental health – in both a proactive and a reactive way. Vietnamese elders could reach out to peers in their age group and through the sharing of their similar experiences, provide the necessary counsel, assistance, resources, guidance, and other support. The preparation of these volunteers would need to be substantive, so that they could provide the appropriate assistance for their peers. Further, the naming of these individuals was deliberate – these would not be “Peer Counselors” or “Peer Advisors” or “Peer Specialists”; each of these designations implied something more formal or professional. Rather, the designation of “Peer Companion” was selected as the appropriate name for these individuals to signify they would help their peers by providing friendship and a willingness to listen – Peer Companions are not equipped to provide professional services.

The Peer Companion Training

The preparation of the training for the Peer Companions was a substantive undertaking, handled with leadership from the Advisory Committee. These individuals met monthly to discuss ways in which the Peer Companions could be best prepared for their roles; this was a particular challenge since the specific roles for these individuals were not fully defined. Other peer-based programs from throughout the nation were reviewed, including those for older adults as well as those for young adults. However, none of these approaches were appropriate for the audience of elder Vietnamese people, particularly those with trauma or torture situations in their backgrounds. The needs were unique, and thus the strategies used to address them had to be equally unique.

The Advisory Committee determined what would be a substantive preparation program that would prepare participants for any of a variety of roles in which they would serve (e.g., one-on-one discussions, group activities, family discussions, training). This training design would be best accomplished in several phases, so that individuals could have a sense of completion at several points. The phase-based approach could also provide the opportunity to counsel individuals, if needed, to not continue in the program.

A foundational principle of this training was that it was not designed to be ‘certification’, but rather that it would be professional development. Further, this would not be an academic course, but would have appropriate professional foundations and be grounded in current theory and practice. The affiliation with a university provided the opportunity to provide participants with Continuing Education Units (CEUs), an additional benefit for participation, and helpful for those in professional roles where CEUs are valued.

The design of the curriculum was accomplished by the Advisory Committee. The instructional staff included committee members, BPSOS staff, and consultants identified for specific topics and issues. The overall curriculum was divided into three phases, with a written examination at the end of each phase. An awards ceremony, including a certificate and other acknowledgements of their achievement, was offered at the completion of each phase.

The curriculum for Peer Companion training activities has been implemented twice. Based on feedback from the participants and instructors during the first group trained, modifications for the second group were made. It is this second revised version that is included in this **Peer Companion Curriculum**.



With this curriculum, each of the three phases has its own specific focus. Each phase includes a total of eight sessions, and each session is taught over a three hour period of time. In addition to these content-oriented sessions, each phase includes a time for review called “Pulling It Together”, a time for a written examination, and a session for celebration and honoring those who successfully completed the phase.

The resulting product is a curriculum that is the framework for a fairly comprehensive training program. This resource document is written for the participant in the training, and serves as their program resource or handbook. It is important to note that this document is not designed as a textbook; it is not an instructor’s guide, and it is not the complete resource. This curriculum is the foundation for the training, and it presumes that the instructor will complement, in a substantive way, the content incorporated with additional background information, resources, examples, and documentation.

The first phase emphasizes “Peer Foundations.” In this phase, participants are introduced to the overall nature of serving others in a helpful, caring manner. The focus is upon the Peer Companion serving as “change agent” with others, including elder Vietnamese as well as with family members, since a “change” is what is sought in their lives.

**Phase I:
PEER FOUNDATIONS**

- 1. Orientation**
- 2. Being a Change Agent**
- 3. Acculturation**
- 4. Aging**
- 5. Gender Roles**
- 6. Trauma**
- 7. Mental Health**
- 8. Resources**

For Phase II, the emphasis is upon individual-based skills. That is, many Peer Companions will be working with others on a one-on-one basis. In many settings, this would be called ‘advising’ or ‘counseling’; however, since the Peer Companions are working with the elder Vietnamese community as a colleague or friend, they are not actually prepared to dispense professional advice. The communication skills, most helpful for this type of interaction, are highlighted here. Discussion in this area focuses on listening, empathy, and appropriate responses. It is during this phase that participants are introduced to role playing, so that they have the experience with practicing many of these new behaviors and skills.



**Phase II:
INDIVIDUAL AND HELPING SKILLS**

1. **Knowing Yourself**
2. **Group Learning**
3. **Listening Skills**
4. **Empathy and Motivational Interviewing**
5. **Questioning and Reframing**
6. **Clarification and Support**
7. **Expectation Management, Problem Solving and Safety**
8. **Caregiving and Emotions**

The third phase of the training builds on the second phase; Phase III emphasizes the activities of the Peer Companion in groups. This includes established groups, such as the family, religious groups or social and professional associations; it also includes ad hoc groups which are spontaneous and have no assurance of ever meeting again in a similar setting. This phase also focuses on how to refer others to resources they may be in need of, as well as how to deal with situations that may require more than the Peer Companion is trained to accomplish. This phase of the training is when emphasis is given to further practice situations, so that the Peer Companions' confidence and belief in their ability to handle these difficult and potentially stressful situations can be enhanced.

**Phase III:
PEER GROUP AND PEER-TO-PEER
FACILITATION SKILLS**

1. **Outreach**
2. **The Family**
3. **Group Dynamics**
4. **Referral and Resources**
5. **Leadership**
6. **Community Organizing**
7. **Resources and Follow-up**
8. **Challenging Situations**

The compilation of these three phases of learning is helpful for preparing the Peer Companions for a variety of roles and opportunities in their community. The order of the phases and the topics within each phase provide a foundation for individual and group learning. This curriculum is organized within this planned sequence of activities.



How to Use

This **Peer Companion Curriculum** is designed to assist older Vietnamese people with having healthy living and an enhanced quality of life. This curriculum is based on locally appropriate strategies for the Vietnamese elders. Currently, this method is ready for application to other settings. One logical application is with older Vietnamese populations in other locations throughout the nation. Another application is by preparing individuals who are not themselves Vietnamese elders, to reach out to this same target population. Finally, a third possible application is with other cultural groups, although some of the specific examples would need to be adapted and some of the content areas may or may not be appropriate. In any event, the foundations prepared in this resource can be helpful as a good starting point for a robust training curriculum, designed to prepare adults to reach out to other adults, with an ultimate aim of promoting enhanced health from an emotional and social perspective.

In the preparation of each of the 24 topical lessons provided in this **Peer Companion Curriculum**, a similar format and development is provided. Each lesson is presumed to last approximately three hours, and is offered on a weekly basis. This allows time for the discussion reflections to occur following each lesson, and to address any of the homework assignments. The curriculum is intended to be a complete resource, ready for use by the participant. A separate 'Instructor's Guide' is not prepared; individuals providing leadership and facilitation of this training program are encouraged to use their own activities, and to prepare their own research and background preparation as appropriate to supplement the materials provided here.

For each topic area, clear learning objectives and key points are highlighted. The topical outline provides a distinct summary of the topics and issues to be included during the session. Each session begins with a review of major learnings covered during the previous session, and any applications or questions that may remain. This is an important component of the overall flow of the curriculum, particularly if there is not one single consistent instructor who handles the entire course sequence. Also within each topic area are segments that include written narrative, in-class activities, and space for notes. Many sections also have "homework" assignments, and each section has a summary at the end with the desired readings and assignments for the subsequent session.

The Appendix to this resource includes the electronic version of this resource, sorted by Phase and individual session topic. The Appendix also includes some additional areas:

- Exams for each of the three phases
- Special instructions for setting up the classroom
- Sample certificate
- Information about the STEP Model, including a short video summary
- Evaluation instruments

As noted earlier, a companion **Replication Manual** has been prepared regarding STEP, the model, and its implementation. This resource provides much greater detail about how the entire STEP program was designed and implemented, and includes samples and resources that can be helpful for adapting the program to local communities. This resource has narrative from the project staff, Peer Companions, and advisory group regarding STEP. Further, this has many of the materials developed over the course of the project, such as evaluation instruments, marketing, public awareness, and planning resources.



Summary

This **Peer Companion Curriculum** is presented as a helpful starting point for communities seeking to reach out to adults in constructive ways that help promote mental health. The contents of this curriculum represent training activities to better prepare adult volunteers for their efforts with addressing the needs of their peers. This method was well received by the population of Vietnamese seniors in the Northern Virginia region; the project planners look forward to sharing this with other settings, to learning about ways in which this is adapted, and to their results.

The aim of promoting greater health and life satisfaction is important. The belief that peers can make a difference is a key foundation to STEP and to the Peer Companion process. This resource is, hopefully, an important part of this journey.



NOTES



PHASE I: PEER FOUNDATIONS

This first phase of the Peer Companion Curriculum is designed to provide an overview with a range of topics and issues important for serving in a mutual assistance role with others. This phase prepares Peer Companions for the variety of roles with which they might serve others. The foundation phase is a critical underpinning of the Peer Companion program, as it provides the participants with a framework within which they can build their awareness about ways to serve. Further, this foundation provides some good content that is helpful for the Peer Companion as they reach out to others in their community.

One of the primary aspects of the **STEP** program, as outlined in the Introduction, is that it is designed for older Vietnamese adults in the Northern Virginia region. These individuals are selected, and then prepared through a fairly comprehensive training program, to provide assistance to others in the Vietnamese community in the region. The curriculum developed for assisting these Vietnamese elders to serve in a meaningful way with others is quite extensive. The curriculum is prepared so that the participant has a sound foundation, but is not overwhelmed with too much information. The focus is practical in nature, with a strong theoretical focus.

As noted in the content of the eight sessions in Phase I, a primary thrust of the Peer Companion is “change”; that is, the Peer Companion is working with other older Vietnamese adults so that change is evident in their lives. The person being helped has some need, whether expressed or not, so that they would benefit from some assistance; with this help, the hope is that their life would be better.

Phase I: PEER FOUNDATIONS

- ✓ Orientation
- ✓ Being a Change Agent
- ✓ Acculturation
- ✓ Aging
- ✓ Gender Roles
- ✓ Trauma
- ✓ Mental Health
- ✓ Resources



The Peer Companion initiative is founded on the framework of “Mental Health.” Throughout the training curriculum, the focus is upon helping others do better with their lives, and to take advantage of the numerous resources available in the region. Some individuals will require more extensive mental health services (such as a counselor or doctor), while others will benefit from a general acquaintanceship with resources and services in the region.

Other content elements are highlighted during this phase, with attention to specific themes of Acculturation, Aging, and Gender Roles. These are particularly helpful within the context of the Vietnamese adult living in the United States. What aspects of life are different based on the transition from one country to another? What are the differences that occur during life, simply due to the aging process? How is this different based upon the culture of upbringing, and how is this different because of evolution in the societal norms of the modern day world?

Issues of Trauma and Mental Health overall are highlighted during this phase; these topics are more specific to the unique issues that have faced the older Vietnamese, particularly due to some of their life experiences while living in Vietnam. There may also be issues associated with transitioning to a new country and new ways of life. Throughout this segment, attention to resources is vital, as this helps the Peer Companion know how to access more information on the topics of interest, as well as where to provide referral information to others.

As noted, **STEP** was developed for the Northern Virginia region, and is based on older Vietnamese adults working with other older Vietnamese adults. Adaptations are most appropriate when making changes to any of these variables – the region of the country will help define different styles of living, cultural foundations, and resources. Similarly, and perhaps more important, working with different populations other than Vietnamese will make much of the content different. Further, if the Peer Companion being trained is not an older adult, the concept of mutual aid will be adapted; while assistance from one person to another is still relevant, the focus will necessarily be different.

This Peer Foundations phase is an important first step for the Peer Companion training. This provides the necessary foundation for the skill-building and other activities in the following two phases. These content areas, while foundational in nature, will benefit from periodic review as the Peer Companion is exposed to follow-on content and, ultimately, practical experience with their community involvement with others.



ORIENTATION

Phase I Session 1

LEARNING OBJECTIVES

- ✓ To understand life changes and that their emotional consequences can be managed.
- ✓ To understand the content and rationale incorporated in the STEP model.
- ✓ To learn about the roles of Peer Companions in the context of life changes.

CLASS OUTLINE

- 1. Overview of Peer Companion Roles**
 - Introduce the STEP model
 - Discuss the roles of Peer Companions in STEP
- 2. Expected Activities**
 - Commitment expected of Peer Companions
 - Training and support available to Peer Companions
- 3. Perspectives About Coping with Life Changes**
 - Life changes arising from past trauma
 - Reconciliation of the different perspectives of life changes
 - Coping with changes
- 4. Perspectives About Aging: West vs. East**
 - Old age as a sign of wisdom
 - A senior's place in the family and society
- 5. Program's Philosophy and Values**
 - Focus on both needs and assets of seniors
 - Focus on self-help and mutual assistance
- 6. Bringing Different Perspectives into Harmony**
 - Components making up a senior's support system
 - Harmonizing diverse perspectives among the components

KEY POINTS

- ◆ *Life changes are to be expected. What makes a difference is how we prepare ourselves for and cope with change.*
- ◆ *Paradigm shift from needs to assets: Seniors and trauma survivors have skills, experience and knowledge to contribute to their own well-being and to others.*
- ◆ *Comprehensive approach necessary to meet the needs of seniors and trauma survivors: synergy between communities, peers, families, self and service agencies.*



1. Overview of Peer Companion Roles

Peer Companions, all volunteers, play important roles in the implementation of the STEP model. Many Vietnamese seniors are highly educated and had assumed important management and leadership positions in pre-1975 Vietnam. With proper training, they can use their pre-existing skill sets to coordinate group activities, provide peer counseling to fellow members, and serve as liaisons between their group and BPSOS. They provide moral encouragement to individual seniors, facilitate the activities of self-help groups of seniors, connect individuals with service providers, mobilize the support of faith-based and community organizations, train family members and caretakers of the seniors, and act as the eyes and ears in the community.

Far from being a “second best” helping strategy, this support system, mobilized and facilitated by the Peer Companions, may be the preferred or first step in promoting recovery for Vietnamese trauma victims. Casting these elders as potential contributors may be as important to their recovery as seeing them as traumatized persons requiring special care. In the STEP model, peer self-help groups are viewed as the core, central activity from which other activities begin and evolve. Group members receive orientation and training on life skills, coping skills, peer counseling, available services, identification of emerging needs, and referral of fellow members to service. Group activities include recreational and cultural events, community service, and projects to help people still in Viet Nam. What specific activities emerge depend on the needs and resources of each group. Besides therapeutic values, these groups serve as a two-way conduit of information. Group leaders help disseminate our information to their members and inform us of those members needing special intervention.

Peer Companions undergo 24 weeks of training before being deployed into the community. Training sessions are grouped into three levels, named after the “Lucky Three”:

1. Happiness: Capacity to work with individual seniors
2. Bountifulness: Capacity to facilitate group activities for seniors
3. Longevity: Capacity to connect seniors to service providers and the community at large

Seniors, including trauma survivors, play a key role in the Peer Companion model. Peer Companions are selectively recruited from the target population of seniors so that the Peer Companions are accepted and welcomed. With assistance and support from the Peer Companions, seniors form self-help groups to provide mutual assistance, keeping members informed of services and benefits and identifying individuals with need for referral to service providers.

Foundational Principles for Peer Companion training:

1. Confidentiality of others’ personal information
2. Seniors and trauma survivors have abilities and experience
3. Peer Companions assist and facilitate
4. Creation of social capital among seniors and trauma survivors
5. The STEP program’s long-term sustainability
6. Peer Companions represent one component in a multi-component approach: self, group, family, community, service providers



Implementation of the STEP model requires the collaboration of multiple partners, including mental health clinics or professionals, faith-based and community organizations, service providers, and academia. These partners, depending on their particular strengths and resources, assist BPSOS with:

1. Training Peer Companions
2. Consulting with project staff and Peer Companions
3. Evaluating the effectiveness of project activities and the project's overall performance
4. Refining and customizing the STEP model for replication elsewhere



2. Expected Activities

Proper training for Peer Companions is critical for the success of the STEP model. Peer Companions must make commitment to not only attend the training, but also to participate actively in class activities and role-play exercises, complete homework assignments, and engage in post-graduation volunteer service. The following outline provides the minimum commitment expected of those involved in the training activities.

During the training, the Peer Companions are expected to:

- Attend training sessions
- Practice new skills with individual seniors or a group of seniors
- Give feedback to the curriculum development team

After completion of all course sections (graduation), Peer Companions are expected to:

- Engage in regular activities with individual seniors or groups of seniors
- Serve as a source of information in the community for seniors
- Attend continuing education through supervised meetings among Peer Companions

Supervision and support of the Peer Companions, during training and after completion, should be an integral part of the STEP model. It is therefore important to assemble a team of professionals from diverse fields (mental health, social service, case management, community service, etc.) to:

- Supervise the work of Peer Companions
- Support and advise Peer Companions in difficult cases
- Connect Peer Companions to resources

This provides an overview of the important roles that Peer Companions play in the community. Through the intensive training, and through the follow-on activities with BPSOS personnel and professionals in the community, Peer Companions can be prepared as significant contributors to the elders in the community.

NOTES



3. Perspectives About Coping with Life Changes

Vietnamese seniors, and particularly torture survivors, have experienced many drastic and traumatic changes in their life. These include the loss of home and loved ones, dislocation, war, imprisonment, political or religious persecution, refugee experience, resettlement, and natural disasters.

One typical example is a senior born in 1940 in North Vietnam; in 1954 his family was among the one million Vietnamese who migrated South when the country was divided into the communist North and the nationalist South. After graduation from college, he joined the army as an officer in 1962 and fought alongside U.S. soldiers to fend off invasions from the People’s Army of the communist North. In 1975, as the South lost the war and the Americans left, he was captured and sent to “re-education” by the victorious People’s Army. He spent the next seven years in different “re-education” camps, where he was the subject of continual torture. In the meantime his wife and two children were deported to the “new economic zone” (NEZ), Vietnam’s version of Siberia. In 1980, they escaped by boat; on their way to Thailand, their boat was intercepted by Thai pirates. His wife was repeatedly raped and his two children were thrown overboard by the pirates—they were never seen again. This senior was released from “re-education” in 1982; he had to work on menial jobs to survive. Ten years later he arrived in the United States under a special program titled Humanitarian Operation, set up for “re-education” camp survivors like him. He was reunited with his wife. They are without children or the support of family members. Both of them do not work and have survived on public benefits.

Most Vietnamese view life as a journey through multiple phases, and changes are therefore inevitable and one cannot do anything but accept the consequences. This fatalistic perspective tends to give rise to hopelessness and resignation. Seniors need to develop a different perspective, which allows for coping and recovery.

A review of this example shows that it is an example of the “Classical Perspective”, with a view that changes are a journey through multiple phases in life. The more modern perspective views life changes as having several predictable, overlapping stages. These might include the following:

- Confusion, uneasiness, shock
- Sadness, hopelessness, intermittent periods of sadness and happiness
- Stabilization, rationalization, denial, illusion
- Fear, anger, depression
- Recovery

The relevance of this for the Peer Companion is that individuals with whom they come into contact need assistance with a range of changes. The changes that others encounter can be many and varied; these include issues such as transition between cultures, loss of family relationships, changes in work environment, and more. The Peer Companion can be helpful with others from several perspectives. First, an individual’s coping with life changes can be made more conscious; the Peer Companion can help others with the coping so that it is done in a more deliberate, rather than accomplishing this in an intuitive way. Second, an individual’s attitude can be a significant factor in one’s ability to cope with changes. A positive attitude would suggest that “change is a natural part of life”; a more negative attitude about life changes would



be one of lamenting and accusing others. The Peer Companion can assist others to develop a more positive attitude.

Finally, an important consideration with coping with changes is that time is needed to help an individual overcome the emotional variances faced by them. With the elapsing of time, attention can be given to issues such as the following:

1. Meaning assigned to the change
2. Awareness and capability to express thoughts and feelings about the change
3. Experience and lessons learned from the past
4. Developing a support system
5. Identifying and accessing appropriate counseling services
6. Preparation of coping skills, including the ability to do the following:
 - Establish and utilize support networks
 - Reframe one's perspective
 - Resolve issues in a logical, intuitive, investigative, or systematic way
 - Manage distress and sources of distress

These perspectives are all important regarding the life changes faced by individuals with whom the Peer Companion works. It's about perspective, and about balance in one's life. The Peer Companion can be helpful in this work, by supporting Vietnamese elders in their transition to the new environment and new culture.

NOTES



4. Perspectives About Aging: West vs. East

Aging takes on different meanings in different cultures. In many Asian cultures, old age is equated to wisdom. Revered as the holder of wisdom in the family and in the village, a senior abstains from interfering in social affairs and gives guidance instead to the younger generation.

Here's a quick summary of comparisons across Western and Eastern cultures about aging. In the West, aging is viewed as the following:

- i. Regression, disability
- ii. Burden to loved ones
- iii. Dependence on social services or personal savings
- iv. Continued social engagement

In contrast, Eastern cultures view aging in the following ways:

- i. Different role for a different stage of life
- ii. Patriarch, matriarch in the family
- iii. Dependence on younger family members and neighbors
- iv. Withdrawal from society to enjoying life in seclusion

These different perspectives are significant for the STEP program, and for Peer Companions, as they represent two broad views of different cultures. Typically, the Peer Companions, and the Vietnamese elders to be served by them, were raised in and were adults in the Eastern culture; further, these individuals honor and have many traditions that embody this Eastern cultural view. However, these same individuals are now living in a culture that is largely Western in orientation. The Peer Companions and other Vietnamese elders may have children or grandchildren who were raised with the largely Western influences, and all are living in a culture that is largely Western in nature.

The challenge for all involved is how to respect and incorporate the Eastern cultural influences, as well as to respect and incorporate the Western cultural influences. This is what Peer Companions will continuously be addressing as they become well prepared to provide assistance to other Vietnamese seniors.

NOTES



5. Program’s Philosophies and Values

Unlike in Western cultures, where a person’s usefulness is measured by his or her material productivity, the senior in the traditional Vietnamese culture plays an important if different role in society. The STEP model promotes this positive image and role of seniors and considers even traumatizing experience as valuable contributions to their wisdom to be passed on to the next generation. The STEP model therefore focuses not only on the needs of the seniors but also on their assets: existing skills set, life-long experience, and social connections. Peer Companions work with the seniors, in groups or as individuals, to shift their perspective about worthiness and guide them in delivering step-by-step self-help and mutual assistance. They thus become part of the solution.

Overall, the STEP model promotes the important role of scenarios in the following ways:

1. Seniors are valuable assets of the family, community and society, based on their
 - a. Knowledge and wisdom
 - b. Life experience
 - c. Moral standards
2. Seniors play necessary and meaningful roles in the family, community and society
3. Seniors have the capabilities for self-help and mutual assistance

The STEP model also incorporates an assets-based approach. This is done in contrast with a need-based point of view. That is, Peer Companions are encouraged to help individuals with whom they work to adopt a more positive, asset-orientation about themselves. These individuals are encouraged to view themselves more from the point of view of the personal assets that they have and can contribute. The contrast between the need point of view and the asset point of view is summarized in the table below.

Need vs. Asset Approach		
<i>Factor</i>	<i>Need-Based Point of View</i>	<i>Asset-Based Point of View</i>
Self-Direction	Presume that seniors cannot help themselves	Presume that everyone has something to contribute
Focus	Focus on identifying needs and challenges	Focus on identifying resources and capabilities
Ways of Meeting Needs	Seek to meet needs through service delivery	Make full use of available resources and capabilities
Perspective	Cope with the “empty half” of the glass	Work to increase the “full half” of the glass

The focus of the Peer Companion is to assist individuals move more toward an “asset” perspective. This focus is aids with an individual helping to strengthen personal coping skills and ability to transition and adapt to their living and societal circumstances.



6. Bringing Different Perspectives into Harmony

The Peer Companion curriculum, and the training program to help prepare Peer Companions, is designed around the STEP model. All aspects of the curriculum are designed to help the Peer Companion realize the important role played to assist others in their lives in the community. The STEP model is designed as an overall framework, to assist others with their mental health and overall health as viable individuals, family members, and community members.

To assist with this, the Peer Companion has a role of helping bring about greater awareness of the support that surrounds Vietnamese elders. This support system is not based on a single factor, but is based upon numerous elements. These include the individual himself/herself, as well as their own peers. The support system includes the family, including the core family members as well as more extended family (whether locally or elsewhere). The support system includes the variety of groups within which the individual is a member, whether this is active membership or not; these might include the faith community, recreation groups, discussion groups, cultural groups, or educational groups. They may include those in the work setting, both formally and informally. There are other parts of the support system, including the general community as well as the more local community based on geographic location. Further, the support system includes service providers, whether this is formalized systems or structures such as counselors, support groups, service agencies, or similar. It can also include self-help and mutual assistance aids, such as ongoing or ad hoc groups with which an individual may participate.

In short, the Peer Companion has a role to play with helping other Vietnamese elders. This role is one that can be helpful in harmonizing the various perspectives that an individual may find among the various aspects of a senior's support system. The numerous topics to follow will be helpful in assisting the Peer Companion with helping others as they move toward balance in their lives, greater mental health and use of the range of resources available to them.

NOTES



7. Wrap-Up

This section highlights the important role played by the Peer Companion in the lives of others. The purpose of the section was to highlight the main roles of the Peer Companion, and the context of the activities of the Peer Companion within the larger STEP model of support services for elderly Vietnamese individuals. As highlighted, these individuals, including the Peer Companions, have faced numerous stressful circumstances, including their lives in Vietnam, their transition from Vietnam, and their acculturation in the United States. These stressors have a range of mental health consequences, and the overall aim of the Peer Companion is to help the individual with the range of concerns that might be facing them in their current lives.

The consideration in this section had to do with the challenges faced by these individuals, and done so within the context of cultural differences of West vs. East, and perspectives about how older individuals are viewed. The focus is also upon creating more of an asset-based orientation among those served by the Peer Companion.

This introduction provides the overall foundation for the Peer Companion training, as well as an overall foundation for the STEP Model. Peer Companions will find it beneficial to address many of these issues throughout their training within the Peer Companion Curriculum. The variety of attitudes and skills to be covered during the weeks of training and preparation will be helpful. In the weeks to come, much of the focus will be upon specific aspects of how to help other individuals; the focus will be on knowledge areas, attention to attitudes, ways of working with other individuals through verbal and non-verbal interaction, and ways of becoming skilled at working in a group setting. The foundations of the Peer Companion role are highlighted in this section, and Peer Companions are encouraged to refer back to this periodically.

KEY POINTS

- ◆ Life changes are to be expected. What makes a difference is how we prepare ourselves for and cope with changes.
- ◆ Paradigm shift from needs to assets: Seniors and trauma survivors have skills, experience and knowledge to contribute to their own well-being and to others.
- ◆ Comprehensive approach necessary to meet the needs of seniors and trauma survivors: synergy between communities, peers, families, self and service agencies.

ASSIGNMENT

- ◆ *Read the information found in Session 2 on how we prepare ourselves for and cope with changes.*
- ◆ *Complete Peer Companion Applications on “Orientation” session.*
- ◆ *Complete Homework Assignment A (Self-Assessment for Peer Companions) and Homework Assignment B (Self-Assessment for Peer Companions - Adapted).*

Note: Session prepared by Thang Nguyen, Ph.D. – Executive Director, Boat People SOS.



BEING A CHANGE AGENT

Phase I Session 2

LEARNING OBJECTIVES

- ✓ To understand the overall concepts surrounding how and why individuals change their behavior.
- ✓ To gain skills in facilitating change among others.
- ✓ To gain an initial understanding of overall roles and responsibilities of Peer Companions.

CLASS OUTLINE

- 1. Review of the “Orientation” Session**
 - Highlight key learning and new insights from previous week
 - Discuss applications since previous session; use of new skills
- 2. Understanding Models of Behavior Change**
 - Stages of Change Model
 - Health Belief Model
 - Applications of these models of change
- 3. Roles of Peer Companions**
 - Self-Assessment for Peer Companions
 - Review of changes to maximize comfort
 - Five overall roles of Peer Companions

KEY POINTS

- ◆ Learning how to focus on the desired results wanted with another individual.
- ◆ Learning about two major theories that help understanding behavior change.
- ◆ Understanding ways of engaging others to more healthy behavior, through the use of specific elements of behavior change theories.
- ◆ Gaining greater awareness of personal strengths and interests regarding activities as a Peer Companion.
- ◆ Becoming acquainted with the variety of roles of Peer Companions.



1. Review of the “Orientation” Session

1. What is your reaction to what was discussed during the session last time?

2. What were the key points or learning items covered?

3. What questions or unresolved issues do you have?

Peer Companion Applications

Identify at least five specific ways that a Peer Companion could apply the material from the previous session “Orientation”:

- 1.
- 2.
- 3.
- 4.
- 5.



2. Understanding Models of Behavior Change

A central part of the Peer Companion role is that of “being a change agent.” What does this mean? Simply put, this means that the Peer Companion is present in another person’s life to help them in the process of changing their behavior. Sometimes, this is designed to help the individual address some areas of concern, so that their life is healthier or more enjoyable. Similarly, the Peer Companion may help an individual take greater advantage of the resources that surround them; this may be more of a proactive approach, when a problem or negative situation is not present.

When being a change agent, the focus is really upon the end result – the behavioral results that are sought. The question then is how behavior changes or gets modified. While there are multiple theories to explain this complex issue, two general models are offered. These can be helpful for overall health promotion activities. These can be helpful in working with individuals as well as with groups of individuals. In particular, the Stages of Change Model is helpful in assessing where an individual (or group of individuals) are with respect to a desired change in behavior. The Health Belief Model is helpful in identifying the appropriate motivational tools and resources to help “move” an individual or group to a desired outcome. These helpful tools can assist the Peer Companion in understanding an individual, and for promoting the desired outcomes.

The pages that follow are from a helpful resource prepared by the National Cancer Institute. See *National Cancer Institute, Washington, D.C. Theory at a Glance: A Guide for Health Promotion Practice* www.cancer.gov/cancerinformation/theory-at-a-glance.

Stages of Change (Transtheoretical) Model

Developed by Prochaska and DiClemente, the Stages of Change Model evolved out of studies comparing the experience of smokers who quit on their own with those of smokers receiving professional treatment. The model’s basic premise is that behavior change is a process, not an event. As a person attempts to change a behavior, he or she moves through five stages: *precontemplation, contemplation, preparation, action, and maintenance*. Definitions of the stages vary slightly, depending on the behavior at issue. People at different points along this continuum have different informational needs, and benefit from interventions designed for their stage.

Whether individuals use self-management methods or take part in professional programs, they go through the same stages of change. Nonetheless, the manner in which they pass through these stages may vary, depending on the type of behavior change. For example, a person who is trying to give up smoking may experience the stages differently than someone who is seeking to improve their dietary habits by eating more fruits and vegetables.

The Stages of Change Model has been applied to a variety of individual behaviors, as well as to organizational change. The model is circular, not linear. In other words, people do not systematically progress from one stage to the next, ultimately “graduating” from the behavior change process. Instead, they may enter the change process at any stage, relapse to an earlier



stage, and begin the process once more. They may cycle through this process repeatedly, and the process can truncate at any point.

Stages of Change Model		
<i>Stage</i>	<i>Definition</i>	<i>Potential Change Strategies</i>
Precontemplation	Has no intention of taking action within the next six months	Increase awareness of need for change; personalize information about risks and benefits
Contemplation	Intends to take action in the next six months	Motivate; encourage making specific plans
Preparation	Intends to take action within the next thirty days and has taken some behavioral steps in this direction	Assist with developing and implementing concrete action plans; help set gradual goals.
Action	Has changed behavior for less than six months	Assist with feedback, problem solving, social support, and reinforcement
Maintenance	Has changed behavior for more than six months	Assist with coping, reminders, finding alternatives, avoiding slips/relapses (as applicable)

Suppose a large company hires a health educator to plan a smoking cessation program for its employees who smoke (200 people). The health educator decides to offer group smoking cessation clinics to employees at various times and locations. Several months pass, however, and only 50 of the smokers sign up for the clinics. At this point, the health educator faces a dilemma: how can the 150 smokers who are not participating in the clinics be reached?

The Stages of Change Model offers perspective on ways to approach this problem. First, the model can be employed to help understand and explain why they are not attending the clinics. Second, it can be used to develop a comprehensive smoking program to help more current and former smokers change their smoking behavior, and maintain that change. By asking a few simple questions, the health educator can assess what stage of contemplation potential program participants are in. For example:

- Are you interested in trying to quit smoking? (Pre-contemplation)
- Are you thinking about quitting smoking soon? (Contemplation)
- Are you ready to plan how you will quit smoking? (Preparation)
- Are you in the process of trying to quit smoking? (Action)
- Are you trying to stay smoke-free? (Maintenance)

The employees’ responses will help to pinpoint where the participants are on the continuum of change, and to tailor messages, strategies, and programs appropriate to their needs. For example, individuals who enjoy smoking are not interested in trying to quit, therefore will not attend a smoking cessation clinic; for them, a more appropriate intervention might include



educational interventions designed to move them out of the “precontemplation” stage and into “contemplation” (e.g., using carbon monoxide testing to demonstrate the effect of smoking on health). On the other hand, individuals who are ready to plan how to quit smoking (the “preparation” stage) can be encouraged to do so, and moved to the next stage, “action.”

Adapted from National Cancer Institute, Washington, D.C. Theory at a Glance: A Guide for Health Promotion Practice www.cancer.gov/cancerinformation/theory-at-a-glance

In-Class Activity #1

Applications for Stages of Change Model		
	Insights and Learnings	Words and Phrases to Use
Precontemplation		
Contemplation		
Preparation		
Action		
Maintenance		
OVERALL		



Health Belief Model

The Health Belief Model (HBM) was one of the first theories of health behavior, and remains one of the most widely recognized in the field. It was developed in the 1950's by a group of U.S. Public Health Service social psychologists who wanted to explain why so few people were participating in programs to prevent and detect disease. For example, the Public Health Service was sending mobile X-ray units out to neighborhoods to offer free chest X-rays (screening for tuberculosis). Despite the fact that this service was offered without charge in a variety of convenient locations, the program was of limited success. The question was, "Why?"

o find an answer, social psychologists examined what was encouraging or discouraging people from participating in the programs. They theorized that people's beliefs about whether or not they were susceptible to disease, and their perceptions of the benefits of trying to avoid it, influenced their readiness to act.

Health Belief Model		
<i>Concept</i>	<i>Definition</i>	<i>Potential Change Strategies</i>
Perceived susceptibility	Beliefs about the chances of getting a condition	<ul style="list-style-type: none"> *Define what populations(s) are at risk and their levels of risk *Tailor risk information based on an individual's characteristics or behaviors *Help the individual develop an accurate perception of his or her own risk
Perceived severity	Beliefs about the seriousness of a condition and its consequences	<ul style="list-style-type: none"> *Specify the consequences of a condition and recommended action
Perceived benefits	Beliefs about the effectiveness of taking action to reduce risk of seriousness	<ul style="list-style-type: none"> *Explain how, where and when to take action and what the potential positive results will be
Perceived barriers	Beliefs about the material and psychological costs of taking action	<ul style="list-style-type: none"> *Offer reassurance, incentives, and assistance; correct misinformation
Cues to action	Factors that activate "readiness to change"	<ul style="list-style-type: none"> *Provide "how to" information, promote awareness, and employ reminder systems
Self-efficacy	Confidence in one's ability to take action	<ul style="list-style-type: none"> *Provide training and guidance in performing action *Use progressive goal setting *Give verbal reinforcement *Demonstrate desired behaviors



In ensuing years, researchers expanded upon this theory, eventually concluding that six main constructs influence people's decisions about whether to take action to prevent, screen for, and control illnesses. They argued that people are ready to act if they:

- Believe they are susceptible to the condition (*perceived susceptibility*)
- Believe the condition has serious consequences (*perceived severity*)
- Believe taking action would reduce their susceptibility to the condition or its severity (*perceived benefits*)
- Believe cost of taking action (*perceived barriers*) are outweighed by the benefits
- Are exposed to factors that prompt action (e.g., a television ad or a reminder from one's physician to get a mammogram) (*cue to action*)
- Are confident in their ability to successfully perform an action (*self-efficacy*)

Since health motivation is its central focus, the HBM is a good fit for addressing problem behaviors that evoke health concerns (e.g., high-risk sexual behavior and the possibility of contracting HIV). Together, the six constructs of the HBM provide a useful framework for designing both short-term and long-term behavior change strategies. When applying the HBM to planning health programs, practitioners should ground their efforts in an understanding of how susceptible the target population feels to the health problem, whether they believe it is serious, and whether they believe action can reduce the threat at an acceptable cost. Attempting to effect changes in these factors is rarely as simple as it may appear.

High blood pressure screening campaigns often identify people who are at high risk for heart disease and stroke, but who say they have not experienced any symptoms. Because they don't feel sick, they may not follow instructions to take prescribed medicine or lose weight. The HBM can be useful for developing strategies to deal with noncompliance in such situations. According to the HBM, asymptomatic people may not follow a prescribed treatment regimen unless they accept that, though they have no symptoms, they do in fact have hypertension (*perceived susceptibility*). They must understand that hypertension can lead to heart attacks and strokes (*perceived severity*). Taking prescribed medication or following a recommended weight loss program will reduce the risks (*perceived benefits*) without negative side effects or excessive difficulty (*perceived barriers*). Print materials, reminder letters, or pill calendars might encourage people to consistently follow their doctor's recommendations (*cues to action*). For those who have, in the past, had a hard time losing weight or maintaining weight loss, a behavioral contract might help establish achievable, short-term goals to build confidence (*self-efficacy*).

Adapted from National Cancer Institute, Washington, D.C. Theory at a Glance: A Guide for Health *Promotion Practice* www.cancer.gov/cancerinformation/theory-at-a-glance



In-Class Activity #2

Applications for Health Belief Model		
	Insights and Learnings	Words and Phrases to Use
Perceived Susceptibility		
Perceived Severity		
Perceived Benefits		
Perceived Barriers		
Cues to Action		
Self-Efficacy		
OVERALL		

NOTES



In-Class Activity #3

Worksheet to Review Behavior Change Strategies

What is the behavior of concern that you identify with the person?

When using the Stages of Change Theory, at what stage is the person with regard to the behavior of concern?

When using the Health Belief Model, what aspects would be helpful in reaching the individual?

Do you believe the recommended approach will be helpful for the individual(s) you work with? Why?

Do you believe you can perform the recommended approach?

What might keep you from performing this recommended approach?

What benefits do you perceive from performing this recommended approach?



3. Roles of Peer Companions

Homework Assignment A Self-Assessment for Peer Companions

Please use the following scale to rate your comfort and skills for each of the following activities

VERY UNCOMFORTABLE	1	2	3	4	5	6	7	8	VERY COMFORTABLE
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VERY UNSKILLED	1	2	3	4	5	6	7	8	VERY SKILLED
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	SITUATIONS AND ACTIVITIES	COMFORT	SKILL
1	Meet and talk with new people in a social gathering		
2	Playing games and singing at a Vietnamese celebration		
3	Driving another person to a doctor's office		
4	Talking with another person about her or his religious beliefs		
5	Talking with another person about her or his political beliefs		
6	Praying or meditating with another person		
7	Giving a person information about taxes, insurance or English classes		
8	Discussing problems with adult children and grandchildren		
9	Convening an education program on health issues		
10	Sharing stories about growing up in Vietnam		
11	Hearing someone talk about memories being in a combat zone		
12	Listening to someone talk of memories as boat people and refugees		
13	Visiting the home of a family to hear talk about family problems		
14	Telling a friend you are worried or upset about something in their life		
15	Telling a friend you are worried or upset about something in your life		
16	Deciding whether or not someone is mentally ill		
17	Visiting a person who is dying		
18	Talking with a family member about a relative who is dying		
19	Listening to someone talk about his imprisonment and torture		
20	Hearing a woman describe a physical assault and rape		
21	Telling a person they need help with medical problems		
22	Telling a person they need help with emotional issues		
23	Telling a person they need help with their use of drugs or alcohol		

Adapted from training instrument prepared by Dr. Robert Weigl, 2007.



Homework Assignment B
Self-Assessment for Peer Companions- Adapted

For each of the following, identify what changes are needed so you would be most comfortable.

	SITUATIONS AND ACTIVITIES	CHANGES TO MAXIMIZE COMFORT
1	Meet and talk with new people in a social gathering	
2	Playing games and singing at a Vietnamese celebration	
3	Driving another person to a doctor's office	
4	Talking with another person about her or his religious beliefs	
5	Talking with another person about her or his political beliefs	
6	Praying or meditating with another person	
7	Giving a person information about taxes, insurance or English classes	
8	Discussing problems with adult children and grandchildren	
9	Convening an education program on health issues	
10	Sharing stories about growing up in Vietnam	
11	Hearing someone talk about memories being in a combat zone	
12	Listening to someone talk of memories as boat people and refugees	
13	Visiting the home of a family to hear talk about family problems	
14	Telling a friend you are worried or upset about something in their life	
15	Telling a friend you are worried or upset about something in your life	
16	Deciding whether or not someone is mentally ill	
17	Visiting a person who is dying	
18	Talking with a family member about a relative who is dying	
19	Listening to someone talk about his imprisonment and torture	
20	Hearing a woman describe a physical assault and rape	
21	Telling a person they need help with medical problems	
22	Telling a person they need help with emotional issues	
23	Telling a person they need help with their use of drugs or alcohol	

Adapted from training instrument prepared by Dr. Robert Weigl, 2007.



Five Overall Roles of Peer Companions

In the important relationships that Peer Companions have in the lives of others, five general roles emerge as important. These roles provide a general framework for having an understanding of how these trained individuals (the Peer Companions) can be influential in promoting healthy decisions by others with whom they come in contact. Each Peer Companion will find those roles where the greatest opportunity for quality impact exists, and where personal skills and interests are higher. Further, each of these roles can blend into another role. Some Peer Companions may be highly engaged in one role, but not in another; this is something to be expected.

1. Community Resource
 - Provide good information
 - Get information
 - Translator (How to do things in the government and community systems)
2. Friend/ Advisor
 - Listener
 - Supporter
 - Companion and Friend
 - Helper (to assist some get better, to get out of their problematic situation)
 - Helper (Empower to be / do your best)
 - Reframing
3. Referral
 - Liaison between person and resources
 - Follow-up
4. Event Planner
 - Coordinator
 - Lead a discussion
 - Organize an event (Recreational, Cultural, Educational, Spiritual, Occupational, all)
5. Outspoken
 - Speak up in the group

NOTES



4. Wrap-up

Individuals with whom Peer Companions work face a wide range of issues, particularly as they transition to a new and complex culture. Peer Companions, through their various roles, can be very helpful in promoting the quality of life and good mental health among these individuals. This is what it means to be a “change agent.” Ultimately, it is a change in behavior that is desired. Since behavior change is typically a very complex and not simple to orchestrate, the application of some of the principles of behavior change can be helpful. Peer Companions benefit from thinking more specifically about how these theories can apply, and then working with their peers within the context of these frameworks. Adapting different aspects of these theories, and coupling these with skills to be enhanced or developed through other training elements in this resource, can be helpful in maximizing the mental health and overall engagement of others in their lives.

The insights gathered in this session provide an excellent foundation for a Peer Companion. Specifically, the Peer Companion can think more deliberately about ways in which the theories can be helpful. It is also important for the Peer Companion to remember that the roles vary from one person to the next; each Peer Companion will emphasize different aspects of this effort, since some will work better in a one-on-one relationship, and others will work better leading a group discussion. What’s important is for the Peer Companion to have a good understanding of personal skills and interests, so some reflection with the activities in this segment can be helpful. Periodically, it will be helpful to review the self-assessments to see how they have changed, and it will also be helpful to review the theories to see how they continue to apply after having some experience. The role of Peer Companion is a growing one, enhanced by experience and ongoing reflection.

KEY POINTS

- ◆ Learning how to focus on the desired results wanted with another individual.
- ◆ Learning about two major theories that help understanding behavior change.
- ◆ Understanding ways of engaging others to more healthy behavior, through the use of specific elements of behavior change theories.
- ◆ Gaining greater awareness of personal strengths and interests regarding activities as a Peer Companion.
- ◆ Becoming acquainted with the variety of roles of Peer Companions.

ASSIGNMENT

- ◆ *Read the information found in Session 3 on “Acculturation.”*
- ◆ *Complete Peer Companion Applications on “Being a Change Agent” session.*
- ◆ *Complete Homework Assignment A (Describing Differences in American and Vietnamese Cultures) and Homework Assignment B (Assessing Your Own “Coming to America” Experience).*

Note: Session prepared by David S. Anderson, Ph.D. – Professor of Education and Human Development, George Mason University.



NOTES



ACCULTURATION

Phase I Session 3

LEARNING OBJECTIVES

- ✓ To understand the nature of culture and acculturation.
- ✓ To extract lessons from participants' own coming to the American experience.
- ✓ To assess families based on their management of acculturations problems.
- ✓ To understand generational differences in acculturations.
- ✓ To understand the important value of the choices to become and remain bi-cultural.

CLASS OUTLINE

1. **Review of the "Being a Change Agent" Section**
2. **Defining Culture**
 - Understanding culture
 - Describing the differences between American and Vietnamese culture
3. **Introduction to Acculturation**
 - Understanding acculturation
 - Assessing your own immigration experiences
4. **Acculturation Strategies**
 - Understanding acculturation strategies
 - Immigrant and host country factors that influence acculturation
 - Understanding how acculturation varies in different generations of a family
5. **Review the editorial; "Building Bridges: On Helping Your Children to Become Bi-cultural"**

KEY POINTS

- ◆ Culture can be defined in a variety of ways and from different perspectives.
- ◆ Major differences exist between the "American" culture and the "Vietnamese" culture.
- ◆ Adapting to other cultures can be a challenge for the individual, family members, and the culture.
- ◆ It is helpful to understand your own experiences regarding "coming to America."
- ◆ Numerous strategies can help with acculturation, including assimilation, separation, integration, and marginalization.
- ◆ Understanding a bi-cultural approach can be useful.


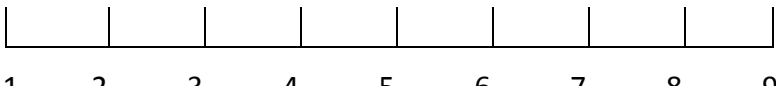



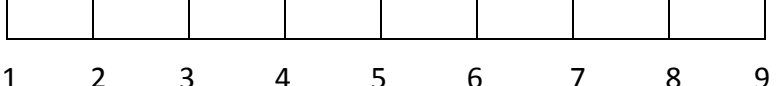

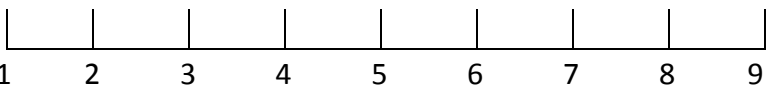


2. Defining Culture

Time established patterns of thinking, feeling, and acting that operate automatically and beneath awareness to organize the lives of individuals and groups.

Homework Assignment A *Describing Differences in American and Vietnamese Cultures*

Mark "A" for American and "V" for Vietnamese qualities or values along the scales below. This is a way to measure CULTURAL DISTANCE.

Valuing self		Valuing Family
Focus on rights		Focus on duties
Humble		Proud
Religious		Secular
Patient		Impatient
Future oriented		Past oriented
Competitive		Cooperative
Quiet		Loud



Gender equality	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	Traditional gender roles
Hierarchical	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	Democratic
Complain	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	Suffer Quietly
Lazy	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	Hard working
Speaking	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	Intuiting
Help others	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	Help yourself

What are other cultural differences you notice?

- 1.
- 2.
- 3.
- 4.
- 5.



3. Introduction to Acculturation

The current world-wide interest incorporates trying to understand acculturation to a greater extent. One reason for this is that the demographics are changing in America as well as throughout the world. There is a growing recognition that the process has to be understood in terms of both newly arriving groups and the receiving societies. It is helpful to know the culture of each society and the distance between cultures.

The process has to be understood in terms of the experiences and relationships between different generations. Considered here are school age, adult, and elder Vietnamese generations in the United States. It is helpful to understand that the difficulties between generations may or may not be “personal”, but instead arise from difference in how generations acculturate.

Homework Assignment B *Assessing Your Own “Coming to America” Experience*

What were three things that surprised you most about America?

What were the three most difficult adjustments you had to make in living here?

What were three things that helped you with your adjustment to the U.S.?

What were three barriers or obstructions you faced that were created by your local community in the U.S.?

What are three things the U.S. has in common with Vietnam?



In-Class Activity #1

Your Personal Immigration Experience

When trying to understand experiences as refugees and immigrants, different people will focus on 1) their adaptation to their new home, 2) the trauma they suffered both in home and new countries, 3) losses they suffered in leaving a homeland. What was the level of difficulty you experienced in each of these areas during your own immigration experience?

Adaptation (new learning and changes in behavior to fit into life in the U.S.)

Easy	1	2	3	4	5	6	7	8	Very difficult
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Trauma (recovering from horrors experienced and witnessed)

Easy	1	2	3	4	5	6	7	8	Very difficult
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Losses (Grieving losses of friends, family, life roles, and homeland)

Easy	1	2	3	4	5	6	7	8	Very difficult
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All of the above will be reviewed and shared in the whole group for twenty minutes.

NOTES



4. Acculturation Strategies

We have considered this topic before, but it is worth reviewing, especially as a guide for evaluating the immigration experiences of different people and different generations. Americans tend to think that the terms “acculturation” and “assimilation” mean the same thing. The important research of Canadian John Berry reveals that assimilation is only one of four possible strategies immigrants may use to adapt to their new host culture. Berry’s studies show that the adaptation of most immigrant groups can be described under one of four headings: Assimilation, Separation, Integration, and Marginalization. Each strategy involves choices about whether to embrace or reject one’s old culture (culture of origin) or one’s new culture (the culture of the host country.) Also receiving host societies have different laws, customs, and expectations that tend to push immigrants toward one strategy or another. The larger society may tend toward melting pot values, segregation, multiculturalism, or outright exclusion. These host society preferences push immigrants in the direction, respectively, of assimilation, separation, integration or marginalization.

Assimilation: Embrace the new culture, reject the old. This is the pattern of acculturation that America expects of immigrants. Everyone is to become “American” as soon as possible. The old culture should appear only as decorative leftovers like food preferences and holiday customs. The children of immigrants often assimilate far more than elders. Assimilated people do not identify with the old culture very much, but often continue to enact large portions of it in their daily lives. Often, the old culture that shapes their behavior is not the one with which they identify.

Separation: Embrace the old culture, reject the new. Immigrants exhibiting this pattern are likely to form separate enclaves within the larger society. Think of the Eden Center near Seven Corners or a “Little Italy” or “Chinatown” in some city you have visited. Residents of these areas try to preserve the world they left behind. They may adapt to surrounding language, work and school requirements only to the degree essential for surviving. Intergenerational struggles within separating family can become very intense.

Integration: Embrace both new and old cultures. People who prefer integration as their way of adapting are working on becoming bi-cultural. They are developing the capacity to see the world and react to it in two contrasting ways—so they can shift their perspective depending whether they are in an American or Vietnamese situation. They probably have friends from both cultures. They try to preserve as much as possible of their heritage language, while also learning the language and cultural scripting of their new homes. This strategy is sometimes more possible for those who arrive with a good education. They may have complex notions of themselves, seeing themselves as having multiple layers or selves.

Marginalization: Reject both old and new cultures. Some people get lost in the acculturation process and become detached both from their origins and the new cultural reality around them. They are alienated. Sometimes, as with American Indians and others who have faced discrimination and forced segregation, people are marginalized, but not by their own choice. They may come to dislike themselves, as well as the dominant majority. Without coherent



structure, scripting, and rules for their lives, marginalized people often show a wide range of social and mental health problems: domestic violence, alcoholism, depression, and criminal behavior.

A growing body of research across the world shows that those who favor integration as their acculturation strategy show the greatest life satisfaction and the best mental health. The choice to become bi-cultural seems to be the healthiest and most successful choice for immigrants, especially children and youth. (See the essay at the end of this document.) The picture is mixed, but often positive among those who separate or assimilate.

Please note: people sometimes lean toward different strategies at different times in their adaptation—for instance; they may separate at first to insure the support of family and friends during hard times, but integrate later as they become more skilled and confident in their new home. People may also show different strategies in different places, being very “American” at work but very “Vietnamese” at home.

Also there are Immigrant Factors and Host Country Factors that shape the outcomes of a new group’s acculturation. These include:

Immigrant Factors

- Education
- Age
- Language skills
- Vocational skills
- Financial resources
- Family/social support
- “Push” vs. “Pull” migration (Including trauma and loss)
- Phenotypic differences (Physical appearances)
- Legal status in country
- Cultural learning styles
- Active vs. passive; fight or flight; self change or other change

Host Country Factors

- Discrimination versus acceptance of difference
- Past history receiving immigrants
- ESL and other educational resources
- Available health care
- Appreciation of immigrant experiences
- Employment opportunities
- Protection of immigrants’ human rights
- Public skill in hearing and accepting accented English



Overarching all of these factors is the huge issue of CULTURAL DISTANCE between the two cultures. Think, for instance, of possible conflicts between two different cultural understandings of appropriate behavior for men and women. In general, the greater the cultural distance between immigrant and host country cultures the greater the difficulty of adaptation, the greater the chance for discrimination and misunderstanding, the greater the sense of isolation or loneliness among immigrants.

Also, we must evaluate acculturation outcomes in terms of socio-cultural adaptation (success in the workplace, at school, in public institutions) and psychological well-being or mental health. It is possible to find people who seem to have adapted very well, but who are still very unhappy.

In-Class Activity #2

Applying Knowledge About Acculturation to Assessing and Helping Vietnamese Individuals and Families in the U.S.

Work in groups now to pool knowledge and experience to:

1. Understand the acculturation problems of different age groups.
2. Decide how to help with these problems.
3. Plan for helping different generations in a family.

Divide into three work groups to consider:

1. School age children ages 5-18
2. Adults ages 25-50
3. Elders and grandparents over fifty

Each group should select a recorder. Take 20 minutes to work in small groups. Groups report back to the whole group. Generate an identification of likely problems and potentially useful helping strategies for each age group. Then consider the acculturation experience of a three generation family group.

Results from groups, along with results, will be distributed next session.



Reading: Bridge Building on Helping Your Children Become Bi-cultural

A Vietnamese couple told me with obvious distress that their three children, especially one son in American high school, seemed to be leaving home and leaving behind Vietnamese traditions and values. It hurt to see that the children were not like Vietnamese children in Vietnam. The mother particularly wondered what she had done wrong. “Why do they turn their backs on their own family and community?” she asked.

I reflected back that I understood that the change in their children was painful for these parents. But I also said that it is important for all new immigrant parents in the U.S. to try to understand that the problem is not just how ensure that their children remain members of Vietnamese culture. It usually is not helpful to consider the problem as children remaining all Vietnamese or their becoming entirely American. There is a growing body of research on immigrant families that demonstrates that the happiest and most successful first generation youth are comfortable in both their home and new cultures. They are bicultural young people who can switch language and behaviors to fit the situation in which they are in the moment. These bicultural skills may be critical for their success and happiness in the U.S.

Parents of these bicultural youth sometimes, fortunately, understand that supporting their children is like building a strong bridge. A durable bridge is firmly anchored at its point of origin and on the opposite shore, its destination. Weakness at either side leaves the bridge precarious and unsafe. Poor attachment at both ends predicts a likely disaster or collapse. First generation Vietnamese youth need to be securely anchored in both their Vietnamese beginnings and in their new American homeland.

I am the son of an immigrant. My father was bewildered that I did not turn out just like him. Teenaged children especially are very likely to adapt American styles of talking, dressing, socializing and having fun. Parents should not despair, however, about the outward style their children display, because most often, at critical times in their lives--like picking a spouse or dealing with death or having their first child-- they will act very Vietnamese; in a sense, they will “come home” to their family roots. Early family experiences will remain very powerful, despite children’s outward behaviors that appear very American.

American society traditionally has required assimilation from new immigrants; assimilation means becoming like the mainstream American. It is important to be aware that you children are experiencing many pressures to assimilate. Social scientists increasingly believe, however, that this is not the best alternative for first generation Americans. Where assimilation sometimes yields successful lives, a bicultural adaptation to life in America is even better. With assimilation, a new life in America is secured only at its destination, not on the shores where it began.



The biggest risk appears in those young lives not secured in either their beginnings or destination. Youth who lose their skills and sense of membership in Vietnamese society and fail to find a place in American life is like a bridge that collapses. These are the youth most likely to have behavior problems, to join gangs, to get involved in drugs, and to be very unhappy. Part of the solutions for these troubled and troubling young people is to reconnect them at both ends of their lives—in Vietnamese homes and communities and in American schools, neighborhoods, and worksites.

What then can you as Vietnamese parents actually do to help your children become bicultural? Maybe you do not understand American speech and customs very well. Maybe there are aspects of American life that you do not like at all. Well, I wish I could give a “recipe” that would work for all families. Given I cannot do that, I would like to offer some suggestions that you as parents might find helpful, but I should warn you that using my ideas means becoming flexible and open to changes in yourselves.

- *Teach your children why you are proud to be Vietnamese.*

Your children do not know Vietnamese culture and history as you do. They have to be taught about it. What is automatic for you is something they have to learn. Tell stories. Talk about the brave history of Vietnamese fighting off invaders and preserving their own way of life. Celebrate traditional holidays; explain what they mean. Involve your children in contacting relatives in Vietnam. With your children, plan a future trip to Vietnam.

- *Teach your children their first language.*

Find ways to use the language at home. Get children’s and other books from Vietnam and read together with them. Have one day a week that is “vocabulary day” when kids both work and play with you to learn Vietnamese words for everyday objects and activities. Illustrate the benefits of being bi-lingual such as a sense of personal pride and access to good jobs requiring the ability to bridge cultures.

- *As a parent, be both authoritative and compassionate.*

Your children still need parents who teach right and wrong, who will discipline as well as reward. They need you to be involved in their lives. They need you to give them a religious grounding if this is part of your family tradition. They need to respect their fathers and mothers. But they also need parents who can understand the struggle they face in their lives living in two cultures and with often conflicting sets of values and models of behavior. Ask your children what tensions they experience in moving between Vietnamese and American cultures. Understand that their American friends are expected to question authority and do things by themselves, instead of with the family.



- *Have your children help you learn English.*

Show that you value being bilingual by having your children speak some English with you. Have one day a week that is an “English day” where the children help you learn English words for everyday objects and activities. Watch an American TV program with them and ask them to interpret. Read English together. Perhaps books about Vietnamese as well as American history and culture. It is very hard for Vietnamese parents, especially fathers, to learn from their children. Many parents, however, discover that this will increase, not decrease their children’s’ respect for them.

- *Have discussions with your children about American customs and culture.*

Both you and your children are having to figure out, to make sense of America, and a homeland country as immigrants and refugees. Being the majority, Americans do not know how to explain themselves very well. Ask your children how things work at school. What do teachers expect? What is a guidance counselor? Why do girls have so much freedom? What different groups of people are there in their schools? How does grading work? Similarly, explain to your children who are older than ten or twelve about what you are learning in your efforts to cope with an American worksite, neighborhood, bank, local government, police officials, and medical services. Together you can figure out the social rules and folkways of these sometimes warm and friendly, sometimes loud and self-centered people who are all around you.

I invite Vietnamese parents to send other thoughts and suggestions to me here at Boat People SOS central offices in Virginia. I will share these in a future article. Maybe you have understood already that there is a deeper message to you about helping your children become bicultural. I am saying that parents need to begin the process of becoming at least a little bit bicultural themselves. By so doing, as a mother or father, you are in a much stronger position to guide and inspire your children. YOU become a stronger adult in securing your foundations in both your past in Vietnam and your present and future in America.

Prepared by Robert C. Weigl, Ph.D.

In-Class Activity #3

Discussion of Reading

1. What are your reactions to this article?
2. How important is it for you to be bi-cultural?
3. How important is it for your children and grand-children to be bi-cultural?
4. If this is important, what are some ways that would help you and your children be more bi-cultural?



5. Wrap-up

The term “culture” refers to the social world within which an individual grows up. Acculturation refers to the adjustment to a new culture long after an initial culture is firmly established in a person’s mind and behavior. This is often a very big adjustment both for individuals and families. Often, part of the challenge in acculturation depends on cultural distance—the amount of difference between home Vietnamese culture and new American culture. Different types of acculturation strategies have been examined: these include assimilation, separation, integration, and marginalization. Though America has expected immigrants to assimilate, many people actually choose one of the other three strategies. The focus in this session has been upon the possibility that integration (maintaining both original and new cultures side by side in one’s life and thus becoming bi-cultural) may be the best choice, especially for children and youth. With this heightened awareness and understanding of acculturation, the Peer Companion can be helpful to others as they learn better and more effective ways of becoming more settled into American society.

What is important for the Peer Companion is to become aware of how important issues of culture and acculturation can be for themselves and others. This session examined some acculturation successes and stresses experienced when coming to America. Also discussed are ways in which conflict and stress in the Vietnamese family may be caused by the stresses of acculturation, and that different generations pick different acculturation strategies. Elders separate, younger adult parents integrate and children assimilate. All generations will get along better when they understand these differences, which are expected and normal for many different immigrant groups. Often, different generations “blame” one another for problems when no one is to blame. Peer Companions learn how to help families with the acculturation process, get different generations help each other, and support integration and bi-culturalism.

KEY POINTS

- ◆ Culture can be defined in a variety of ways and from different perspectives.
- ◆ Major differences exist between the “American” culture and the “Vietnamese” culture.
- ◆ Adapting to other cultures can be a challenge for the individual, family members, and the culture.
- ◆ It is helpful to understand your own experiences regarding “coming to America.”
- ◆ Numerous strategies can help with acculturation, including assimilation, separation, integration, and marginalization.
- ◆ Understanding a bi-cultural approach can be useful.

ASSIGNMENT

- ◆ *Read the information found in Session 4 on “Aging.”*
- ◆ *Complete Peer Companion Applications on “Acculturation” session.*

Note: Session prepared by Robert C. Weigl, Ph.D. – Director and Clinical Psychologist, The Franklin Center.



NOTES



AGING

Phase I Session 4

LEARNING OBJECTIVES

- ✓ To understand the aging process and its cultural implications.
- ✓ To identify specific characteristics associated with aging.
- ✓ To gain an appreciation of the theories about aging.
- ✓ To learn ways of becoming involved with older adults to best address aging issues.

CLASS OUTLINE

- 1. Review of the “Acculturation” Section**
- 2. Defining Later Adulthood and Aging**
- 3. Symptoms of Aging**
 - Changes in the physical appearance
 - Changes in the physiological functioning
 - Changes in the mental functioning
 - Diseases and disorders common to older adults
- 4. Theories of Aging**
 - Sociological and environmental factors theory
 - Physiological factors theory
 - Genetic Inheritance theory
- 5. Cultural Implications of the Aging Process**
- 6. Preventive Measures**
 - Physical Exercises
 - Mental Activities

KEY POINTS

- ◆ Definition and Theories of Aging: These involve biological, sociological, environmental, and psychological factors.
- ◆ Aging and Vietnamese culture: Wisdom, respect, ancestor, etc.
- ◆ Stigma of older adults: Slow, frail, forgetful, wise, picky, etc.
- ◆ Symptoms: Changes in physical appearance, physiological functioning, sleep patterns, sexuality, intellectual functioning, memory, personality.
- ◆ Physical and Mental Diseases: Cardiovascular, Depression, Alzheimer, Delirium, Amnestic, etc.
- ◆ Prevention: Physical, mental, and social activities.



1. Review of the “Acculturation” Session

1. What is your reaction to what was discussed during the session last time?

2. What were the key points or learning items covered?

3. What questions or unresolved issues do you have?

Peer Companion Applications

Identify at least five specific ways that a Peer Companion could apply the material from the previous session “Acculturation”:

- 1.
- 2.
- 3.
- 4.
- 5.



2. Defining Later Adulthood and Aging

The normal process of aging is called senescence. Senescence affects most parts of the body at different rates. Some parts of the body resist aging more than the others. But aging is also a very complex process. It involves a large number of biological, physiological, environmental, and psychological factors that may accelerate or decelerate the normal aging process. Aging in the later adulthood is one of the most noticeable transitions of a person's life span.

In primitive societies, old age is generally seen as a significant change in physical and mental conditions; currently, however, people tend to define old age mainly in terms of chronological age. The condition of aging or senescence is an individual process that occurs in different ways for different people. Not everyone is in the same health conditions at age 65.

In the U.S., age 65 has been cited as the dividing line between middle age and old age. The Social Security Act sets 65 as the age of eligibility for retirement benefits. Recent research suggested that the number of people aged 65 and over might increase to over 70 million by 2030 (Potter, 1997). Apparently, people, in general, are now living longer and healthier than before due to modernized medicine, science, and technology.

Gerontologists have attempted to study aging processes and problems of the aged. Gerontologists divide later adulthood into two groups: the young-old, age 65 to 74 years, and the old-old, and age 75 years and above. They are dealing with developmental issues of normal aging and other unusual aspects of aging, including physical and psychological abilities, capacity of learning and memory, intellectual functioning, personality, pathology and clinical interventions. They have made astonishing advances in separating normal aging processes from illness. They find that the vast majority of elderly people remain physically and mentally active until near death. Elderly do appear to experience, to some extent, deterioration of physical conditions which can be preventive and treatable. This is contrary to the common belief that every elderly will eventually suffer what is called a senility, an inevitable and irreversible decline of mental and physical functions associated with aging. Illnesses, however, which resulted from poor health conditions, make the elderly suffer senile-like symptoms, which may also expedite the aging process.

Gerontologists also separate the biology of aging from the psychology of aging. A feeling of depression, boredom, incapacity, forgetfulness, and/or apathy in an elderly may not be signs of any poor health condition or illness, but may be her reactions of not being able to make her own decisions over her routine activities, such as going to work, driving to visit a friend, climbing up a ladder to hang a picture, or cooking her favorite food, etc.



3. Symptoms of Aging

Aging is a normal process of bodily changes which affect almost every aspect of the person's appearance, and physiological and mental functioning.

Changes in the Physical Appearance

1. **Changes in physical appearance** include the wrinkling of skin, stooping shoulders, reduced agility, difficulty in moving, increased unsteadiness of hands and legs, reduced sense of touch, declined hearing and vision, teeth problems, slower and higher pitched voice, etc.

Changes in the Physiological Functioning

2. **Changes in physiological functioning** involve less efficient bodily homeostasis. The heart and breathing rates take longer to return to normal. As a result, elderly people usually cannot respond to stressful demands as rapidly as young adults. The rate of basal metabolism is lower, reducing the digestion process and lengthening the time for wounds to heal.
3. **Changes in sleep** patterns as elderly often experience sleep disturbance, restless sleep, difficulty falling asleep, and frequent awakening. Deep sleep virtually disappears in many elderly people.
4. **Sexuality** is less frequent due to some biological changes. But, sexual interest and sexual capacity typically last over the life span. Research shows that people never get too old to enjoy sex, but women typically need quality, while men often count on quantity. Actually, psychological factors usually play vital roles in triggering sexual interests.

Changes in the Mental Functioning

5. **Changes in intellectual functioning** involve a general intellectual decline and poorer memory ability. Elderly is said to suffer what is called "a brain atrophy", which means the brain becomes smaller as a lot of brain cells are being lost. However, recent studies suggest that even though there is some decrease in the weight of the brain, most intellectual abilities still hold up well with age. On the average, older adults do tend to achieve lower scores on most intelligent tests than younger people, but they show a decline mostly in performance rather than verbal comprehension on IQ tests. Test performance requires a capacity for speed and the power of coordination, and verbal comprehension belongs to knowledge and skills acquired from educational background. Among other things, many older people do not lose their capacity to learn and use their cognitive ability. Researchers also discover that even though there are certain limits on general intelligent functioning, elderly people are thought to bring wisdom and experiences to life. Researchers also found that there is a terminal drop in intelligence, a sudden drop in intellectual performance a few weeks or months before death.
6. **Changes in memory** involve a decline in recent long-term memory. Remote long-term memory is relatively unaffected. Old people usually complain that they have difficulty retrieving names, dates, and other facts. The reasons for this difficulty are that old people usually have problems



of encoding and processing speed of information. Recent long-term memories include explicit memory (conscious recollection of materials) and implicit memory (unconscious automatic recollection of materials). Elderly people experience a greater decline in explicit memory than implicit memory. Research also found that people who use their brain to study overtime are much less likely to lose memory ability as they get older.

7. **Changes in personality** can be seen in some aspects. Actually, most of personality traits are stable overtime. A happy person will be basically feeling happy all through her lifetime. An aggressive man may be likely to behave aggressively until he is old. But, some aspects of feeling and emotion may change when people get older. For example, many old people tend to feel less angry, less aggressive, or more compassionate and empathetic than they were in their younger ages.

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4. Theories of Aging

What causes aging? We agree that aging is a natural process of changing, but we don't know much about the reasons for this change. A number of theories have developed to give answers to the question, which involve biological, sociological, environmental, and psychological factors.

Theories focus on biological factors postulate that aging is due to the gradual death of human cells. Reasons for this death are in controversy. Some say it is because the DNA molecules are unable to continue manufacturing essential enzymes; others say it is either because of the breakdown of an organ system or an impairment in physiological control mechanisms, such as the thyroid glands which are involved with metabolism, the sex glands which are responsible to regulate hormone secretions, and the cardiovascular system which control oxygen and blood flow (*Zaskow & Kirst-Ashman, 1992*).

Sociological and Environmental Factors Theory

Other theories focus on sociological and environmental factors which influence the aging process. They point out that the accumulation of stresses of living is the main reason for the acceleration of the aging process. For example, stressful events will cause a person's hair to fall out or turn gray. Being physically and mentally active clearly helps to slow down the aging process.

Physiological Factors Theory

Other theories suggest that psychological factors play important roles in aging. Psychological factors such as positive thinking, tranquility of mind, optimistic attitude toward life, and feeling of security, etc, will increase the ability of the immune system to protect the body from being infected by bacteria and virus, and thus, decreases the breakdown of body organs.

Genetic Inheritance Theory

Last but not least, genetic inheritance plays an important role in slowing down or speeding up aging conditions. People whose parents lived a long time usually have a longer life expectancy than people whose parents lived a shorter time period.

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5. Diseases and Disorders Common to Older Adults

Aside from the natural signs of aging that we have discussed above, there are a number of diseases and disorders that some people may encounter as they get older. The most frequent occurring chronic conditions are heart diseases, strokes, cancers, hypertension, diabetes, arthritis, osteoporosis, cardiovascular diseases, and lung diseases. Among these problems, the leading causes of death in the elderly population are heart diseases (about 50%), cancers (about 15%), next to cerebrovascular diseases (10%), then lung diseases (responsible for 7%). (*Zastrow & Kirst-Ashman, 1992*).

Mental disorders are also a grave threat to the general well-being of elderly people. This may be one of the leading causes for interpreting the disproportionate number of deaths by suicide among elderly people, compared to groups of younger adults. Most common mental problems are depression, anxiety, mood change, Alzheimer's disease, dementia, and amnesia. Reasons for the development of these disorders are that elderly are more likely to experience nutritional deficiencies, metabolic changes, adverse drug interactions, and many other problems concerning environmental and social factors.

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6. Preventive Measures

A healthy lifestyle has been proved to be the most beneficial for anyone's life. Research has shown that people who have a nutritious diet, stay physically and mentally active, abstain from heavy drinking and smoking, manage stress successfully, and frequent practice other health behaviors (such as frequent medical checkups, open and frequent social interactions, etc.) are more likely to reduce risks of suffering from chronic diseases and disability in their later adulthood.

Nowadays, the health profession in the U.S. has focus on treating the whole person, rather than just the disease. This means that there is a greater emphasis on prevention, wellness, and treating a patient psychologically and socially as well as physically. The basic guide for a personal good health and longevity requires the following practices:

Physical Exercises

Research has shown that physical activities are associated with psychological health and physiological well-being. Regular physical exercise will enhance health and quality of life for anyone at any age level. It brings about emotional well-being, body image, self-esteem, self-efficacy, sense of mastery, and life satisfaction. Many elderly people don't get enough daily physical exercise. But it is always important to consult with a health care provider for any recommendation concerning the degree of physical exercise equalizing to the person's health conditions. In addition, the following daily practices can be positively related to good health and longevity: Remember to eat breakfast, staying 10% of your proper weight, not smoking, not drinking, not eating between meals, sleeping seven to eight hours per night.

Mental Activities

According to Eric Erickson (Wade & Tavis, 1993), the final stage of life involves the psychological crisis of integrity versus despair. Elderly who feel satisfied with her life usually has the inner sense of completion and happiness, and that she is less likely to feel desperate in her later adulthood. Anyway, the important thing is to continue doing things you enjoy and exercising the mind to maintain healthy feelings and cognitive functioning. Research has found that those who regularly engage in mental stimulating exercise, such as continuously learning and studying novel things, reading, listening, socializing, and traveling, can maintain good intellectual functioning and decrease the risks of developing Alzheimer's disease or other kinds of dementia.

Learning how to manage stresses is also important to maintain good health. A long-term stress is a contributing factor to most emotional and behavioral difficulties and physical illnesses, including depression, anxiety anger, suicide, headaches, heart attacks, hypertension, ulcers, cancers, and diabetes. (Kimmel, 1974).

However, not all stresses are bad. Some people say that stress is often "the spice of life", and it is really impossible to live a life without experiencing stress. Usually we consider any unnecessary stress as a distress.

There are three constructive approaches suggested to stress management:



1. Changing the distressing event: If you cannot directly confront the distressing event, you can manage how to improve it by taking actions to change it, leaving the scene, or having someone to help you.
2. Changing your thinking about the distressing event: If the event cannot be changed, you can change the way you think about it by either accepting or finding the meaningful and positive view about it.
3. Taking your mind off the distressing event: If you cannot either change or accept the distressing event, you may try to do something else to stop thinking about it. You may do some personal pleasure activities, or relaxation, including deep breathing, physical exercise, etc. And, last but not least, be ready to show generosity and forgiveness.

NOTES



7. Wrap-up

This session highlighted many considerations associated with the normal process of aging. The complexity of aging is highlighted, and includes many biological, physiological, environmental, and psychological factors. The fact that individuals age at different rates, and that different aspects of aging are found with individuals is noteworthy throughout this section. The other important issue is that, while a lot is not known about the details of aging, some considerations can be helpful to help prevent or delay the impact of many of these aging outcomes.

The important consideration for the Peer Companion is the overall understanding that aging is a normal part of life. As the Peer Companion prepares to work with other elderly Vietnamese individuals, this broader understanding, from a layperson's point of view, can be helpful in accepting and better dealing with some of the factors experienced in life. It will be helpful for Peer Companions to have this understanding, and to try to connect the person being helped with local resources and services. Sometimes, of course, there are diseases and disorders that may be affecting the person being helped; while the Peer Companion is not a diagnostician, it can be helpful to have an overall understanding of what might be normal with aging, and when the assistance of a medical or health specialist can be beneficial. All of this is provided within the context of maximizing the quality of life, both physically and mentally, for others.

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KEY POINTS

- ◆ Definition and Theories of Aging: These involve biological, sociological, environmental, and psychological factors.
- ◆ Aging and Vietnamese culture: Wisdom, respect, ancestor, etc.
- ◆ Stigma of older adults: Slow, frail, forgetful, wise, picky, etc.
- ◆ Symptoms: Changes in physical appearance, physiological functioning, sleep patterns, sexuality, intellectual functioning, memory, personality.
- ◆ Physical and Mental Diseases: Cardiovascular, Depression, Alzheimer, Delirium, Amnestic, etc.
- ◆ Prevention: Physical, mental, and social activities.

ASSIGNMENT

- ◆ Read the information found in Session 5 on "Gender Roles."
- ◆ Complete Peer Companion Applications on "Aging" session.

Note: Session prepared by David S. Anderson, Ph.D. – Professor of Education and Human Development, George Mason University.



GENDER ROLES

Phase I Session 5

LEARNING OBJECTIVES

- ✓ To be aware of gender differences within the Vietnamese culture.
- ✓ Group to understand how gender differences and gender stereotypes influences all aspects of life, including acculturation, communication styles, talking about stress, mental health and trauma, coping styles.
- ✓ To explore effective communication between men and women with regards to stress, mental health, and trauma.

CLASS OUTLINE

- 1. Review of the “Aging” Section**
- 2. Exploring the types of Gender Differences, Roles and Stereotypes within the Vietnamese Culture**
 - Cultural values
 - Traditional role of Vietnamese women
 - Family structure and dynamics
- 3. Understanding Gender Differences in Mental Health and Trauma**
 - Pre-migration history
 - Traumatic experiences of Vietnamese Women
 - Physical impact of trauma
- 4. Understanding the Gender Differences in Acculturation**
 - Post-migration issues
 - Changing family dynamics
 - Language and education

KEY POINTS

- ◆ Identifying changes in gender stereotypes, roles and expectations.
- ◆ Gender differences through Vietnamese culture and history.
- ◆ Develop effective gender communication.



1. Review of the “Aging” Session

1. What is your reaction to what was discussed during the session last time?

2. What were the key points or learning items covered?

3. What questions or unresolved issues do you have?

Peer Companion Applications

Identify at least five specific ways that a Peer Companion could apply the material from the previous session on “Aging”:

- 1.
- 2.
- 3.
- 4.
- 5.



2. Exploring the types of Gender Differences, Roles and Stereotypes within the Vietnamese Culture

Cultural Values

Vietnamese cultural values are based on religious beliefs that are a combination of Buddhism, Taoism, and Confucianism. The Confucian concepts—such as filial piety, ancestor worship, reciprocal relationships within a hierarchical structure, high regard for education, social status, material welfare, family orientation, loss of face, and shame—play a prominent role in Vietnamese values. There is also a strong emphasis on group loyalty, filial piety, and obedience to elders (Nguyen, 1982).

The Vietnamese place high value on controlling emotions in all situations. Individuals restrain impulsive behavior in an effort to facilitate harmony, while avoiding confrontation is valued as a method of promoting consideration for others. In collectivistic cultures such as Vietnam, an individual's importance is insignificant, with great value being placed on sacrificial behavior and denial of self-gratification. Therefore, individual autonomy is an undesirable attribute, while upholding family pride and honor is extremely important and supplants the importance of the individual. This would mean that personal actions would be personally and socially monitored and acceptable only as they impact family and social relationships.

In-Class Activity #1

Personalizing Gender Roles

In small groups, discuss gender roles through your own experience and knowledge. What are the main points that you experienced? How did you feel?



Traditional Role of Vietnamese Women

In Vietnamese society, a woman is taught to acquire the personal qualities associated with what is called the "three submissions." They are as follows: (1) obedience to father; (2) after marriage, obedience to husband; and (3) serving and caring for children. Each of these three submissions clearly outlines and defines the role of the Vietnamese woman. The first submission, "obedience to father", portrays the patriarchal nature of Vietnamese society and the cultural demand to remain responsive and dutiful to one's father, even during adulthood and marriage. The second submission, "obedience to husband," continues the patriarchy in the culture by transferring obligation and compliance to one's husband. Even so, as a wife the Vietnamese woman must retain obligations as a daughter to her father. The third submission, Lifestyle of Vietnamese Refugee Women 375 "serving and caring for children," rounds out the Vietnamese woman's obligations as a responsible caretaker of the home and children. What is noticeably absent is anything about education, employment, social relationships, or personal development, underscoring the importance of family and prescribed roles as mother and daughter.

Family Structure and Dynamics

The family is the basis of Vietnamese society and the core social unit. The extended family, as well as deceased ancestors, is critically important to the Vietnamese. People honor their elders for their age and wisdom and expect the children to support elders. Children live with their family until marriage, when the woman becomes part of her husband's family, although traditionally she keeps her family name. Vietnam is a patriarchal society with clearly defined gender roles. It is customary for the father to be the head of the household with responsibility to support the family unit while the mother manages the home and is the main caretaker for the children. She is also expected to keep harmony within the family. The roles in the household are hierarchical and strictly observed. Females must be submissive, and even widows must show deference to their eldest sons. Sons have greater value than daughters, especially since once the daughters marry they become part of their husband's family. Vietnamese children are taught to consider the family first and to suppress personal desires and concerns, deferring to parents and elders. Filial piety is strongly valued and represents the obligations, respect, and duty that individuals have toward their parents. This reflects that parents are held in high esteem and obeyed without question. Vietnamese culture has ingrained the value that one's behavior is a reflection on the entire family. Examples of this can be found in a child's academic accomplishments, which would be regarded as a family rather than an individual accomplishment and thus reason for great family pride, while disobedience or disrespect to a teacher or other respected community member would bring the family shame and loss of face. Subsequently, to regulate and guide behavior, parents use guilt-inducing techniques by appealing to the children's sense of obligation, family pride, and shame.



3. Understanding the Gender Differences in Mental Health and Trauma

Pre-Migration History

In 1975 after the fall of Saigon at the end of the Vietnam War, there was a mass exodus of people from Vietnam fleeing to other countries for political asylum. This was the first of two waves of Vietnamese refugees leaving the country, many of whom came to the United States. The first wave left from 1975 until 1977. This group is generally associated more closely with the U.S. government and left immediately after the war because of their close association with the former enemy, that is, American or South Vietnamese forces. Initially, helicopters and ships evacuated many people in this group, with the assistance of the U.S. government. In general this group tended to be well educated, wealthier, and able to speak some English. Beginning in 1978, the second wave of refugees attempted to escape by any means possible, often on small, overcrowded, and unseaworthy boats. This departure was prompted by intensified political differences and repercussions from the Vietnam War. Their escape from Vietnam was dangerous, and frequently they suffered brutal attacks by Thai pirates, with over 50 percent of the "boat people" being victims of severe violence. It is estimated that 77 percent of the boats that left Vietnam and eventually landed in Thailand were attacked by pirates (U.S. Committee for Refugees, 1984). Those who were fortunate enough to reach the shores of Malaysia, Singapore, Indonesia, Hong Kong, or the Philippines were forced to wait months or even years in overcrowded and unsanitary camps before they were permanently resettled.

Traumatic Experiences of Vietnamese Women

There have been numerous reports of trauma, including sexual abuse of Vietnamese women during the war as well as documented reports of the escape and subsequent living conditions in overcrowded refugee camps (Burton, 1983). The pirate attacks on the boat people were often brutal, and the pirates often buried or destroyed the boats after robbing, murdering, abducting, and raping their occupants. These attacks included the victimization of women and girls, and few were spared. Many suffered repeated rapes, and some were raped as many as thirty times, depending on whether they were taken to the pirates' boats or remained on their own boat in the presence of their relatives (Mollica & Son, 1989). Many of the rapes were extraordinarily brutal, including the mutilation of the genitalia, and many of the victims were kidnapped, sold into prostitution, or both (Burton, 1983).

Psychological Impact of Trauma

In the Vietnamese culture, virginity and good behavior are espoused as the highest priorities for a woman to attain (Schroeder-Dao, 1982). Many of the Vietnamese women who were raped blamed themselves and avoided seeking help. They were engulfed by shame and guilt, loss of self-respect and honor, and the belief that their family had been disgraced. Many attempted to hide the incident itself as well as their reaction. Numerous women did not even dare tell their husbands, fearing that they would end the marriage out of shame and blame, which happened in many instances. The cultural perception that the women had been "used," "violated," or "left over" by the rapist is aptly portrayed in the following Vietnamese proverb: "Someone ate out of my bowl and left it dirty."

The social consequences of rape led to family disownment, community rejection and alienation, divorce, and even murder of the rape victim by family members. With Vietnamese culture viewing virginity as a "prized possession" for single women and strongly emphasizing fidelity for married women, family members often blamed and punished rape victims for destroying family honor. This



situation made it impossible for many victims to turn to family members and friends, causing sexual trauma to be held as a deeply private secret, leaving the woman to suffer in silence.

In addition to the psychological effects of rape (anxiety over unwanted pregnancies, the reduced chance for a good marriage, depression, insomnia, nightmares, impaired concentration, identity problems, sexual problems, phobias, and difficulties in interpersonal relationships), medical problems may also occur. These include venereal disease, HIV infection, mutilation of the female genitalia, infertility, miscarriage, menstruation disorders, and severe and chronic abdominal and pelvic pain (Goldfield, Mollica, & Pesavento. 1988; van Willigen, 1984).

NOTES



4. Understanding the Gender Differences in Acculturation

Post-Migration Issues

Settling in the United States or other resettlement countries caused many changes for Vietnamese women. For most refugee women there was an inevitable shift in their roles within the family. Rather than maintain traditional gender roles and remain at home as the caretaker, many Vietnamese women sought to assist family income by entering jobs or job training that included learning English. This not only placed them in situations out of their home and community environments, but exposed them to different values and perspectives in the new culture. In addition, they became wage earners, fostering independence and autonomy, qualities that are traditionally absent in the Vietnamese culture. Significant stress and family problems often accompanied these changes, where the woman's role as wife and mother diminished as she became more independent as a wage earner.

Another effect of post-migration is the difficulty of bridging two cultures. Vietnam is a collectivistic, family-and community-oriented society, where self-worth is measured by social and family contributions rather than individual achievements. Entering Western countries where independence and individualization are valued poses difficulties for Vietnamese. Vietnamese women are in a particularly vulnerable position as the parent that customarily remains at home and transmits cultural values to children, while also accepting a more docile role in a patriarchal society. They are caught between two cultures in establishing their own identity and serving as role models for the next generation.

Changing Family Dynamics

In the United States, Vietnamese families have undergone many changes due to their pre-migration experiences. Intact families often arrive in the United States without their extended family members. Apart from dealing with the trauma of war and relocation, they must now learn to negotiate the realities of a foreign culture. In Vietnam, women were homemakers or worked in a family business or on the farm, whereas men had the opportunity to seek education and employment beyond the confines of the family. However in the United States, unemployment or underemployment of men forced the women to work outside the home. Many men, unable to find work commensurate with the education and training they received in Vietnam, are reluctant to take low-paying unskilled jobs (Ito, Chung, & Kagawa-Singer, 1997). In contrast, Vietnamese women have been more willing to accept entry-level positions in factories, on assembly lines, and at other unskilled jobs. This situation has created downward mobility for Vietnamese men and upward mobility for Vietnamese women, thus causing major shifts in traditional roles and family structure. Paradoxically, some refugee women have served as the sole providers of household income, while their husbands unsuccessfully sought employment. This change in roles has been further exacerbated when the Vietnamese woman, working outside the home and community and having exposure to American culture, experience new and unknown opportunities and freedom. This may precipitate questions about their traditional cultural gender roles, resulting in demands for greater autonomy and independence. Furthermore, now able to contribute money to the family, women have questioned the balance of power in the family and sometimes demanded to be treated as equals (Luu, 1989). These resulting changes in gender roles have placed severe pressures on marital relationships, frequently causing distress to Vietnamese males who are rooted in the norms of a patriarchal culture. Their inability to cope with the changes in the deeply rooted traditional Vietnamese culture-to accept their loss of dominance within the family or their declining role as patriarch of the family-have led to reports of increased spousal abuse and divorce (Davidson, 1981; Luu, 1989).



Language and Education

In general, Vietnamese women have less education and English lingual proficiency than their male counterparts. Thus, finding high-paying jobs is more difficult for Vietnamese women. Learning English is crucial for not only day-to-day activities but also as a prerequisite for enrollment in vocation in training courses that may lead to better-paying jobs. Although ESL (English as a second language) classes may be available, numerous barriers prevent Vietnamese women from enrolling in these classes. One common problem is that classes are located far from home or in areas that make transportation difficult. This problem may be further complicated when classes are located in the poorer regions of cities, where Vietnamese women may be fearful to travel. Finally, class schedules may conflict with other commitments or create problems like the need to find child care. Learning English is also a problem for Vietnamese women, especially if they are illiterate in their native language. Raccine (1984) has shown that people who are literate in their native language typically learn English faster while a study by Chung, Bemak, and Kagawa-Singer (1998) postulated that those who have not received any formal education may have particular difficulty "learning how to learn," given their lack of experience as students. In addition, Davidson (1981) has suggested that segregation of classes by gender might increase women's attendance and in-class participation; because some women fear causing male class members to lose face by outperforming them.

Another reason for difficulty in learning English is a history of traumatic experiences. Vietnamese women may have impaired memory, attention span, and concentration because of previous trauma. For example, a woman in class sitting at a desk may panic, able to think only of her dead husband or of having been raped (Mollica, Lavelle & Khoun, 1985). Such conditions may be further exacerbated by the fear of learning a new language, representing the loss and "giving up" of one's own culture.

Acculturation of Children

Children and adolescents tend to acculturate and learn English faster than their parents. This often results in a shift in family dynamics, with the children assuming the role of a language and cultural translator for their parents. Intergenerational conflict between parents and children may occur regarding issues such as dating, curfew, dress, obedience, and allowance. With children who are acculturating more rapidly than their parents, it is typical that many parents experience the loss of traditional cultural authority and control as their children become more outspoken, challenging parental authority and the "old culture." This creates an added dimension of stress for Vietnamese mothers, who are obligated to provide guidance and structure for their child's upbringing, but find themselves competing with cultural values from the U.S. society that have a strong influence on their children.

Mental Health Issues

Depression, anxiety, and post traumatic stress disorder (PTSD) have been found to be the most common psychological problems presented by Vietnamese refugees (e.g., Hinton et al., 1993; Kinzie & Fleck, 1987; Kinzie, Frederick, Ben, Fleck, & Karls, 1984; Masuda, Lin, & Tazurna, 1980). Vietnamese refugee women reported significantly higher levels of psychological distress and are more at risk for developing serious psychological disorders than their male counterparts (Chung & Kagawa-Singer, 1993; Masuda, lin, & Tazuma, 1980). However, given these major psychological problems, Vietnamese refugees tend not to use the mainstream services, but instead prefer traditional methods of healing-relying on the



services of herbalists, spiritualists, shamans, and Taoist priests (Chung & Lin, 1994). There are various reasons why Vietnamese refugees tend to underuse mainstream services. One major obstacle interfering with the use of mainstream services is language. Although in many instances, translation is unavailable, even when bilingual workers are accessible many mental health professionals do not have skills in working across languages. Another significant barrier relates to profound culturally based differences between therapist and client in the conceptualization of mental illness and subsequent expectations about the treatment process (Kagawa-Singer & Chung, 1994). Vietnamese refugees are unfamiliar with Western mental health concepts (Kinzie, 1985; Lin & Masuda, 1983) and are still deeply influenced by a multitude of indigenous cultural beliefs and practices that significantly affect the symptom presentation, conceptualization, and help-seeking behavior of this group (Chung & Kagawa Singer, 1995; Chung & Lin, 1994; Van Deusen, 1982; Vignes & Hall, 1979). For example, the manifestation of ancestor spirits may signify a culturally accepted manner to receive guidance and wisdom to the Vietnamese woman, while to the Western psychotherapist it may be interpreted as hallucinatory or delusional.

The Western conception of mental illness is seen as a dichotomy of mind and body, whereas Vietnamese culture views mental illness as a mind/body duality (Kawanishi, 1992; Ots, 1990). The result of this belief system is that Vietnamese tend to express psychological distress through somatic symptoms. Mental illness is highly stigmatized in Vietnamese culture and is seen as a reflection on the entire family line, including ancestors and future offspring. Knowing that someone has a mental health problem, the Vietnamese community sees his or her family as undesirable, and the potential for marriage is dramatically reduced. The expression of somatic symptoms may be a culturally sanctioned method of expressing psychological distress (Cheung, 1989), and may allow individuals to seek help regarding physical complaints, thereby avoiding the stigma of seeking help for mental health problems. Such culturally shaped beliefs and practices profoundly influence clients' coping mechanisms, utilization of services, satisfaction, and other clinical outcomes (Kinzie, 1985; Lin & Masuda, 1983). The result of these somatic manifestations leads to important differences in receptivity to treatment and the application of appropriate healing methodologies. Most mental health professionals are not trained to understand these important and subtle cultural differences and attempt to impose assessments, diagnoses, and clinical interventions that are not culturally based, thus causing distrust and alienation by the Vietnamese client. Accessibility factors, such as inconvenient hours of service and location of facilities, are also barriers to seeking mainstream services (Chung, Bemak, & Okazaki, 1996; Chung & Lin, 1994). When and if Vietnamese seek mainstream services, the mental health problems are often more severe than for other clients (Sue, 1993; Sue & McKinney, 1975). This has been attributed to the fact that Vietnamese seek these services as a last resort, when the symptoms become too severe and unmanageable for their caretakers (Durvasula & Sue, 1992; Okazaki, 1994; Sue & Morishima, 1982). It is also important for mental health practitioners to be aware that Vietnamese clients may concurrently use both traditional and Western mainstream treatment methods (Chung & Lin, 1994). Furthermore, it is important to acknowledge that although Vietnamese clients exhibit distress through somatic channels, they are also capable of discussing their problems in psychological terms (Chung, Bemak, & Okazaki, 1996).



5. Wrap-up

The aim of this session was to promote awareness and understanding of gender differences within the Vietnamese culture. The session explored how gender differences in roles, expectations and stereotypes impact all aspects of life, such as the level of acculturation, communication styles, coping styles, expressing and talking about stress, mental health and trauma, and help seeking behaviors. The session explored how to breakdown gender stereotypes. In addition, the session sought to develop effective communication skills between men and women.

This discussion of gender roles is important for the Peer Companion, as it helps provide greater understanding about ways in which life is different for women than for men from several perspectives: Vietnam culture versus the culture in the United States, and based on the time or era when a person was raised. The Peer Companion can help other elder Vietnamese learn ways of adjusting to different gender roles, at this point in time in the United States. It is helpful for the Peer Companion to get a greater understanding of this for their own lives; they are then better prepared to assist others with their adjustment of this. The incorporation of an understanding of gender issues is particularly helpful for those with whom some level of trauma has been experienced; the Peer Companion can be helpful in providing good support, and making the appropriate and necessary referrals if needed.

KEY POINTS

- ◆ Identifying changes in gender stereotypes, roles and expectations.
- ◆ Gender differences through Vietnamese culture and history.
- ◆ Develop effective gender communication.

ASSIGNMENT

- ◆ *Read the information found in Session 6 on “Trauma.”*
- ◆ *Complete Peer Companion Applications on “Gender Roles” session.*
- ◆ *Complete Homework Assignment A (“Trauma Experiences”).*

Note: Session prepared by Rita C-Y. Chung, Ph.D – Professor of Counseling and Development, College of Education and Human Development, George Mason University.



TRAUMA

Phase I Session 6

LEARNING OBJECTIVES

- ✓ To focus awareness on the elements of trauma in the experiences of Vietnamese refugees.
- ✓ To provide some ways to understand trauma and recovery as part of our human experience.
- ✓ To understand post-traumatic stress disorder and the trauma experience.
- ✓ To learn various levels for aiding the recovery of traumatized people.
- ✓ To look at refugee women's sexual trauma as an example of how culture can impact trauma.

CLASS OUTLINE

1. **Review of the "Gender Roles" Section**
2. **Common Trauma in the Lives of Vietnamese Refugees**
 - Transitions from Vietnam to United States
 - Grieving of losses of friends, family, roles, homeland
3. **Trauma in the Lives of Re-Education Camp Survivors**
 - Stresses reported by survivors
4. **Post-Traumatic Stress Disorder**
 - Hyperarousal, fear and anxiety
 - Numbing, avoidance, shutting down
 - Behavioral, life adjustment problems
5. **"Active Ingredients" in Trauma Treatment**
 - Individual level of intervention
 - Familial-communal level of intervention
 - Societal level of intervention
6. **The Matter of Violence Toward Women**
 - Illness and sexual assault

KEY POINTS

- ◆ Trauma is widespread and normal; it helps to understand your own trauma if you are to help others with their trauma.
- ◆ It is helpful to understand and talk openly about what happened to prisoners and families.
- ◆ There are natural, spontaneous ways to recover; those traumatized can still lead successful lives.
- ◆ PTSD includes responses of activating and closing down, and possible behavior problems.
- ◆ Though professionals are sometimes needed, there is a huge amount that Peer Companions and their communities can do to promote trauma recovery.
- ◆ Can we address the needs of women survivors, or will cultural rules of silence prevent helping?



1. Review of the “Gender Roles” Session

1. What is your reaction to what was discussed during the session last time?

2. What were the key points or learning items covered?

3. What questions or unresolved issues do you have?

Peer Companion Applications

Identify at least five specific ways that a Peer Companion could apply the material from the previous session “Gender Roles”:

- 1.
- 2.
- 3.
- 4.
- 5.



2. What is Common Trauma in the Lives of Vietnamese Refugees?

The experience of trauma as an almost universal element in the lives of Vietnamese refugees. One group of Peer Companions judged that trauma represented a bigger difficulty in their “coming to America” experience than either the stress in adapting to new demands of life in the U.S. or grieving over losses of friends, family, life roles, or homeland.

Homework Assignment A *Trauma Experiences*

Identify different common trauma experiences among Vietnamese in the U.S.

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How difficult was it to generate this list?



3. Trauma in the Lives of Re-education Camp Survivors

Diagnostic guidelines for assessing post-traumatic stress disorder indicate that those who are showing signs of the disorder previously have experienced fear, helplessness, and horror when directly suffering or witnessing actual or threatened death, injury, or other severe trauma. Most people with PTSD considered in the studies of the condition have experienced time limited and discrete dangers such as sexual assault, being caught in a natural disaster such as an earthquake, battlefield experiences, and episodes of torture. The experience of most re-education camp survivors exceeds these levels of trauma in duration, the multiplicity of stressors encountered, the degree of losses suffered, the quantity of insult to one's integrity and self-respect, and the amount of physical harm sustained. Their dosage of trauma often is huge. Only the most extreme experiences of prisoners of war, of those in Nazi death camps, of victims of the Khmer Rouge are comparable to the levels of trauma endured by Vietnamese re-education camp survivors.

Among the trauma and stresses re-education camp survivors report are:

1. Acute and ongoing physical torture.
2. Witnessing the torture and related deaths of others.
3. Intense, menacing interrogation and indoctrination.
4. Total lack of knowledge of the fate or whereabouts of themselves and their families.
5. Systematic disruption of any trust in or friendship with others.
6. Ongoing suffering from injuries sustained through torture.
7. Being worked nearly to the point of death.
8. Starvation.
9. Severe untreated physical illnesses and long term high fevers.
10. Loss of status and self-respect.
11. Loss of family, home, and friends.
12. Loss of memory and cognitive skills.
13. Stigmatization, rejection and shame on returning to their homes.
14. Alienation, conflict, and shock on returning to their families.
15. Further trauma related to leaving Vietnam and immigration.
16. Further loss of status and more shame in adaptive problems in the U.S.

With this greater focus on the variety of trauma experiences, think about specific observed ways in which people have recovered from trauma, as well as beliefs about how recovery from trauma can occur. Richard Mollica, who spoke at Boat People SOS's national conference, emphasizes the natural patterns of healing and recovery seen among traumatized individuals and groups.



In-Class Activity #1

Coping with Trauma and Stress

What are examples of how you have seen Vietnamese people cope and respond? Consider in the process how you understand the nature of traumatic stress. Is it:

- A. A new type of disease which will respond only to specialized professional care?
- or-
- B. A natural part of the human experience which people will manage using their own resources?

In the recovering from traumatic stress do people:

- A. First have to recover from their trauma before they get on with their lives?
- or-
- B. Have to build and recover their lives while they continue to experience aspects of their trauma?

Are people who have suffered trauma more victims or are they survivors? What is the difference between the two?



4. Post-Traumatic Stress Disorder (PTSD)

It is understood that post-traumatic stress disorder is likely to appear among traumatized people, but it is also important to consider that, among people exposed to the same type and degree of trauma, responses may be very different. Some people emerge close to normal. With single trauma exposures only 15-20% of people may evidence PTSD symptoms. Others are very symptomatic and seem psychologically very damaged. Especially those experiencing Hyperarousal (see #1 below) may fear they are going crazy and are terribly abnormal.

The symptoms of PTSD often seem paradoxical and contradictory; some people are more fearful and agitated where others are more numb and deadened. Most typically PTSD sufferers will demonstrate both symptom clusters, with one or the other being more noticeable at a particular time. Many behavioral and life adjustment problems are also encountered among those with PTSD. Aspects of PTSD, then, can be organized under three headings.

1. HYPERAROUSAL/FEAR/ ANXIETY (“fight and flight”)
 - Intrusive, distressing memories: “flashbacks”
 - Exaggerated startle response
 - Lowered threshold for experiencing fear and anxiety
 - Repeating horrifying experiences in nightmares
 - Fearful response to stimuli that represents the original danger
 - Preoccupation with images of threat and death
 - Ongoing upsetness of GI tract and central nervous system

2. NUMBING/AVOIDANCE/SHUTTING DOWN (“freeze and forget”)
 - Avoiding any reminders of trauma
 - Forgetting, denying, repressing what happened
 - Feeling detached from others
 - Emotions are turned off
 - Going through day in dull, “robot-like” way
 - Seeming far away, preoccupied
 - Suspicious-can’t trust others

3. BEHAVIORAL/LIFE ADJUSTMENT PROBLEMS
 - Irritability
 - Outbursts of anger-sometimes violent
 - Withdrawal from others
 - Feeling passive and helpless, they don’t actively cope with challenges
 - Trouble with memory, concentration, problem solving
 - Personal sense of shame, guilt, worthlessness
 - Abuse of alcohol and drugs



5. “Active Ingredients” in Trauma Treatment

Knowledge about treating trauma is not well developed. Mental health professionals have paid attention to PTSD only in the last twenty years. In addition to mental health treatment of more typical “one dose”, time limited trauma, there is increasing attention being paid to chronic trauma, especially in centers in North America and Europe helping survivors of torture.

The “active ingredients” in treatment are organized under individual, familial-communal, and societal headings. Most of what Americans know is focused on the individual receiving services derived from medical and mental health models of care giving. This emphasis reflects Western customs and habits. It is believed that, for some people, a more collective and communal approach may be more effective and more appropriate. It is very likely that, in all PTSD treatments, elements from all three different levels should be combined. The proportions of each may vary depending on individual and cultural factors. Notice how many of these aspects of treatment have been noted previously in this training session.

INDIVIDUAL LEVEL OF INTERVENTION

1. Medication: a variety of anti-anxiety, anti-depressant and sleep medications often are of help.
2. Physical rehabilitation: treatment of chronic physical problems resulting from torture and chronic stress. Also movement and recreation therapy.
3. Integration of experience through storytelling: a person breaks silence to create a survivor’s narrative which puts back together pieces of a life and seems to help control upsetting memories. (Moving the site of memory in the brain from limbic to hippocampal areas)
4. De-sensitization: a variety of small group and individual techniques help the survivor recall trauma without being flooded and overwhelmed.
5. Reconnecting with a positive life before the trauma: the person identifies and owns again old successes, strengths, and joys in living.

FAMILIAL-COMMUNAL LEVEL OF INTERVENTION

1. Re-establishing trust in and affectionate ties with others.
2. Enabling persons to form connections with helping persons and agencies.
3. Re-establish survivor in effective roles in family and community life.
4. Reinforce the important role of a survivor in caring for and helping to build a future for his own and other children.
5. Re-establish spiritual life and participation in temple or church.



SOCIETAL LEVEL OF INTERVENTION

1. Re-establish survivor in a work life and related job training.
2. Find role for survivor to help protect others from trauma and abuse.
3. Encourage survivor to bear witness to his experience through local, national and international forums.
4. Enfranchise survivor as citizen, voter, and active agent in his new adopted country. Political rehabilitation for the politically oppressed.
5. Help person discover ways to preserve Vietnamese language and culture in the new U.S. communities.
6. Intensive care programs for those who are severely damaged.
7. Need for community support of families providing care.

NOTES



6. The Matter of Violence Against Women

My experiences from evaluating camp survivors and their wives demonstrates that, very often, the women seem more ill and more disabled than their husbands, though they were never imprisoned and tortured. How do we explain the following: * starvation * massive stress * suffering in the “new economic zones” * forced labor * Agent Orange exposure * head injuries * repeated experiences of rape?

When one group or country conquers another, sexual assault of women is a very widespread, almost universal occurrence. All of the above factors are likely involved, but sexual violence is likely to be a traumatic factor in many of most of these cases. Yet this is an experience most Vietnamese women cannot talk about at all.

In-Class Activity #2

Violence Against Women

Do you believe sexual assault is likely to be a factor in these women’s history? If so, consider the following questions:

1. Is there any way to help women overcome their sense of shame about what happened to them?
2. Are Vietnamese men able to acknowledge what happened and give acceptance and support to their wives?
3. Is it better to say nothing at all about what these women suffered?
4. Should these women be encouraged to talk about what they experienced?
5. Should these women continue to feel at fault for what happened to them?
6. Considering the elements in recovery from trauma we have considered today, what do you think will help these women the most in recovering from their traumatic sexual experiences?



7. Wrap-up

This session seeks to open the discussion of trauma experiences among Vietnamese refugees. While these are fairly universal experiences, the social norms and fears of being overwhelmed emotionally often prevent talk about the suffering that has been experienced. This segment sought to understand both the moderate trauma of many, and the profound trauma of re-education camp survivors and their families. The session promotes thinking of traumatized people as “survivors” who in most cases can build new lives whether or not they fully recover from the horrors they experienced.

The Peer Companions participating in this session are provided with a simple way to understand what Post-Traumatic Stress Disorder (PTSD) is. The focus here was that, in many cases, mental health and medical professionals provide different assistance than is provided by family, friends, and community groups. However, what is important is that this professional assistance is not necessarily more powerful or more important, it complements what is done by family, friends, and community.

This session also highlights the importance of opening up discussion about violence toward women. At a minimum, it is helpful to try to understand how cultural values can profoundly shape capacities of help givers such as Peer Companions.

Overall, Peer Companions can gain greater insight about the PTSD process and how it affects people, as well as the trauma faced with situations of violence toward women. In these and other traumatic situations, the Peer Companion has an important role of understanding these situations, and providing good support and assistance to those in need. The Peer Companion can also make the appropriate referral to other caregivers as needed.

KEY POINTS

- ◆ Trauma is widespread and normal; it helps to understand your own trauma if you are to help others with their trauma.
- ◆ It is helpful to understand and talk openly about what happened to prisoners and families.
- ◆ There are natural, spontaneous ways to recover. Traumatized people still can lead successful lives.
- ◆ PTSD includes responses of activating and closing down, and possible behavior problems.
- ◆ Though professionals are sometimes needed, there is a huge amount that Peer Companions and their communities can do to promote trauma recovery.
- ◆ Can we address the needs of women survivors, or will cultural rules of silence prevent us from helping?

ASSIGNMENT

- ◆ Read the information found in Session 7 on “Mental Health.”
- ◆ Complete Peer Companion Applications on “Trauma” session.

Note: Session prepared by Robert C. Weigl, Ph.D. – Director and Clinical Psychologist, The Franklin Center.



MENTAL HEALTH

Phase I Session 7

LEARNING OBJECTIVES

- ✓ To understand mental health and psychological well-being.
- ✓ Defining mental health.
- ✓ Identifying symptoms of mental health.
- ✓ Understanding the role of the Peer Companion in addressing mental health problems.

CLASS OUTLINE

1. **Review of the “Trauma” Section**
2. **Defining Mental Health**
 - Understanding what it means to be healthy mentally
 - An overview of mental health problems
3. **The Myth and Facts about Mental Health and Mental Illness**
 - Learning basic issues associated with mental illness
 - Ways of helping others understand the facts
4. **Defining Mental Illness**
 - Causes of mental illness
 - Treatment for mental illness

KEY POINTS

- ◆ The quality of mental health is a major consideration for Peer Companions as they deal with others.
- ◆ There are occasions when mental health issues cause a concern; some of these may be mental illness-related.
- ◆ For mental illness issues, it is most helpful if an individual receives professional services or other treatment from someone who is qualified (e.g., a counselor or psychiatrist).
- ◆ The primary roles of a Peer Companion are to be supportive of an individual, promote overall quality of life, and make referrals as needed.



2. Defining Mental Health

“Mental health” properly describes a sense of well-being: the capacity to live in a resourceful and fulfilling manner, having the resilience to deal with the challenges and obstacles which life presents. Mental health “problems” or “difficulties” are terms that can be used to describe temporary reactions to a painful event, stress or external pressures, or systems of drug or alcohol use, lack of sleep or physical illness; this terminology may also be used to describe long-term psychiatric conditions which may have significant effects on an individual's functioning.

The table below provides a brief summary of some of the symptoms of the most common mental health problems; such conditions should only be diagnosed by a qualified clinician.

Anxiety	Agitation, significant changes in appetite, headaches, digestive difficulties, or panic attacks. Includes post-traumatic stress disorder (PTSD), an anxiety disorder that may be characterized by repetitive memories or flashbacks of a traumatic event.
Depression	Low mood, lack of motivation, sense of emptiness, change of appetite, disturbed sleep patterns, withdrawal, self-neglect, self loathing, thoughts of hurting or killing oneself.
Mania	Elated mood, rapid speech, little sleep, relentless high energy, reckless behavior, delusions or hallucinations. Mania with depression may also be a feature of “bi-polar disorder” (also known as manic depression).
Psychosis	Disordered or paranoid thoughts, delusions, disorganized or strange speech, “hearing voices”, agitated or bizarre behavior, extreme emotional states.
Schizophrenia	Schizophrenia is the most common psychotic disorder. In addition to the symptoms of psychosis listed above, this disorder may be characterized by negative symptoms such as social withdrawal, poor personal hygiene and poor motivation.
Anorexia Nervosa	An eating disorder characterized by extreme fear of being fat, distorted body image, extremely low dietary intake, excessive exercise.
Bulimia Nervosa	An eating disorder characterized by binge eating, induced vomiting, induced diarrhea.
Obsessive-Compulsive	Repetition of behaviors, rituals, checking, ruminating, repetitive thoughts. Intense fear, usually with one focus such as open or confined spaces, heights, rats, spiders, social situations.

Many people experience some of the symptoms described above at some points in their lives and indeed some are typical reactions to a range of common life events. The degree of severity is reflected by the intensity of the symptoms and the impact of the individual's capacity to function.

Adapted from http://www.leeds.ac.uk/ahead4health/mental_health.htm



In-Class Activity #1

Understanding Mental Health

What is your overall understanding of mental health?

What does it mean to be “mentally healthy”?

What does it mean to be “mentally unhealthy”?

How do friends and family members in the Vietnamese community feel about talking about “mental health”?

NOTES



3. Myth and Facts about Mental Health and Mental Illness

Often people are afraid to talk about mental health because there are many misconceptions about mental illnesses. It's important to learn the facts to stop discrimination and to begin treating people with mental illnesses with respect and dignity.

Myth: *There's no hope for people with mental illnesses.*

Fact: There are more treatments, strategies, and community supports than ever before, and even more are on the horizon. People with mental illnesses lead active, productive lives.

Myth: *I can't do anything for someone with mental health needs.*

Fact: You can do a lot, starting with the way you act and how you speak. You can nurture an environment that builds on people's strengths and promotes good mental health. For example:

- Avoid labeling people with words like "crazy," "wacko," "loony," or by their diagnosis. Instead of saying someone is a "schizophrenic" say "a person with schizophrenia."
- Learn the facts about mental health and share them with others, especially if you hear something that is untrue.
- Treat people with mental illnesses with respect and dignity, as you would anybody else.
- Respect the rights of people with mental illnesses and don't discriminate against them when it comes to housing, employment, or education. Like other people with disabilities, people with mental health needs are protected under Federal and State laws.

Myth: *People with mental illnesses are violent and unpredictable.*

Fact: In reality, the vast majority of people who have mental health needs are no more violent than anyone else. You probably know someone with a mental illness and don't even realize it.

Myth: *Mental illnesses cannot affect me.*

Fact: Mental illnesses are surprisingly common; they affect almost every family in America. Mental illnesses do not discriminate—they can affect anyone.

Myth: *Mental illness is the same as mental retardation.*

Fact: The two are distinct disorders. A mental retardation diagnosis is characterized by limitations in intellectual functioning and difficulties with certain daily living skills. In contrast, people with mental illnesses—health conditions that cause changes in a person's thinking, mood, and behavior—have varied intellectual functioning, just like the general population.

Myth: *Mental illnesses are brought on by a weakness of character.*

Fact: Mental illnesses are a product of the interaction of biological, psychological, and social factors. Research has shown genetic and biological factors are associated with schizophrenia, depression, and alcoholism. Social influences, such as loss of a loved one or a job, can also contribute to the development of various disorders.



Myth: *People with mental illnesses cannot tolerate the stress of holding down a job.*

Fact: In essence, all jobs are stressful to some extent. Productivity is maximized when there is a good match between the employee's needs and working conditions, whether or not the individual has mental health needs.

Myth: *People with mental health needs, even those who have received effective treatment and have recovered, tend to be second-rate workers on the job.*

Fact: Employers who have hired people with mental illnesses report good attendance and punctuality, as well as motivation, quality of work, and job tenure on par with or greater than other employees. Studies by the National Institute of Mental Health (NIMH) and the National Alliance for the Mentally Ill (NAMI) show that there are no differences in productivity when people with mental illnesses are compared to other employees.

Myth: *Once people develop mental illnesses, they will never recover.*

Fact: Studies show that most people with mental illnesses get better, and many recover completely. Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

Myth: *Therapy and self-help are wastes of time. Why bother when you can just take one of those pills you hear about on TV?*

Fact: Treatment varies depending on the individual. A lot of people work with therapists, counselors, their peers, psychologists, psychiatrists, nurses, and social workers in their recovery process. They also use self-help strategies and community supports. Often these methods are combined with some of the most advanced medications available.

Myth: *Children do not experience mental illnesses. Their actions are just products of bad parenting.*

Fact: A report from the President's New Freedom Commission on Mental Health showed that in any given year 5-9 percent of children experience serious emotional disturbances. Just like adult mental illnesses, these are clinically diagnosable health conditions that are a product of the interaction of biological, psychological, social, and sometimes even genetic factors.

Myth: *Children misbehave or fail in school just to get attention.*

Fact: Behavior problems can be symptoms of emotional, behavioral, or mental disorders, rather than merely attention-seeking devices. These children can succeed in school with appropriate understanding, attention, and mental health services.

Adapted from http://allmentalhealth.samhsa.gov/myths_facts.html



Reading: Getting Help: Locate Services

If unsure where to go for help, talk to someone you trust who has experience in mental health—for example, a doctor, nurse, social worker, or religious counselor. Ask their advice on where to seek treatment. If there is a university nearby, its departments of psychiatry or psychology may offer private and/or sliding-scale fee clinic treatment options. Otherwise, check the Yellow Pages under "mental health," "health," "social services," "suicide prevention," "crisis intervention services," "hotlines," "hospitals," or "physicians" for phone numbers and addresses. In times of crisis, the emergency room doctor at a hospital may be able to provide temporary help for a mental health problem, and will be able to tell you where and how to get further help.

Listed below are the types of people and places that will make a referral to, or provide, diagnostic and treatment services.

- Family doctors
- Mental health specialists, such as psychiatrists, psychologists, social workers, or mental health counselors
- Religious leaders/counselors
- Health maintenance organizations
- Community mental health centers
- Hospital psychiatry departments and outpatient clinics
- University- or medical school-affiliated programs
- State hospital outpatient clinics
- Social service agencies
- Private clinics and facilities
- Employee assistance programs
- Local medical and/or psychiatric societies

From National Institute of Mental Health

WEBSITE HELP

Mental Health Service Locator: <http://mentalhealth.samhsa.gov/databases/>

Locate Affordable Health Care in your area: <http://www.ask.hrsa.gov/pc/>

Crisis/Immediate Help: <http://www.nimh.nih.gov/health/topics/suicide-prevention/if-you-are-in-crisis-and-need-immediate-help.shtml>

Adapted from <http://www.nimh.nih.gov/health/topics/getting-help-locate-services/index.shtml>



In-Class Activity #2

Decision-Making Strategies

What do you envision as healthy ways of engaging the group in decision-making?

What helps you determine when and how to involve the group members in decision-making?

NOTES



4. Defining Mental Illness

In the past, the subject of mental illness was surrounded with mystery and fear. Today, we have made tremendous progress in our understanding and, especially in our ability to offer effective treatments. However, questions about mental illness often go unanswered and stand in the way of people receiving help.

- **How Common Is Mental Illness and What Are the Impacts on Society?**

Mental illness is common, and the milder conditions are very common. One fifth of Americans suffer from a diagnosable mental disorder during any given year. One fifth of school-age children are also affected by these conditions. Severe and persistent mental illness is less common, but still afflicts three percent of the population. The vast majority of individuals with mental disorders continue to function in their daily lives, although with varying impairments. Overall medical care costs are driven up enormously by costs associated with unrecognized psychiatric syndromes.

- **What Are the Causes of Mental Illness?**

The exact causes of mental disorders are unknown, but an explosive growth of research has brought us closer to the answers. We can say that certain inherited dispositions interact with triggering environmental factors. Poverty and stress are well-known to be bad for your health—this is true for mental health and physical health. In fact, the distinction between “mental” illness and “physical” illness can be misleading. Like physical illnesses, mental disorders can have a biological nature. Many physical illnesses can also have a strong emotional component.

- **Are People Suffering from Mental Illnesses Violent?**

There is a misconception that people with mental illnesses are violent, which contributes to the stigma of mental illness. The vast majority of people with mental illness are not violent, and the majority of violent acts are conducted by persons who are not mentally ill. They are more likely to be victims of violence than perpetrators, and more likely to hurt themselves than hurt other people.

- **Do Psychiatrists Do More than Just Write Prescriptions for their Patients?**

State of the art treatment for mental illness is very effective—as effective as treatments for high blood pressure, cancer, and arthritis. But good treatment for mental illness (like treatment for ulcers or heart disease) takes a comprehensive approach. Medication is often not the only treatment for a chronic illness, although excellent new psychiatric medications have been developed in recent years.

Psychiatric treatment involves a full mental and physical health evaluation and an individualized treatment plan, which may include psychotherapy (talk therapy), medication, or other modalities. Psychiatrists help patients understand illnesses and understand what they can do to resolve life problems that contribute to illnesses. This may involve issues on the job, in school, or within the family and community.

Psychiatrists see the necessity of working within a tailored approach for the treatment of their patients, often taking a hands-on approach to the whole fabric of the patient’s needs. Educational, medical, spiritual, and interpersonal as well as basic issues such as adequate housing and nutrition are considered. Sometimes the misuse of drugs or alcohol is present and will require treatment. Today’s model of psychiatric care recognizes the importance of families as part of the treatment team. Enlightened interventions which help families struggling with child abuse and neglect, domestic and



community violence, substance abuse, or school failure increasingly integrate psychiatric consultation into their programs. Any or all of these interventions may be used in tailoring a treatment plan for patients.

- **How Difficult Is It to Get an Appointment with a Psychiatrist?**

It is always wise to begin a search for help by asking the family doctor for advice; in addition, local hospitals often can make a referral and teaching hospitals or large medical centers are especially likely to be aware of available resources. A variety of reputable organizations have lists of service providers, and good low-cost or sliding-scale treatment programs exist in many communities. Many of the problems Americans face in obtaining good mental health services are similar to the problems in obtaining general medical services. Moreover, 40 million Americans have no insurance at all. Advocacy organizations, professional societies, patients' rights groups, and the public at large have been taking action to make treatment for mental illness more accessible and affordable.

Resources

For more information, please contact:

American Psychiatric Association (APA)

1000 Wilson Blvd., Suite 1825

Arlington, VA 22209

703-907-7300

www.HealthyMinds.org

American Academy of Child and Adolescent Psychiatry (AACAP)

3615 Wisconsin Ave., N.W.

Washington, DC 20016-3007

202-966-7300

www.aacap.org

National Alliance on Mental Illness (NAMI)

Colonial Place Three

2107 Wilson Blvd., Suite 300

Arlington, VA 22201-3042

Information Helpline:

800-950-NAMI (6264)

www.nami.org

Mental Health America (formerly NMHA)

2000 N. Beauregard Street, 6th Floor

Alexandria, VA 22311

800-969-MHA (6642)

www.mentalhealthamerica.net



5. Wrap-up

Mental health is an important issue for Peer Companions, as it reflects the overall quality of life for individuals. What is important is that older Vietnamese feel supported in their desire to improve their lives. There are occasions when someone is affected by mental illness, and this is something where the Peer Companion needs to gather the appropriate resources and make the necessary referral.

This session highlighted some of the kinds of mental illness, as well some of what it takes to be mentally healthy. Some myths and truths about mental health and mental illness are offered, as well as a variety of resources that can be helpful for staying mentally healthy. Further, there are times that external, professional assistance can be helpful and is needed.

With this background, Peer Companions can be supportive and provide appropriate guidance. The Peer Companion is not a counselor; for mental illness, this is best handled by a professional counselor or psychiatrist. The Peer Companion, however, has a very important role to play with supporting the person, and being a friend or someone to listen to. Further, the Peer Companion has a very important role of making a referral if needed. For most situations, however, mental health issues are focused mainly on balance; the mental illness issues are important, yet are much more rare.

KEY POINTS

- ◆ The quality of mental health is a major consideration for Peer Companions as they deal with others.
- ◆ There are occasions when mental health issues cause a concern; some of these may be mental illness-related.
- ◆ For mental illness issues, it is most helpful if an individual receives professional services or other treatment from someone who is qualified (e.g., a counselor or psychiatrist).
- ◆ The primary roles of a Peer Companion are to be supportive of an individual, promote overall quality of life, and make referrals as needed.

ASSIGNMENT

- ◆ Read the information found in Session 8 on “Resources.”
- ◆ Complete Peer Companion Applications on “Mental Health” session.
- ◆ Complete Homework Assignment A (“Identifying Local Resources”).

Note: Session prepared by Fred Bemak, Ph.D. – Professor and Director of the Diversity Research and Action Center; George Mason University.



NOTES



RESOURCES

Phase I Session 8

LEARNING OBJECTIVES

- ✓ To understand the range of resources.
- ✓ To learn the difference between “proactive” and “reactive” resources.
- ✓ To gain an appreciation of the important role that Peer Companions play with resources for others.

CLASS OUTLINE

- 1. Review of the “Mental Health” Section**
- 2. Resources Overview**
 - Recreational
 - Social
 - Vocational
 - Health
 - Mental health
 - Spiritual
- 3. Qualities of a Helpful Resource Provider**
 - Key qualities of importance
- 4. Identifying Resource Needs**
 - Reactive resource needs
 - Proactive resource needs
 - Ways of understanding others’ needs

KEY POINTS

- ◆ A wide range of resources exist to help with those assisted by the Peer Companions.
- ◆ Resources can be organized into six areas of consideration: recreational, social, vocational, health, mental health and spiritual.
- ◆ It is helpful for Peer Companions to understand the variety of resources, so they can be of greatest assistance to others.
- ◆ The Peer Companion role is one of helping with “reactive” resources as well as “proactive” resources.



1. Review of the “Mental Health” Session

1. What is your reaction to what was discussed during the session last time?

2. What were the key points or learning items covered?

3. What questions or unresolved issues do you have?

Peer Companion Applications

Identify at least five specific ways that a Peer Companion could apply the material from the previous session “Mental Health”:

- 1.
- 2.
- 3.
- 4.
- 5.



2. Resources Overview

Resources exist throughout the community. Numerous resources are available to help people with addressing the various aspects of life; some of these issues are dealing with problems, and others are resources that can help enhance the quality of life.

The important challenge is to connect people with resources around them. This has to do with identifying the needs they have, promoting their awareness of what resources might be helpful, and connecting them with the resource. This also has to do with them connecting with the resources, and engaging their assistance. Finally, a Peer Companion would benefit from following up with those for whom they have provided assistance.

Homework Assignment A *Identifying Local Resources*

Resources can be divided into six major areas: recreational, social, vocational, health, mental health, and spiritual. For each of these areas, please identify 3-5 resources in the region. For each resource, please include (1) the name of the organization, agency, or service; (2) description of the resource, and (3) contact information.

RECREATIONAL

- 1.
- 2.
- 3.
- 4.
- 5.

SOCIAL

- 1.
- 2.
- 3.
- 4.
- 5.



VOCATIONAL

- 1.
- 2.
- 3.
- 4.
- 5.

HEALTH

- 1.
- 2.
- 3.
- 4.
- 5.

MENTAL HEALTH

- 1.
- 2.
- 3.
- 4.
- 5.

SPIRITUAL

- 1.
- 2.
- 3.
- 4.
- 5.



3. Qualities of a Helpful Resource Provider

The Peer Companion has a large opportunity to assist others in the community. Often, understanding and engaging the various needed resources in the region can be overwhelming, and also can be a challenge. The Peer Companion can assist others with awareness of local resources, as well as how to access them. In this process, some qualities that help the Peer Companion be most effective are identified.

In-Class Activity #1

Being a Helpful Resource Provider

What qualities are important for being a good resource provider?

What specific skills or behaviors contribute to a Peer Companion being good or effective with resource assistance?

What specific skills or behaviors detract from a Peer Companion being effective with resource assistance?

NOTES



4. Identifying Resource Needs

Two questions emerge within the issue of resources, particularly in the context of working with someone as a Peer Companion. This is the issue of the various needs that they have. That is, what types of specific needs might exist for each of the six resource areas? For this, there are the kinds of needs that may exist because of a problem or an issue of concern to the individual; these are “reactive” needs. There are also those things that you believe would benefit a person, but are not really responding to a specific area of concern; these are “proactive” needs. A reactive need may be that a person needs a doctor, or needs some physical therapy, or needs some assistance with finding a job. A proactive need may be that a person would, you believe, benefit from participating in a recreational activity, or would benefit from some advice about a new type of work or job experience. In this, it is helpful to think about a variety of situations.

In-Class Activity #2

Identifying Resource Needs		
Resource Area	Reactive Resource Needs	Proactive Resource Needs
<i>Recreational</i>		
<i>Social</i>		
<i>Vocational / Occupational</i>		
<i>Health</i>		
<i>Mental Health</i>		
<i>Spiritual</i>		



The next consideration is how to identify these needs. What specific strategies or approaches are helpful in identifying specific needs? That is, how might you learn what the needs are for someone with whom you are working as a Peer Companion?

In-Class Activity #3

Strategies for Identifying Resource Needs	
	Strategies
<i>Reactive Resource Needs</i>	1. 2. 3. 4. 5.
<i>Proactive Resource Needs</i>	1. 2. 3. 4. 5.

NOTES



5. Wrap-up

Resources surround Peer Companions and those they serve. These are often overwhelming and bewildering. Gaining a thorough knowledge of the resources is a life-long task, a challenge made greater by the fact that resources are constantly expanded. Further, needs of the community change and grow over time. Each community has a broad array of resources and assistance available on numerous issues and topics.

Having a good understanding of resources can be very helpful to the community members; often helpful for knowing these resources is being in a place for a long period of time. Through “trial and tribulation”, individuals can learn what resources are available, and which ones are most helpful. However, just living in an area is not sufficient; it’s also important to have a sense of exploration, and seeking out a variety of information and services that might be of assistance for any of a variety of things.

Peer Companions have a most instrumental role to play with other Vietnamese elders. Having a good understanding of the resources, and ways of “navigating” the variety of services and opportunities, is a most helpful role. The Peer Companion can help connect others to these resources. Of great importance is the support and guidance that a Peer Companion can play with others, as they can identify and engage in the various resources found throughout the local community.

KEY POINTS

- ◆ A wide range of resources exist to help with those assisted by the Peer Companions.
- ◆ Resources can be organized into six areas of consideration: recreational, social, vocational, health, mental health and spiritual.
- ◆ It is helpful for Peer Companions to understand the variety of resources, so they can be of greatest assistance to others.
- ◆ The Peer Companion role is one of helping with “reactive” resources as well as “proactive” resources.

ASSIGNMENT

- ◆ Read the information found in Phase II, Session 1.
- ◆ Complete Peer Companion Applications on “Resources” session.

Note: Session prepared by David S. Anderson, Ph.D. – Professor of Education and Human Development, George Mason University.



PHASE II: INDIVIDUAL AND HELPING SKILLS

This second phase of the Peer Companion Curriculum begins the focus on skill-building for the Peer Companions. This phase is designed to prepare participants with skills that will be beneficial as they work with other older Vietnamese adults. These skills are helpful when working with others on an individual basis or in a group setting.

This phase of the curriculum builds upon the first phase. Phase I emphasized foundations, with a focus on knowledge and awareness of unique needs associated with older Vietnamese living in the United States. As part of Phase I, the emphasis was placed upon a focus on others and changes within their lives; the Peer Companion thus serves as a “change agent” in some type of helpful role.

Essential as a starting place for providing assistance to others is a strong awareness of oneself. Phase II starts with a foundation of “Knowing Yourself” so the participant can learn areas where she or he already has strengths, and areas where improvements can be made. Simply put, the importance of knowing your own strengths and weaknesses is central to being a strong helper; individuals can best assist others when there is strength within themselves. Further, assistance to others is best accomplished when the Peer Companion stays within their own area of skill. Thus, some Peer Companions will work best in a one-to-one relationship, and others will work better in a group discussion setting.

Phase II: INDIVIDUAL AND HELPING SKILLS

- ✓ **Knowing Yourself**
- ✓ **Group Learning**
- ✓ **Listening Skills**
- ✓ **Empathy and Motivational Interviewing**
- ✓ **Questioning and Reframing**
- ✓ **Clarification and Support**
- ✓ **Expectation Management, Problem Solving and Safety**
- ✓ **Caregiving and Emotions**



The second section in this phase of the curriculum focuses on the role of the group learning situation. This is an important aspect of the remainder of the curriculum activities, as this specific class segment emphasizes the importance of giving and receiving constructive feedback. The aim is to have a healthy learning environment in the implementation of the curriculum training activities, so that participants are able to practice and refine many of the skills to which they are being exposed. Providing feedback, from the perspective of those “receiving” the new skills from the participant, from the course instructor, and from other course participants, are all important to do in a quality manner.

Sessions on good listening skills, how to demonstrate empathy and understanding of others’ situations, how to ask questions, and how to respond most effectively are all highlighted in this session. The tone of many of these sessions is such that it appears to be focused on a one-to-one relationship between the Peer Companion and another person being assisted by them. While this may be the case in many situations, the skills are transferable from the individual setting to a group setting. That is, the listening skills found in individual advising relationships are the same types of listening skills found in the group discussion or group workshop settings.

Attention throughout this phase of training is provided to having the Peer Companion learn ways of most effectively working with another person. As highlighted in the Introduction to this curriculum, Peer Companions are prepared to assist others with their services; they are not being prepared as professional counselors or advisors, and thus the title “Peer Companion” is relevant. The attention is focused on preparing these individuals to best reach out to others and provide assistance – and helpful and professional way – without actually being a professional.

This phase provides the Peer Companion with quality skills, helpful for both individual and group applications. The participant learns skills and new ways of approaching the “helping situation” that can improve through practice, for many years following the initial training. As an entire world of people and different qualities and characteristics exists, it is a life-long process of learning ways of best helping others to have quality and healthy lives, with a high level of mental health and overall healthy living situations. Active engagement in this phase is very helpful in this process.



KNOWING YOURSELF

Phase II Session 1

LEARNING OBJECTIVES

- ✓ To show that knowing one's strengths and weakness is fundamental for developing a role for helping other people.
- ✓ To help people identify the activities they will include in their roles as Peer Companions.
- ✓ To help Peer Companions identify their limits, needs for assistance, and needs for training.
- ✓ To equip Peer Companions with awareness of their vulnerabilities in their work with others.
- ✓ To increase Peer Companions' awareness of needs to care for themselves.
- ✓ To help people identify the best ways to learn their jobs.

CLASS OUTLINE

1. **Review of Sessions from Phase I**
 - Key learning, new insights and applications from the previous phase
2. **Strengths and Weaknesses: The Art of Knowing Yourself**
 - Elements to consider in being a 'public person'
 - Categories for review as a peer companion
3. **Elements in a Peer Companion's Role**
 - Determining what activities offer comfort, and what we do/don't want to learn to do
4. **"What Should I Do If..."**
 - Identifying difficult situations peer companions should manage or refer to others
5. **Issues in Self-Care**
 - Knowing the basics in setting personal limits
 - Knowing when to engage, retreat, or get help when helping others
6. **When Should I "Disqualify Myself"?**
 - There is wisdom in knowing when to leave a situation alone
 - Learning to feel and identifying one's own vulnerabilities
7. **What is my Learning Style?**
 - Knowing preferred ways of learning new skills as helpers
 - When to rely on oneself, other Peer Companions, or experts for help

KEY POINTS

- ◆ Peer Companions are most effective when they know themselves (strengths and weakness).
- ◆ It is important that Peer Companions set limits and boundaries.
- ◆ Each individual has specialty areas, skills, and assets for development.
- ◆ Learning new skills is an ongoing process, and individuals learn in different ways.



1. Review of Sessions from Phase I

1. What is your reaction to what was discussed during the sessions of Phase 1?

2. What were the key points or learning items covered?

3. What questions or unresolved issues do you have?

Peer Companion Applications

Identify at least five specific ways that a Peer Companion could apply the material from the previous session “Resources”:

- 1.
- 2.
- 3.
- 4.
- 5.



2. Strengths and Weaknesses: The Art of Knowing Yourself

Helping is like learning to play an instrument. You only know the music you can make when you know the range and the tone qualities of the instrument you have been given. Too often, human service is taught like everyone has been given the same instrument. The truth is that people are better or less equipped for different activities. They, in fact, are different instruments. Each Peer Companion will have varied skills and multiple roles, and these will complement those of other Peer Companions.

Choosing between roles as a public figure versus being a very personal, private helper in Peer Companion activities is an important consideration. Which do you want? The elements to consider in deciding what you want to do as a Peer Companion:

1. Knowledge
2. Skills
3. Enjoyment and interest
4. The ability to receive others needs and feelings
5. Being aware of your own needs and feelings
6. Knowing your limits of time and energy

In-Class Activity #1

Knowing Yourself

Think of examples that describe yourself under one or more of the six categories above for sharing with the group. A point to consider—it takes courage and trust in others to share some of your own limits or difficulties. This does not develop all at once, but is it something that can be developed among all or some of the members of this group?

Is this type of sharing hard for you? Consider factors such as personal pride and public image.



3. Elements in a Peer Companion’s Role

A Peer Companion will encounter a variety of roles. For some of these, the Peer Companion is already highly skilled, confident, and “ready to go.” For other roles, some practice will be helpful in getting more prepared. And for other roles, a Peer Companion may just not be appropriate. This activity will be helpful in gaining greater comfort for selected activities. This is part of “knowing yourself” so that you are best prepared to do what you do naturally, and to do it even better.

In-Class Activity #2

Comfort with Various Peer Companion Roles

First, form into pairs for this activity. Then, rate your comfort level in various peer activities regarding each of the six items described above. Then, decide which “uncomfortable” activities would be appropriate for learning more, so that comfort can be increased. When this self rating is done, “peer pairs” share preferred sets of activities with one another. After this pair sharing, all participants will be asked to share their discovery of their preferred Peer Companion role with the whole group.

1. Apply the following scale to rating your comfort in the following activities:

Very										Very
Uncomfortable	1	2	3	4	5	6	7	8		Comfortable

Place the number 1 to 8 on the space next to each activity to indicate how uncomfortable or comfortable you are with each activity.

- ___ 1. Meeting and talking with new people in a social gathering.
- ___ 2. Playing games and singing at a Vietnamese celebration.
- ___ 3. Driving another person to a doctor’s appointment.
- ___ 4. Talking with another person about her or his political opinions.
- ___ 5. Talking with another person about her or his religious beliefs.
- ___ 6. Praying or meditating with another person.
- ___ 7. Giving a person information about taxes, insurance, or English classes.
- ___ 8. Discussing worries about adult children and grandchildren.
- ___ 9. Convening an educational program on uterine or prostate cancer.



- ___ 10. Sharing stories about growing up in Vietnam.
- ___ 11. Hearing someone talk about memories being in a combat zone.
- ___ 12. Listening to someone talk of memories as boat people and refugees.
- ___ 13. Visiting the home of a family to hear them talk about family problems.
- ___ 14. Telling a friend you are worried or upset.
- ___ 15. Deciding whether or not someone is mentally ill.
- ___ 16. Visiting a person who is dying.
- ___ 17. Listening to someone talk about his imprisonment and torture.
- ___ 18. Hearing a woman describe a physical assault and rape.
- ___ 19. Telling a person they need help with medical problem.
- ___ 20. Telling a person they need help with a drug or alcohol problem.
- ___ 21. Coordinating food and refreshments for a public event.
- ___ 22. Teaching others about dealing with an American bank, hospital, or police.
- ___ 23. Speaking about the needs of Vietnamese elders with local American officials.
- ___ 24. Speaking at a local church or temple to recruit STEP participants.
- ___ 25. Accompanying an elder on a first visit to a helping agency.
- ___ 26. Other activities that interest you????

2. When you have finished rating your comfort level with each of these activities, go back and review all that you have rated as a "4" or lower. Put an "X" next to ones you do NOT want to learn to do and an "O" next to ones you do want to learn to do.

3. Each member in the paired group now exchanges the self rating list with the other member. Talk with the other person about the preferred helping roles.



4. “What Should I Do If..”

As a Peer Companion, you will encounter some situations that may be particularly challenging. It is best to have some discussion and preparation about these, prior to encountering them. While most of these difficult situations will not occur with each individual, it is helpful to discuss them. Many Peer Companions are concerned that they might encounter these, so confidence is increased by discussing if and how to respond to each one.

In-Class Activity #3

Challenging Peer Companion Situations

In your work as Peer Companions you may encounter difficult and embarrassing helping situations. This is natural and expectable. Staying with your pairs from the last exercise, each pair will be assigned two or three of the examples listed below. As a pair you are to discuss what you think is the wisest and most appropriate way to respond to the situation described. After this, each pair will report their advice and opinions to the whole group. Group members will add their own ideas.

What should I do

1. If a person just talks and talks and can't stop or listen?
2. If a person asks if she can come to visit me at home?
3. If a person asks me to talk with an adult son or daughter whom they believe is being neglectful or disrespectful?
4. If an elder person I am with is incontinent at a public event?
5. If a person asks if I will visit every week?
6. If a person telling a traumatic story starts to cry?
7. If a person asks me for money?
8. If a person says they are being abused and shows me bruises?
9. If a person is partly undressed when I visit them at home?
10. If someone insists on leading a meeting and they don't really know what they are doing?
11. A person of my age, but the opposite sex gives me a hug?
12. If someone confesses to me that they had to fight for the Viet Cong?



13. If a person seems rude and seems to treat me like a servant?
14. If the food a person brings to an event obviously has been prepared in the wrong way.
15. If someone insists on lingering behind the rest of the group when we are on a field trip together?
16. If a person clearly has had too much alcohol?
17. If a person says he is hearing voices?
18. If a person, suddenly very frightened, tells me she is experiencing a flashback?

As each pair reports back their suggested responses to these situations, think about the following points:

- Sometimes there is no absolutely clear “best thing” to do.
- It good to know when to get help from others.
- You have a right to protect your own safety and dignity.
- Your peers will often have opinions different than your own.
- Uncomfortable or uncertain feelings are part of your work.

NOTES



5. Issues in Self-Care

Another key aspect of knowing yourself is taking care of yourself. This is helpful so that you stay focused on whatever your key role or activities are with others, as a Peer Companion. It is important to stay balanced, and to keep in perspective the important role that you play. Self-care is all about continuing to learn; you are not expected to “know it all” at the beginning of serving as a Peer Companion, or even after years of being engaged in this role. Self-care means monitoring yourself, and learning ways of staying refreshed and renewed in your role.

In-Class Activity #4

Caring for Yourself

What are the best ways to care for yourself in the type of work you are choosing to do? In this brainstorming session, group responses will be put on the board. The following should be noted:

- Set boundaries of time, place, and person
- Know your own limits
- Work with others to share a task or a problem
- Know and ask “experts”
- Know when to refer
- Seek the advice of your peers
- Know your own special “weak spots”

NOTES



6. When Should I “Disqualify Myself”?

There are times that it is just not appropriate for you to continue in a particular role as a Peer Companion. It may be that the “match” between you and someone else is not correct, or something is too much for you to handle, or something else. This discussion will be helpful in focusing on these boundaries and limits for yourself. Here are some times that you might want to withdraw from working with a specific individual or group:

- When you experience upsetting or frightening flashbacks to traumatic experiences you had.
- When you just don’t like the other person.
- When there are too many “romantic vibrations.”
- You find yourself acting in some way that is silly or inappropriate.
- When the person hits a political or other “hot button.”

This is when a person presents themselves in some way that you strongly disapprove of: they were VC, they are homosexual, they informed on others in the camps, etc.

NOTES



7. What is My Learning Style?

Going back to some of the items earlier in this chapter, it is important to recognize that different people will learn and develop their roles as a Peer Companion in different ways. This session explores differences among people, and anticipates that people will learn using a variety of approaches.

In-Class Activity #5

Learning Styles

In the same pairings used earlier, talk about the best ways to learn. Here are some ways that you might consider. The focus should be on yourself, and how you best learn.

- Group discussion.
- Watching others.
- Role playing.
- Practice in the field with another peer.
- Consulting experts.
- Reading and study.
- Seeking the advice of a respected community member.
- Others??

Following this paired discussion, share the findings with the overall group.

NOTES



8. Wrap-up

The overriding purpose of this session is to legitimize people knowing themselves as a foundation for deciding what they should or should not do as Peer Companions. This self-knowledge is encouraged at two levels: first, at an intuitive level of what does or does not feel comfortable; and second, through guiding participants to think of the specific activities they would like to include in their own distinctive role as a Peer Companion. Participants are helped to anticipate challenging situations they might face, ways they should care for themselves, and when they should decide they should not to work in a particular situation. Through this process, it is important to consider the variety of ways of working as a Peer Companion and the critical importance of one's own peer group in this process.

This session provides the Peer Companion with a greater understanding of specific areas of interest, areas of strength, and areas which may be improved upon or avoided. The important application of this session is that not all Peer Companions will be doing the same thing; some Peer Companions will do more with individuals, and others will be more involved with groups. Each Peer Companion's activities must be based on personal skills and interests – and that requires “knowing yourself.” The various skills developed and enhanced through the Peer Companion Curriculum can help fill in areas where improvement is needed. Through training and experience, Peer Companions can become more comfortable and more skilled with expanding their roles; thus, continuing to review the content of this session, with self-assessments and reflection, can be most helpful over time.

KEY POINTS

- ◆ Peer Companions are most effective when they know themselves (strengths and weakness).
- ◆ It is important that Peer Companions set limits and boundaries.
- ◆ Each individual has specialty areas, skills, and assets for development.
- ◆ Learning new skills is an ongoing process, and individuals learn in different ways.

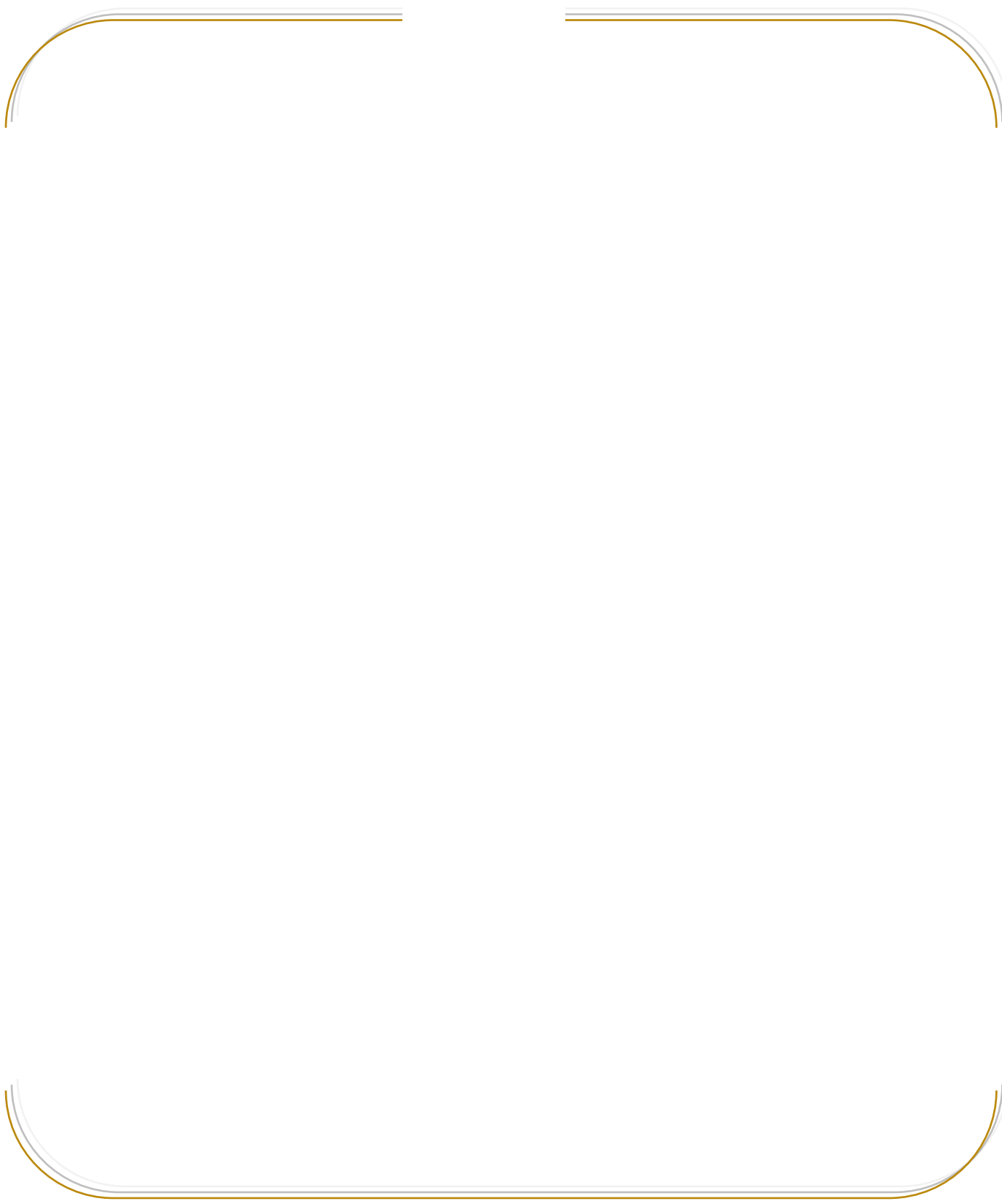
ASSIGNMENT

- ◆ *Read the information found in Session 2 on “Group Learning.”*
- ◆ *Complete Peer Companion Applications on “Knowing Yourself” session.*

Note: Session prepared by Robert C. Weigl, Ph.D. – Director and Clinical Psychologist, The Franklin Center.



NOTES



GROUP LEARNING

Phase II Session 2

LEARNING OBJECTIVES

- ✓ To understand the nature of group learning experiences.
- ✓ To learn skills appropriate for learning and sharing with peers.
- ✓ To identify strategies appropriate for maintaining healthy boundaries.
- ✓ To gain confidence expressing thoughts and feelings in a group setting.

CLASS OUTLINE

- 1. Review of the “Knowing Yourself” Session**
- 2. Introduction to “Foundations for Group Learning”**
 - Reactions about learning in a group setting
 - Strengths and drawbacks
 - The role of risk-taking
- 3. Skill-Building for Learning and Sharing**
 - Standards for behavior
 - Confidentiality
- 4. Providing Constructive Feedback**
 - Skills for constructive feedback

KEY POINTS

- ◆ Getting comfortable with group learning activities.
- ◆ Learning specific personal boundaries.
- ◆ Knowing guidelines or standards for group behavior.
- ◆ Gaining skills in providing constructive feedback.
- ◆ Understanding confidentiality.



2. Introduction to “Foundations for Group Learning”

Group learning is one of the strategies to learn how to be more skilled and more comfortable as a Peer Companion. Through group learning, participants can share their observations with one another, offer constructive suggestions, and learn ways of becoming more effective in their interactions with others. The Peer Companion role is one that changes from one person to the next, and can be improved through practice sessions with one another. Doing practice sessions – or role plays – during the training activity can be very helpful in anticipating and better addressing situations that might be challenging, scary, or otherwise difficult. These practice sessions require feedback from participants; these perspectives from “the outside” are helpful for Peer Companions as they strive to improve.

In-Class Activity #1

Standards for Giving Feedback in Group Activities

Central to group learning is feedback that is provided after completion of a role play situation. Identify what you believe would be good “rules” or “standards” for doing the role play situations, and for giving the feedback. These are the guidelines for group activities.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.



The overall aim of having a group learning environment is growth and improvement. Here are some considerations for helping to making this a most productive and reasonable setting:

- Take risks
- Give feedback
 - positive feedback, affirming [e.g., “here’s what you did well”]
 - constructive feedback, give suggestions [e.g., “here’s what I think you could do better”]
- Ask participants how they feel
 - in their role [e.g., “how do you feel you did?”]
 - getting feedback [e.g., “how do you feel getting feedback?”]
- Be as honest as possible
- Be comfortable saying “no” or stopping if necessary
- Be receptive and open to receiving feedback
- Be fair with time - share time; don’t monopolize the conversation
- Be constructive; focus on growth and improvement
- Exercise common sense, practical
- Be united, have solidarity and unity; common cause
- Practice
- Be patient
- Know your limits. Know that we’re not perfect and that there isn’t always one answer
- Stay focused
- Keep confidentiality
- New guidelines can be added



3. Skill-Building for Learning and Sharing

This segment focuses on the initial part of practicing skills to become more effective as a Peer Companion. The entire Phase II and Phase III will focus on a variety of specific skills, such as listening skills, empathy, motivational interviewing, referral and more. With the model of group learning, it is important that the group participants actually practice giving and receiving feedback. To accomplish this, class members will generate situations that a Peer Companion might encounter. This will serve as the basis for giving feedback, so that skills can be improved.

In-Class Activity #2

Sample Situation as a Peer Companion

Write out a situation that a Peer Companion might encounter. This could be a situation that is typical for you, your family, your friends, or others. It could also be a situation that you do not want to encounter (e.g., a “tough” situation).

NOTES



One person will select one of the situations written out, and will role play being a helpful Peer Companion in that situation. This activity is designed to practice giving and receiving feedback and NOT to assess the skills of helping the other person as a Peer Companion. The person role playing will do the best job possible with the situation, knowing that the actual learning of skills will be accomplished in the weeks to come. The true activity follows the role play situation, where group members provide feedback. What is important is that the feedback follows the standards generated by the group and discussed earlier in the session.

In-Class Activity #3

Review of Feedback

How well was the feedback provided to the individual doing the role play?

What was done well?

What was not done as well as it could have been?

How well was the feedback received?

What improvements could be made for giving feedback?

NOTES



4. Providing Constructive Feedback

In the group learning situation, feedback from other group participants is very important. This is the opportunity to learn, and to practice new skills. Sometimes, these new skills feel awkward, and sometimes they don't feel like they are the "right thing" to be doing. It is helpful for Peer Companions to try these, particularly since some of the new learning may be different from what has been experienced in another culture of upbringing. The new strategies and approaches may also be a challenge, since they are not part of a personal background or previous education or training. Thus, to become more refined, the best place to learn this is through a practice session in a safe environment; that safe place is the group learning experience, since the participants have already participated together in Phase II and many learning sessions together.

The aim with constructive feedback is just that; it is constructive and helpful. It is not meant to be mean or harmful; it is designed to help the person improve. It is also important that the group members realize that the feedback given and received is kept within the group – this is the theme of "confidentiality." The ways that a Peer Companion does an activity well, and how it may not be done as well, should be discussed in the group as a whole. This is not an area for discussions outside of the workshop training session, whether with other group participants, or with those not in the training. The importance of keeping the learning confidential is vital, as confidence that confidentiality is occurring is helpful to providing and maintaining a safe learning environment.

The following two activities should be done after every class member has had the opportunity to participate in a role play situation, and to receive feedback from the group. The first focuses on giving the feedback, and the second focuses on receiving the feedback.

In-Class Activity #4

Reactions to Giving Feedback

What are your reactions to giving feedback?

How did it feel to give positive feedback?

How did it feel to offer constructive feedback, which may have been critical in nature?

What suggestions would you offer to others to make the feedback more constructive?



In-Class Activity #5

Reactions to Receiving Feedback

What are your reactions to receiving feedback?

How did it feel to receive positive feedback?

How did it feel to receive constructive feedback?

What did you want to say, in response to the feedback, that you did not say?

What suggestions would you offer to make the feedback more constructive?

Following this review of feedback – both giving and receiving – it will be helpful to review the guidelines for group behavior. See if any of these need to be modified or changed; are any new ones needed that will be helpful to promote a quality group learning experience?



5. Wrap-up

This session was an important one for the group. It highlights the role of group interaction for the experiences to come with group learning. Since so many of the upcoming sessions will focus on skill-building, and since much of skill-building is based on role play activities, it is important to know how to give and receive feedback. This session was not about the skills specifically used as a Peer Companion, but the skills used to learn how to give and receive feedback in preparation to becoming a most effective Peer Companion. What is important in this process is that a healthy group learning environment is established, and that the group members are comfortable giving feedback to one another. It is important, and often challenging, for individuals to give honest feedback that seems critical; if the feedback is not given, the Peer Companion doing the practicing cannot really learn effectively and fully. Of course, some of these skills will be helpful in other activities as a Peer Companion, but the focus is primarily upon the learning community that is being established.

The ongoing learning that is helpful from this session is that each of us can continuously improve. While you may be doing a good job in whatever role you have as a Peer Companion, you can probably always do better. Situations will occur that are not exactly like you have experienced before, and new challenges will present themselves to you. Your work as a Peer Companion is never the same from one situation to the next, as people all have their own unique qualities. Since you can always continue to grow, opportunities present themselves for learning new strategies, and for doing a “better job” with individuals with whom you work. This requires the ability to receive feedback, and to learn from it. Further, it can be helpful to ask for feedback from others, so that you can encourage your own continuous growth and development.

KEY POINTS

- ◆ Getting comfortable with group learning activities.
- ◆ Learning specific personal boundaries.
- ◆ Knowing guidelines or standards for group behavior.
- ◆ Gaining skills in providing constructive feedback.

ASSIGNMENT

- ◆ *Read the information found in Session 3 on “Listening Skills.”*
- ◆ *Complete Peer Companion Applications on “Group Learning” session.*
- ◆ *Complete Homework Assignment A (“Identifying Emotions”) and Homework Assignment B (“Expressing Emotions”).*

Note: Session prepared by David S. Anderson, Ph.D. – Professor of Education and Human Development, George Mason University.



NOTES



LISTENING SKILLS

Phase II Session 3

LEARNING OBJECTIVES

- ✓ To understand the foundations of effective communication.
- ✓ To learn skills helpful for expressing and responding to emotions and feelings.
- ✓ To learn ways of responding to nonverbal behavior from others.
- ✓ To learn effective ways of responding to others verbally.

CLASS OUTLINE

- 1. Review of “Group Learning” Session**
 - Highlight key learning and new insights from previous week
 - Discuss applications since previous session; use of new skills
- 2. Discussion of Interpersonal Communication**
 - Purposes of communication
 - What makes communication good or effective?
- 3. Skill-building on Emotions**
 - Review of key emotions
 - How to identify emotions and feelings
 - Reasons for understanding feelings
- 4. Skill-building on Non-verbal Behavior**
 - Understanding nonverbal behaviors
 - Discuss challenges with identifying and expressing feelings
- 5. Skill-building on Attending Skills**
 - Verbal and non-verbal approaches
- 6. Skill-building on Responding (Active Listening)**
 - Active listening
 - Differences between effective and ineffective climates

KEY POINTS

- ◆ Getting comfortable with non-verbal behavior.
- ◆ Gaining skills responding to others, using both verbal and non-verbal behavior.
- ◆ Increasing consistency between verbal and non-verbal behavior.



2. Discussion of Interpersonal Communication

Interpersonal communication is a key aspect associated with the overall quality of life. It helps create bonds and understanding among individuals, whether in a family or in the larger community. Here are some of the foundations of communication:

What is Communication? What is its purpose?

- Human interaction
- Includes verbal and nonverbal
- Focusing on the human, live interchange – not media, correspondence, email, etc.
- Expresses wants, needs, desires, perspectives
- Establishes relationship with others
- The foundation of human relationships – interpersonally, group, community
- Without it – people proceed as individuals (alone), not as teams, not cohesive

What makes communication good or effective?

- Genuine
- Responsive
- Interactive
- Accurate

Training on Communication

- Refine skills – can always get better
- Become aware of less effective communication patterns
- Unlearn less effective skills
- Learn new skills
- Learn how to observe others' communications more effectively and accurately
- Learn how to express self more authentically
- Learn ways of promoting healthier and more effective communication among individuals, in families, in groups, and work settings, and in the larger community

Training Segments

- Emotions
- Non-verbal behavior
- Attending skills
- Verbal behavior
- Active listening



3. Skill-Building on Emotions

To be more effective with interpersonal communications, it is helpful to learn ways of dealing with the verbal and the non-verbal behaviors. Much of the communication is expressed non-verbally. Further, much of the non-verbal communication builds upon the emotions expressed (whether these are intentional or unintentional).

- Identifying the range of emotions
- Learning how to better express the emotion being felt
- Learning how to identify what emotion is being expressed

Here are some emotions that are common:

Joy	Capability, competence	Scared
Anger	Low self-esteem	Lonely
Anxiety	Satisfaction	Fear
Shame	Misused, abused	Disgust
Defeat	Low physical energy	Hate
Confusion	Affliction, distress	Dislike
Guilt, regret	Loving	Contentment
Rejection	Constrained, hindered	Despair
Peace	Boredom	Depression
Pressure	Hope	Embarrassment

Homework Assignment A *Identifying Emotions*

Identify other emotions that you commonly see:

Emotions can be expressed non-verbally or verbally. Non-verbal communication can be:

- Face gestures
- Eye contact, movement
- Hand movement
- Physical position



Homework Assignment B
Expressing Emotions

Which emotions are most difficult for you to express?

Which emotions expressed by someone else are most difficult for you?

Verbal communication can be:

- Single words
- Phrases (idiomatic, idiosyncratic, descriptive)
- Experiential (what is happening to me)
- Behavioral (what action I feel like taking)

In-Class Activity #1

Communicating Emotions

In groups of 3, have one person select an emotion and try to communicate it to one other person. The third person observes. All activity is silent, nonverbal. When the person accurately selects it, the three debrief with what they saw.

1. What feelings were easiest to portray? (by the sender)

2. What feelings were easiest to determine? (by the receiver)

3. Which were most difficult? Why?



Reading: Reasons for Understanding Feelings

1. Everyone has feelings. Human feelings, such as rage, joy, and discomfort, are numerous and vary according to the situations in which people are placed. It is from these specific feelings that people make generalizations about themselves (for example, “I’m dumb,” “I’m worthless,” or “I’m physically attractive”). Identifying the feelings generated in a specific situation is the first step in understanding people.
2. The way a person feels influences the manner in which that person presents himself or herself; the ways in which that person relates, both verbally and nonverbally, to others; and his or her overall behavior.
3. Messages of feelings are always being communicated. Two examples are evidences of fear (“I’m afraid she won’t like me”) and anxiety (“I feel uncomfortable in this room”).
4. Feelings are also communicated non-verbally. Attention needs to be focused on the ways in which feelings are communicated - through facial expressions, body posture, and voice intonation – as well as the actual words spoken.
5. Sometimes people are not completely open and honest in communicating their feelings. This effort to hide feelings may be related to past negative experiences with self-disclosure. The intensity of feelings can be denied verbally with statements such as “It’s no big thing to me,” or feelings can be disguised with a behavior such as laughter.
6. A person’s ability to understand the emotions expressed by others is positively correlated with his or her effectiveness in relationships.
7. Communications can be improved by accurately identifying a person’s feelings and then conveying this understanding to the person.

From the Encyclopedia of Group Activities

J. William Pfeiffer, Ed.



4. Skill-Building on Non-verbal Behavior

As noted earlier, much of communication is non-verbal. This includes behavior, emotions, feelings, and much more. In communicating feelings, nonverbal communication is often more expressive, more inclusive, and more accurate. Non-verbal behavior is a challenge to interpret accurately, particularly with cultural nuances.

One of the challenges with good listening skills is that there are often inconsistencies between non-verbal behavior and verbal behavior. Ideally, a person's behavior should be consistent. Family members, friends, and Peer Companions can assist an individual to express the emotion being felt, and to make verbal and non-verbal expressions more consistent. They can also help to understand, clarify, or support a person's feelings.

In-Class Activity #2

Non-verbal Behavior

In groups of 3, one person selects a non-verbal activity from those provided, and acts it out in as much detail as possible. The entire demonstration should be nonverbal and attempt to NOT show feelings. After this is demonstrated, the observers note all the behaviors involved, and determine what the activity was.

Following this series, do the same process with different activities, and include feelings (facial expressions, body movements). Discuss how feelings are often expressed non-verbally through body movements and facial expressions.

In-Class Activity #3

Listening Skills

In the large group, model a variety of behaviors that demonstrate poor listening skills. These include poor eye contact, moving hands/fingers, reading, turning away. After this activity, the person demonstrating the behavior will share his/her feelings.

Then, demonstrate good listening skills. The presenter should discuss any feelings, and how these were the same as or different from those feelings from the poor listening skills.



5. Skill-Building on Attending Skills

“Attending Skills” reflect those skills that a person has when listening to another person. For the Peer Companion, this may be those skills evident when hearing another person’s concerns or problems, or issues that are important to them. It is the “package” of verbal and non-verbal skills, to show that the Peer Companion is “attending” to what the other person is saying and feeling. These include consideration of the following factors:

- Verbal
- Non-verbal
- Listen to tone of voice, silences, pauses, gestures, facial expressions, posture
- Try to assess what the person is trying to communicate
- Face the person
- Good eye contact
- Open posture = not crossed arms and legs
- Lean toward the other – show presence, availability, involvement
- Remain relaxed – not rigid
- Learn what the behavior says? “I want to be involved with that person”

In-Class Activity #4

Attending Skills – Verbal and Non-Verbal Behavior

Using the following situations, have one person role play the situation using as much verbal and non-verbal behavior as possible. The Peer Companion responding to this should try to demonstrate high quality attending skills.

1. I said I’d do this for him, but I sure don’t feel like it. I owe him a favor, though, so I guess I’ll have to do it.
2. I’ve got a big day tomorrow, and commitments every night this week, and now a special meeting this afternoon. I don’t think I can even fit in eating, and this has been going on all month.
3. I can’t understand why they haven’t written or called. They’ve never been gone this long without at least a card, and I don’t know how to get in touch with them.
4. I worked up that whole report – did all the background work, all the writing, all the reviewing. It was my idea in the first place. But he turned it in to the head office with his name on it, and he got the credit.
5. I don’t know whether I’m doing a good job or not. She never tells me if I’m doing well or need to work harder. I sure hope she likes my work.
6. She believed everything he said about me. She wouldn’t even listen to my side; she just started yelling at me.
7. Look, we’ve gone over and over this. The meeting could have been over an hour ago if we hadn’t gotten hung up on this one point. If we can’t make a decision, let’s just move on.
8. Look, I know I acted poorly. I apologized, and I’m trying to make up for it. I can’t do any more, can I? So drop it!

From the Encyclopedia of Group Activities

J. William Pfeiffer, Editor



In-Class Activity #5

Challenging Situations

Prepare three situations that would be challenging for you to address. Write each of these briefly, but with some detail, to allow for others to address it.

NOTES



6. Skill-Building on Responding (Active Listening)

“Active listening” is much more than the listening that most people do on a day-to-day basis. Active listening means that the Peer Companion is listening very intently to what the other person is saying. This includes the verbal messages as well as the non-verbal messages. It also means providing feedback to the person, such as a type of “reflecting” what was heard. This is a large skill, and one that takes practice to learn.

Overall, active listening incorporates the following:

- Communicate with respect
- Use of empathy – show that you understand how the other person feels
- Communicate your understanding of what the person says and feels
- Build rapport – be genuine, spontaneous, open, and human
- Establishing a collaborative working relationship
- Work toward facilitating action
- Be skillful - attend carefully
- Listen for basic or core messages
- Respond fairly frequently, but briefly, to the core messages
- Be flexible and tentative enough to allow the person some movement
- Be gentle
- Respond to feeling and content
- Regard the person as unique
- Suggest that the individual has self-determination
- Show willingness to work with the person

NOTES



Categories of Behavior Characteristic of Effective and Ineffective Climates in Working with People in Small Group Situations

The following table illustrates ways of contributing to an effective relationship with individuals, particularly when they are in a group setting. This is helpful to identify ways of having a more effective climate, and reducing those that are less effective or ineffective.

INEFFECTIVE CLIMATES	EFFECTIVE CLIMATES
<p>EVALUATION Helper judges and categorizes the person and/or the content presented as good or bad.</p>	<p>DESCRIPTIVE Not asking person to change behavior or attitude. Person perceives a genuine request for information. Helper describes his/her own understanding of the message received.</p>
<p>CONTROL Helper attempts to change attitudes of person; assumes the person is ignorant or inadequate.</p>	<p>PROBLEM ORIENTED Helper communicates a desire to collaborate in defining a problem and seeking a solution; allows person to set own goals, determine own goals, determine own solutions, and make own decisions.</p>
<p>STRATEGY Helper has hidden motivations and operates with a hidden agenda; uses gimmicks, plays a role, puts on a façade, and feigns emotion or caring</p>	<p>SPONTANEITY Helper is spontaneous and free of deception; is straight-forward, honest, and trustworthy.</p>
<p>NEUTRALITY Helper responds to person with little warmth or caring; tends to avoid involvement with person.</p>	<p>EMPATHY Helper conveys understanding of how the person feels and sees the world. Helper exhibits respect and acceptance of the person's feelings and worth as a human being.</p>
<p>SUPERIORITY Helper communicates how strong, intelligent, and superior he/she is, and the person responds by rejecting, competing, or becoming jealous.</p>	<p>EQUALITY Helper and person are on the same level. They enter into participative planning with mutual trust and respect. Helper attaches little distinction to the differences which exist between them.</p>
<p>CERTAINTY Helper responds to person in a dogmatic fashion as if all the answers were already determined. He/she rejects alternative options and ideas out of hand.</p>	<p>PROVISIONALISM Helper is willing to experiment with his/her own behavior and beliefs; is willing to bend to meet the person half-way. Problem solving rather than debating.</p>

Adapted from: J. Gibb. "Categories of Defensive and Supportive Climates". *Journal of Communication* 11 (1961): 141-148



7. Wrap-up

This session provides an introduction to the range of issues associated with good listening skills. From active listening to emotions, and from non-verbal behavior to attending skills, the session highlights many of the important skills helpful for being most effective as a Peer Companion. These skills can be useful on an individual basis (like one-to-one advising), and they can also be helpful when working with a group or organization.

Good listening is a central key to a high quality relationship. Whether you are working with an individual or in a group setting, and whether you are in a leadership role or are involved as a participant, it is most helpful to demonstrate high quality listening. Sometimes you might misinterpret what someone else is saying, or you may not demonstrate to them that you have actually understood what they meant. As highlighted in this session, listening skills includes paying close attention to non-verbal behavior, including your behavior and that of others. It involves monitoring others' emotions, and trying to identify them correctly.

Good listening skills, as outlined in this session, are essential to having a good relationship. These skills demonstrate that others know and believe that you truly understand them, and that you have a keen demonstration of caring for their well-being. Your demonstration of good listening skills is an essential foundation for this relationship. Helpful for your ongoing growth is that you continue to identify ways of improving these. Demonstrating good listening skills is a lot of work, and one that requires continued monitoring and review to make sure that you are being as comprehensive and accurate as possible.

KEY POINTS

- ◆ Getting comfortable with non-verbal behavior.
- ◆ Gaining skills responding to others, using both verbal and non-verbal behavior.
- ◆ Increasing consistency between verbal and non-verbal behavior.

ASSIGNMENT

- ◆ Read the information found in Session 4 on "Empathy and Motivation."
- ◆ Complete Peer Companion Applications on "Listening Skills" session.
- ◆ Complete Homework Assignment A ("Understanding Empathy").

Note: Session prepared by David S. Anderson, Ph.D. – Professor of Education and Human Development, George Mason University.



EMPATHY & MOTIVATION

Phase II Session 4

LEARNING OBJECTIVES

- ✓ To understand the importance of empathy.
- ✓ To learn skills helpful for showing an empathic and supportive reactions to others.
- ✓ To understand the importance of “The Response Process.”
- ✓ To become skillful with responding to others.
- ✓ To learn skills of Motivational Interviewing.

CLASS OUTLINE

- 1. Review of the “Listening Skills” Session**
 - Highlight key learning and new insights from previous week
 - Discuss applications since previous session; use of new skills
- 2. Discussion on Empathy**
 - What is empathy? Why is it important?
 - How does empathy link to verbal/non-verbal communications?
 - How does empathy link to emotions?
- 3. Skill-Building on Empathy**
 - Practice empathic responses
 - Practice non-empathic responses
- 4. Overview of “The Response Process”**
 - Review four components of The Response Process
 - Gain understanding of the importance of each part
 - Emphasize the ‘contact’ segment and its six phrases
- 5. Discussion on Motivational Interviewing**
 - What is motivational Interviewing?
 - How can it be helpful?

KEY POINTS

- ◆ Getting comfortable with showing empathy.
- ◆ Understanding six key elements of the response process.
- ◆ Gaining skills with the “contact” conversation.
- ◆ Becoming acquainted with motivational interviewing.



2. Discussion on Empathy

Empathy is important in a relationship, particularly a helping relationship found between a Peer Companion and another individual who may be in need. Empathy is helping that other person understand that you really do “get it”, and that you see their world as much as they do. This does not mean that you have had to experience what they experienced; further, even if you have experienced something similar, sharing that may or may not be an empathic response. Empathy is having true feelings of concern and caring, and being able to express them in a way that the other person realizes that you do, really, care. It is not “sympathy”, but rather a feeling of “being one with” the other person. This segment highlights more about empathy, and illustrates ways in which the Peer Companion can be helpful in demonstrating empathy with others.

Homework Assignment A Understanding Empathy

What is empathy? Why is it important?

How does empathy link to verbal/non-verbal communications?

How does empathy link to emotion?



3. Skill Building on Empathy

In this segment, workshop participants will practice empathic responses. This brings together the content from the “Listening Skills” section, with non-verbal and verbal responses folded together. With this skill-building, role playing situations will be used with the Peer Companions. After each role play, it is important that there be debriefing, with feedback from the person who was being “helped”, from the Peer Companion, and from other group members who observed.

To help learn quality empathic responses, it is also helpful to practice responses that are not empathic; this gives an opportunity for the Peer Companion doing the role playing, as well as the person being “helped”, to experience what an unhelpful response feels like. This is very helpful, as it helps to reinforce the importance of having good responses that do actually demonstrate empathy.

In-Class Activity #1

Empathic and Non-Empathic Responses

With the empathic responses, what specific skills were used?

How did it feel to have these empathic responses used?

With the non-empathic responses, what was done “poorly”?

How did it feel to have these non-empathic responses used?



4. Overview of “The Response Process”

When an area of concern presents itself to a Peer Companion, the appropriate action is to respond. A four part model for the response process is offered: awareness, concern, contact(s), and follow-up. This model is offered for situations that appear to raise concern for the Peer Companion, but could also be appropriate for others. The model focuses primarily on short-term, immediate behaviors.

- These steps can be used by anyone.
- Some individuals like to call this an “intervention”; that can be used interchangeably with the “response process”, although “intervention” can sound threatening, imposing, and more clinical.
- The person responding to another’s needs or issues should be responsive to his/her own needs, seeking support and guidance, as appropriate, from specialists. Local resources exist for those needing additional assistance

The “response process” incorporates four steps:

- (1) Awareness
- (2) Concern
- (3) Contact(s) and
- (4) Follow-up

Peer Companions should pay attention to each of these four steps in the process of addressing an area of concern. Each of the four steps is necessary for completing the full process. For example, without awareness, there would be no acknowledgement of a situation that would even warrant attention; similarly, with awareness but no concern, it is unlikely that any further action (the contact) would occur. These are all highlighted here to assist with understanding the overall process.

Awareness

The first step is awareness of some behaviors that cause concern. If, for example, the concern is with alcohol abuse, there will be behaviors and incidents that illustrate that problem. If the concern is with depression, there will be behaviors related to that. If the concern is with aggressive behavior, concerns with that will emerge. For each of these, and other, situations, there are behaviors, incidents, and other factors that are generally known (among professionals) as being an indicator of a specific situation. Similarly, with a physical health situation, the medical professional looks for specific symptoms and related variables to make a clinical diagnosis.

Some of the situations about which a person will be concerned may be fairly straightforward and be handled fairly simply. There will be situations for which clearly defined standards and expectations have been stated, and for which the consequences are clearly defined. There will be other situations that are problematic for others, yet for which no specified outcome is clear.

The essential component of “awareness” is that some areas of concern – perhaps as specific as signs and symptoms, are present, and have the potential for being seen and addressed. Many of the indicators may, in fact, be indicators of other factors that have nothing to do with an area of concern. The challenge for an individual is to identify correctly these items as potential areas of concern.



Concern

The second component of the response process is “concern.” This is based on the Peer Companion’s value judgment, about whether to become involved with the life of the other individual potentially demonstrating behavior of concern. The Peer Companion may decide to not become involved for any of a variety of reasons:

- it isn’t clear that the behavior is really a problem
- there just isn’t enough evidence about the cause of the behavior
- it really isn’t their responsibility to speak up
- saying something may jeopardize the relationship
- there may be other factors that causes the behavior
- this is a particularly tough, stressful time, and things will probably get better
- the individual is “no worse than others”
- this behavior is not bad enough to warrant getting involved
- it’s really the person’s own business
- getting involved is not part of a person’s responsibility
- saying something will take too much time

The decision to get involved is an important one, and is based on the individual’s overall assessment of the situation and how their roles are defined. So often, the challenge of getting involved is viewed as a large issue, and many reasons are found to avoid this task. These may be rationalization, excuses, minimization, or other factor. The primary focus of including this is to bring to awareness the important role that individual values do play. Individuals may have legitimate issues regarding involvement in another person’s decisions and life; it is important is to acknowledge and clarify these.

Related to the decision surround one’s concern is the importance of acknowledging one’s own feelings, including prior to, during, and following the conversation where a “response process” is happening. The Peer Companion typically has ambivalent feelings about engaging in this type of conversation, for many of the reasons identified above. To provide support for the Peer Companion prior to and following the conversation, other support personnel (such as counselors) can be helpful in assisting the intervener maintain the proper focus. During the conversation it is often the case that the person of concern is angry or not responsive to the discussion, and may make challenging statements to the intervener. Thus, it is important for the intervener to be clear about the rationale for and importance of having this conversation.

Contact(s)

The actual discussion about an individual’s behavior can be called many things: “intervention”, “response process”, “conversation”, “confrontation”, “carefrontation” and more. The critical factor is that this is a conversation based on the first two elements: Awareness and Concern. The framework for the contact portion of this is that there are six potential elements to be included in the discussion. In the following list are six phrases, with alternative wording and rationale for the inclusion of these phrases. Note that these are guidelines, with the actual wording being based on what is most comfortable for the individual. Further, what is most important in making the contact is that the intervener’s “heart” or “spirit” is shown.



These six phrases are offered to help provide guidance for the Peer Companion, knowing that these conversations are not particularly easy for either party. These are offered to help provide a clear focus on the issues of importance during the discussion. Often, these conversations are provided with the label of “Response Process” rather than “Intervention” due to the less confrontational and emotional focus associated with “Intervention.” The section is called “Contact(s)” to illustrate that a single conversation about an individual’s behavior is not all that may be necessary. Not only should followup conversations occur, but additional discussions about the individual’s behavior may be appropriate.

The six trigger statements, serving as an overall framework for the discussion, include:

1. I care about you
2. This is what I see
3. This is how what you do makes me feel
4. Do you understand where I am coming from?
5. What can we do about this? Here’s what I think.
6. I will support you if you are willing to try.

To provide assistance in understanding how to communicate these, the following examples may be helpful. The intervener should use language and a style most comfortable for him/herself.

Core Trigger Statement	Sample Wording or Phrases
I care about you	<p>As supervisor, I look out for the wellbeing of all staff - what affects their office work, as well as how their out-of-office activities may affect their work lives.</p> <p>I haven’t known you very long, but I believe you could have a bright future.</p> <p>While we don’t know one another very well, I’d like to talk about some things.</p> <p>This is kind of hard for me, but I want to share some things I’ve seen.</p>
This is what I see	<p>From what I have heard from several of our office staff, your behavior at recent activities includes these areas of concern: (1) (2)</p> <p>The specific things I have seen include the following: (1) (2) (3)</p> <p>During a recent community event, I personally saw you.....</p>
This is how what you do makes me feel	<p>Frankly, I am concerned about how you are managing your responsibilities; I believe you have great potential as a person, but this recent behavior makes me wonder whether you will be able to step up to new challenges.</p> <p>I am quite embarrassed, as your behavior reflects upon our entire community.</p> <p>I am upset about this, as this is something that I personally embarrass my family and me.</p>
Do you understand where I am coming from?	<p>Do you get what I’m saying?</p> <p>What do you hear me saying?</p> <p>How do you feel?</p>



Core Trigger Statement	Sample Wording or Phrases
What can we do about this? Here's what I think.	What do you think the next steps could be? What should they be? Where should we go from here? What can we do about this? I am aware of some resources that can be helpful to discuss this with you; I'll get them to you.
I will support you if you are willing to try.	This is really up to you to make a difference. I'm having this conversation so that things can be different – very different. I want to work with you on this, but it's really up to you to follow-through on this. I'll be helpful, but it's really your call. If you want to talk further about this, I'll be happy to do so.

Follow-up

The discussions following the main conversation involving the Peer Companion and the individual of concern are important ones. It is all-too-easy to avoid any reference to the conversation that occurred about the individual's behavior. The important thing is that, in the days and weeks following this discussion, some reference is made to the conversation that reinforces the overall themes provided by the intervener. This follow-up helps to reinforce the themes articulated, including the caring for the individual, and the importance of the individual getting appropriate assistance to modify the behavior.

The follow-up is important to reinforce the importance placed upon the behavior of concern. Further, this follow-up continues the importance placed upon the personal potential of the individual. This shows the value of proactive and comprehensive approaches, whereby individuals are provided with reinforcement about responsible decisions about their lives. No formal structure is offered for this; this may be part of regular discussions, or it may be scheduled simply to provide awareness that monitoring of the situation of concern and discussions will be occurring.

NOTES



5. Discussion on “Motivational Interviewing”

Motivational interviewing is premised on the idea that motivation is dynamic and ever-changing, and not a personality trait that a person either has or lacks, or a pattern of behavior that a person is likely to move into and out of. Consider the common practice of making New Year’s resolutions. The fact that many of us wait until this particular momentous occasion – the changing of the year – to undertake a particular change reflects the ambivalence that we commonly feel around this time. Despite good intentions and an energetic start, our motivation often wanes as time progresses. Unless something should “boost” or “ignite” our motivation again, it is unlikely that our target goals will be reached any time soon. When motivation is viewed as a state, the practitioner’s role is clear: to assist in reigniting the original motivational spark, to provide the boost that will encourage continued effort toward the goal, and to help a client keep his or her motivation to change in top shape.

Motivational interviewing was developed specifically to facilitate change along a continuum and to help people work through their ambivalence about changing high-risk behavior. It matches an intervention to a client’s readiness for change, because introducing action-based interventions “prematurely” (before the client is ready to change) may produce psychological reactance. Such reactance increases the client’s defensiveness and psychological resistance to change, and thus decreases the overall effectiveness of the intervention as the client seeks to maintain psychological autonomy or personal freedom. The practitioner is instead encouraged to explore the conflict with ambivalent clients, and to encourage these clients to express their own reasons for concern and provide their own reasons for change.

The overarching task of the practitioner in motivational interviewing is to actively develop and bolster a client’s interest and motivation to change his or her behavior in a particular direction.

From Dimeff, Linda; Baer, John; Kivlahan, Daniel, and Marlatt, G. Alan. Brief Alcohol Screening and Intervention for College Students: A Harm Reduction Approach. The Guilford Press, New York, 1999.

In-Class Activity #2

Motivational Interviewing

What is Motivational Interviewing?

How can it be helpful?



6. Wrap-up

This session highlights strategies useful in building a good quality helping relationship with those interacting with the Peer Companion. The purpose of working on empathy is to help the Peer Companion become more linked to the emotions, the thinking, and the life of the person being helped. This background is important because it helps the Peer Companion learn some of the skills to help those with whom they come into contact.

The four-part “Response Process” model is designed to give the Peer Companion some background; this can be helpful for any of numerous issues. That is, without awareness on a topic, then the Peer Companion may not know that an area of concern is warranted. Most important, the emphasis on the “Contact” portion of that model is where most of the interaction and dialog will occur. The skills of Motivational Interviewing, to be discussed more in Session 6, serve as a foundation for helping an individual take greater responsibility for improving the quality of life. The focus of Motivational Interviewing is working with an individual so that they have greater motivation to make improvements in their own lives. The Peer Companion can be quite helpful in instilling this motivation, particularly when the responsibility for change is clearly upon the individual. The skills for the Peer Companion are prepared so that they are better able to help others, to help themselves.

The Peer Companion can benefit from keeping alert to these various skills and strategies. With more and more experience, the Peer Companion can benefit from drawing upon the various approaches in an “eclectic” type of manner. Some Peer Companions will always find the Response Process most helpful, and will think about the six key parts of the conversation; other Peer Companions will rely heavily upon Motivational Interviewing. What is important is to personalize the approach – find what best works for the Peer Companion, but also be willing to branch out and try some new strategies. This requires some confidence and also some practice, but it can be helpful in working better with individuals through the range of different situations they encounter. The ongoing growth and development of Peer Companions is what helps keep this involvement so exciting and refreshing.

KEY POINTS

- ◆ Getting comfortable with showing empathy.
- ◆ Understanding six key elements of the response process.
- ◆ Gaining skills with the “contact” conversation.
- ◆ Becoming acquainted with motivational interviewing.

ASSIGNMENT

- ◆ *Read the information found in Session 5 on Questioning and Reframing.*
- ◆ *Complete Peer Companion Applications on “Empathy and Motivation” session.*

Note: Session prepared by David S. Anderson, Ph.D. – Professor of Education and Human Development, George Mason University.



QUESTIONING & REFRAMING

Phase II Session 5

LEARNING OBJECTIVES

- ✓ To improve communication using open-ended questions.
- ✓ To understand the interlocutor's perspective.
- ✓ To help seniors develop new perspectives through reframing.
- ✓ To use effective questioning for reframing.
- ✓ To move seniors into actions for self-help and mutual assistance.

CLASS OUTLINE

1. **Review of the "Empathy & Motivation" Session**
 - Highlight key learning and new insights from previous week
 - Discuss applications since previous session; use of new skills
2. **Effective Questioning**
 - Difference in perception of reality
 - Types of questions
3. **Reframing**
 - Context reframing
 - Content reframing
 - Reframing in Communication

KEY POINTS

- ◆ Becoming adept at using open-ended questions.
- ◆ Developing understanding and empathy through effective questioning.
- ◆ Learning how to guide seniors in developing new perspectives.
- ◆ Helping seniors to view themselves as a valuable asset in the family and community.



2. Effective Questioning

When working with others, the nature and quality of the interpersonal relationship is vital. This entire phase is called “Individual and Helping Skills”, and focuses on helping the Peer Companion provide the greatest possible assistance to those around them. Being a “good helper” is based on a good relationship, and this can be aided by some effective questioning. This is not interrogation, but some probing and thoughtful questions.

By asking the “right” question, a Peer Companion encourages seniors to share their thoughts and sentiments, revisit an old issue, and develop new perspectives. The primary “rule” for effective questioning is to avoid “yes/no” questions; this type of question tends to impose certain assumptions on the person asking questions, and thus limits the choices for answers. “Yes/no” questions do not leave room for explanation, clarification or elaboration. Torture survivors with “re-education” camp experience may feel turned off by such questions, as they tend to be reminiscent of the interrogation sessions.

Difference in Perception of Reality

A primary consideration in maintaining quality communication with another person is that the communication be as effective as possible. Essentially, this has two parts – the sender expresses the message clearly, and the receiver hears and understands what the sender intended. It can be argued that there are actually more than two parts, such as having the sender then verify that the receiver has, indeed, heard what was intended. This is the foundation for the reality that, in fact, each party in a conversation perceives reality in different ways; these have to do with factors such as life experiences, values, cultural orientation, family traditions, meanings of words, assumptions and more.

Here are some common results that can occur in communication, when individuals perceive reality in different ways:

1. **Misunderstanding** Oftentimes, the same terminology bears different meanings to the different parties in the conversation. At other times, a statement made by one is perceived with unintentional distortions by others.
2. **Barrier to communication** Differences in perception, shaped as much by people’s cultural beliefs and life experiences as by their current life circumstances, introduce biases and distortions into a conversation. As such biases and distortions accumulate, and communication deteriorates and often stops.
3. **Conflict** Conflicts often arise not because of differences in opinion, but because of the imposition, even if only perceived, of an idea or a value on others. That is, if someone believes that the other person is insisting on a certain point of view, this can be cause for resistance.

Questioning

To help with having effective communication, it is helpful for the Peer Companion to offer engage in questioning with others. This is an important part of interpersonal communication, as it helps to clarify that both individuals are “on the same page.” Questioning can be helpful in clarifying, understanding, probing deeper, and gaining shared perspectives on the items being discussed. Note that questioning is not designed to be a type of “interrogation” as a person might find in a courtroom; questioning is designed to further clarify and understand, and to help individuals feel like they are working together for a shared common outcome.



The overall purpose of question focuses on the following three main outcomes:

1. **Understand perceived reality** Through effective questioning, a Peer Companion seeks to understand the perspective of the other party in the dialogue. However, people sometimes may use questioning to make a statement, rather than to solicit information. This is to be avoided.
2. **Enrich conversation** Effective questioning starts with the desire to understand and listen. Questions can be used to clarify a point, to cast light on a term used, or to probe a statement's meaning in greater depth. Through questioning, a Peer Companion can engage others in meaningful conversation and the sharing of inner thoughts.
3. **Identify source/ nature of conflict** Effective questioning can build trust and understanding and heighten the level of comfort among those in the conversation. This can then lead to a joint effort to seek out the source and better understand the nature of a conflict, whether it is a conflict of ideas or interests. This is the first step towards conflict resolution.

As highlighted, questions in a "Yes/No" format are not particularly helpful. This type of question usually discourages communication because they leave no room for the person asked to explain, elaborate or clarify. Thus, they are to be avoided. In short, Yes/No questions:

- *Do not invite discussion* Yes/no questions make people feel cornered with only two extremes: to agree or to disagree. The answer, be it agreement or disagreement, takes on the form of a conclusion and no further discussion is expected or allowed.
- *Imposing* Yes/no questions often pre-suppose a certain perspective, with which the person may only agree or disagree without having the choice of presenting a different perspective.
- *No opportunity for best decision* By limiting the choices to only two extremes (yes and no), a person has the option only to choose a better or a worse decision, not the best one.

Open-Ended Questions

The desired approach is to have open-ended questions. Open-ended questions form the cornerstone of effective questioning. They do not come with any presumption or judgment. They build trust and project the questioner's desire to listen and understand. Specifically, this type of questioning has the following purposes:

- **Inviting a wide range of response** Open-ended questions remove the constraints that limit the range of possible answers. They make the person asked feel that the Peer Companion is interested in listening and not just in extracting an answer.
- **Addressing the other party's concern** Open-ended questions place the focus on the person being asked. By asking open-ended questions, the Peer Companion shows the genuine desire to learn more about the other person's stories, and willingness to spend time to achieve understanding and empathy.
- **Soliciting the other party's perception of reality** Open-ended questions project an open mind that is interested in learning about perspectives different from one's own.



*In-Class Activity #1***Open-Ended Questions**

For each of the following “yes/no” questions, transform it into an open-ended one:

- Talking to a person who looks disappointed: “So you didn’t like that, huh?”
- Talking to a new refugee: “Do you know how to drive this car?”
- Talking to a senior on medication: “Have you been taking your medication?”
- Talking to a torture survivor: “Are you afraid of telling your story?”
- Talking to a child: “Don’t you think it would be better if you did your homework first?”

Open-ended questions can take various forms, and can serve a variety of purposes. Open-ended questions can be grouped into four overall types: information, probing, group processing, and learning. The purposes can be to create motion, to create options, to dig deeper, to avoid “why”, to avoid “yes/no”, and to empower. It is helpful to understand these forms and purposes, so that as you are clear about your purposes in guiding a discussion with another person through your work as a Peer Companion.

The various types of questions found with open-ended questioning are illustrated with the following:

1. Information Questions

- Information Questions: How, What, Where, When, and Why?
- Precision Questions: “What exactly?”, or “How much?”, or “Always?”
- Powerful Questions: “What’s stopping you?” or “What are you afraid might happen if you.....?”
- Reflective Questions: “So you're saying that. . .”

2. Probing Questions

- Clarifying: “Are you saying that. . .?”
- Understanding: “Could you explain that further?”
- Offering ideas/Insights: “Have you thought of. . . .?”
- Digging Deeper: “What else has happened?”
- Unpeeling Layers: “And then what happened?”



3. Group Processing Questions

- How can we help you?
- What is happening here now?
- Is it helpful/productive?
- How are you feeling about the group right now?
- What have we learned?

4. Focus on Learning

- What have you learned from that experience?
- What have you learned from your personal reflections?
- What have you learned from the case work?
- What have you learned from our work as a group?

The Peer Companion also benefits from having a clear understanding of the purpose of the questioning. Having this type of clarity is helpful in reviewing the specific questions that may be asked. For example, if the Peer Companion doesn't have a purpose in asking a question, then why ask it? The conversation should have a general purpose, and specific comments and questions should be purposeful also. The following chart illustrates various purposes of questioning, and one way of wording this.

Purpose of Questioning	Guidance for Wording
<i>Creates motion</i>	<i>"How can we get there from here?"</i>
<i>Creates option</i>	<i>"What can we do for you?"</i>
<i>Digs deeper</i>	<i>"What is the meaning of this?"</i>
<i>Avoids "why"</i>	<i>Why did you do that to your loved ones?"</i>
<i>Avoids "yes/no"</i>	<i>Would you agree that this is better?"</i>
<i>Empowers</i>	<i>"What would you like to do?"</i>

Here are some other examples of effective questions; these may be used in specific situations, to achieve the desired aims of improved mutual understanding as well as a shared partnership in improving the quality of life.

- *How important is it to you?*
- *What can I do for you?*
- *What do you hope for?*
- *What have you tried so far? What worked? What didn't?*
- *Have you experienced anything like this before?*
- *If you could change one thing, what would it be?*
- *Imagine a point in the future where your issue is resolved; how did you get there?*
- *Imagine to be three years in the future; how would you feel about this looking back?*
- *What would you like me to ask?*
- *What have you learned?*



In-Class Activity #2

Questioning for Specific Aims

For each of the following purposes of questioning, think about a life situation that you have experienced, or do experience currently. In the column “Life Situation”, record a brief statement that will remind you of its content. Then, write an open-ended question appropriate for effective questioning on that situation.

Purpose of Questioning	Life Situation	Question
<i>Creates motion</i>		
<i>Creates option</i>		
<i>Digs deeper</i>		
<i>Avoids “why”</i>		
<i>Avoids “yes/no”</i>		
<i>Empowers</i>		

In pairs, share examples for each of the types of questioning prepared. For each type, talk about others types of questioning that may be appropriate.

NOTES



In-Class Activity #3**Effective Questioning**

Think about an example of a real life conflict or concern; when you think about this, try to visualize as clearly as possible the specifics about this, how you feel, how you perceive others feeling, and any other details.

In a group of 4 or 5 participants, present this situation to the other group members. Other group members then ask appropriate questions, using the list below as a starting point.

Sample Questions

- *How comfortable are you with ___?*
- *How did you like ___?*
- *What kind of information do you need in order to ___?*
- *What do you think about ___?*
- *How are you feeling about ___?*
- *How ready are you to ___?*
- *What's preventing you from ___?*
- *What would you be willing to give up for ___?*

Once this situation is completed, discuss how you felt.

- What was your reaction to sharing the situation?
- What was the result of having questions asked about your situation? Did these help you better understand the situation? Were you comfortable with having questions asked?
- How do you feel overall now about the situation?

Repeat this until each participant has had a chance to share a conflict or concern, and be offered questions. Take notes of what was observed and discussed, and summarize for the entire group.

NOTES

3. Reframing

Reframing is another important aspect of interpersonal communication. To be effective with communicating with another person, it is vital that each person understands the other. The previous section elaborated upon the important role of questioning in accomplishing this aim. This section illustrates the important role of reframing.

Basically, reframing means that a different meaning is assigned to a “reality.” The situation is restated or repositioned so that it can be seen from a new perspective. The situation can result in new possibilities for action. “Being able to think about things in a variety of ways builds a spectrum of understanding. None of these ways are “really” true, though. They are simply statements about a person's understanding.” (Bandler and Grinder, 1982, p. 43)

Reframing is a powerful tool that exposes helpers to innovative ways to interpret what is perceived as real. It also prepares an individual to see potential rather than being locked into currently perceived personal limits. With reframing, two different types are found: Context Reframing and Content Reframing.

With *Context Reframing*, the perceived reality takes on a different meaning in a different context. This offers individuals new visions, innovations, and new opportunities. Context reframing is particularly applicable to a person who went through drastic life changes. For example, a former political prisoner labeled as “reactionary” and undesirable by his captor in Vietnam 30 years ago is now courted by the same government as a potential source of financial contributions.

For *Content Reframing*, the situation remains the same but the meaning changes. Many former torture victims, incapacitated by many years of imprisonment and old age, view themselves as a burden to the family and society. The STEP program presents them as survivors with great strength and determination, and as witnesses with valuable experience to share with the rest of humanity.

In communication with others, reframing serves four overall purposes:

- Essential for effective communication
- Refocus attention
- Change perception
- Define an issue

Some examples of reframing are found with a range of situations:

- The Reagan-Mondale debate: age issue
- HO refugees: damaged individuals → survivors, witnesses of history
- Citizenship for Amerasians: non-English speaking immigrants → children of U.S. citizens

Skills helpful for reframing, whether context reframing or content reframing, include the following:

- Explore the other person's views in order to find the frame of reference out of which they are thinking and operating (by asking questions).
- Reframe the situation and create a frame that will allow actions towards mutually beneficial outcomes.



*In-Class Activity #4***Reframing**

Use the same group of 4 or 5 participants, and the same situation of a real life conflict or concern, as with the questioning activity earlier. For each individual's issue, work as a group to reframe the issue.

Once this reframing process has been completed for a situation, review the following questions:

- How do you feel about the reframing of the issue?
- After reframing, in what ways do you feel the same, and in what ways do you feel different about this issue?
- What type of reframing was done – Content? Context? Both?
- In what ways did the reframing help with communication? With refocusing attention? With changing perception? With defining the issue?
- How do you feel overall now about the situation?

Repeat this until each participant has had a chance to share a conflict or concern, and be offered questions. Take notes of what was observed and discussed, and summarize for the entire group.

NOTES

4. Wrap-up

Many Vietnamese seniors have gone through drastic and traumatizing life changes, including the loss of social stature, home, livelihood, and loved ones. Giving their past experience and their present existence, these elders can benefit from adopting new meanings for their backgrounds, resulting in a significant impact on their mental wellbeing. Having different perspectives on their past and current lives can be most helpful in helping them to achieve greater mental health, and an overall quality of life.

The Peer Companion has an important role in this process. One major reason the Peer Companion can be so helpful is because they have similar experiences, whether in Vietnam or in the United States. The Peer Companion has experienced many of the same situations, or types of situations, as the person being assisted. The Peer Companion can be very helpful with two specific strategies highlighted in this section – questioning and reframing.

Through effective questioning, a Peer Companion may be able to understand the sentiments and needs of such seniors as well as their perspectives of life. Further, the Peer Companion can assist the other person understand more fully and more deeply things that are in their lives. With reframing, the Peer Companion may then guide other seniors through the process of having a different perspective on various life issues or experiences. Through context or content reframing, the individual being helped can, hopefully, have a fresher and more balanced perspective that helps guide them to a healthier and more balanced future.

KEY POINTS

- Use open-ended questions; avoid yes/no questions.
- Be ready to listen and invite sharing of thoughts and feelings.
- Understand the perspective of the senior.
- Present new, positive perspectives of old concerns.

ASSIGNMENT

- ◆ *Read the information found in Session 6 on “Clarification and Support.”*
- ◆ *Complete Peer Companion Applications on “Questioning and Reframing” session.*
- ◆ *Practice effective questioning during conversations with family members.*
- ◆ *Select a conflict that you have experienced with a family member and practice content reframing of the issue.*
- ◆ *Identify a recent change in life and apply context reframing.*

Note: Session prepared by Thang D. Nguyen, Ph.D. – Executive Director, Boat People SOS, Inc.



NOTES

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CLARIFICATION & SUPPORT

Phase II Session 6

LEARNING OBJECTIVES

- ✓ To understand detailed strategies for clarification, support and challenging.
- ✓ To learn ways in which previous learning (empathy, motivational interviewing, response process) can be blended for effective communication.
- ✓ To learn skills helpful for active listening with others.
- ✓ To gain confidence with engaging others with support services.

CLASS OUTLINE

- 1. Review of the “Questioning & Reframing” Session**
 - Highlight key learning and new insights from previous week
 - Discuss applications since previous session; use of new skills
- 2. Discussion of Applications Activity: Empathy**
 - Review of empathy – what makes a response ‘empathic’?
 - Written comments on empathy situations
 - Understand the role of ‘clarification’
- 3. Discussion of Applications Activity: Motivational Interviewing**
 - Review of motivational interviewing
 - Sample wording for each of 5 readiness stages
 - How ‘challenging’ fits into this approach
- 4. Discussion of Applications Activity: The Response Process**
 - Review of the Response Process and the context of ‘support’
 - Sample ways of responding to a person
- 5. Skill-Building on Sending and Receiving Messages**
 - Discuss specific strategies for sending and receiving messages
 - Identify ways of enhancing communication
 - Practice sending effective messages

KEY POINTS

- ◆ Increasing comfort with applying listening skills, with attention to clarification, support and challenging.
- ◆ Gaining skills of effective responses with others.
- ◆ Increased confidence expressing helpful communication.



2. Discussion of Applications Activity: Empathy

Empathy has been highlighted in several workshop sessions. It is an important part of the relationship between the Peer Companion and the individual(s) being helped. The person being helped benefits from the belief that the Peer Companion has empathy – this helps the person feel understood, feel wanted, and feel valued. It helps them believe that what they think and feel is important, and it gives them greater confidence that they would be more likely to achieve some change in their life situation (since the Peer Companion has some understanding). Imagine how the individual would feel if the Peer Companion did not have empathy, or did not express it very well; very likely, the person would seek assistance elsewhere, or not at all. Thus, having and showing empathy is an important skill for Peer Companions to learn.

Primary Level Accurate Empathy

Empathy is a vitally important part of the relationship established with the person to be helped. It goes beyond the traditional every-day conversation and relationship that often occurs. What follows are basic considerations with empathy.

Accurate empathy in general. A person is accurately empathic if s/he can (1) discriminate: get inside the other person, look at the world through the perspective or frame of reference of the other person, and get a feeling for what the other's world is like, and (2) communicate to the other this understanding in a way that shows, the other that the helper has picked up both the feelings and the behavior and experience underlying these feelings.

Primary-level accurate empathy. Primary-level accurate empathy entails communicating initial basic understanding of what the person is feeling and the experiences underlying these feelings.

Advanced accurate empathy. A better understanding of primary-level accurate empathy can be gleaned by comparing it with advanced level accurate empathy; advanced accurate empathy gets not only what the person states and expresses but also what s/he implies and leaves unstated or not clearly expressed.

Feigning understanding. Sometimes it is difficult to understand what the person is saying even though one attends to him/her quite fully. The person may be confused, distracted, in a highly emotional state; all of these conditions affect the clarity of what s/he is saying. On the other hand, the peer helper might become distracted and fail to follow the person. At such times the peer helper should not feign understanding. This is phony.

Person rambling. As a general rule, the person should not be allowed simply to ramble. Rambling destroys the concreteness, the focus, and the intensity of the helping experience. Furthermore, if the helper punctuates the person's ramblings with nods, "uh-huhs," and the like, this merely reinforces the rambling. Monologues on the part of either helper or person are not ordinarily helpful. Therefore, the peer helper should respond relatively frequently to the person, without interrupting what is important or making the person lose this train of thought. Frequent use of accurate empathy gives a great deal of direction to the helping process.

Getting ahead of oneself. The peer helper can retard the process by getting ahead of himself, moving on too quickly to deeper levels.

Jumping in too quickly. The beginner often jumps in too quickly when the person pauses, "too quickly" because s/he has not yet formulated his/her response. S/he can give time, especially if the time is seen as caring about what s/he is going to say. Overeagerness does seem awkward. Most beginners have to practice waiting when the person pauses. During the pause, the helper asks: What are the



feelings here? What are the real issues? This does not mean that the peer helper should lose his/her spontaneity.

Language. The helper is more effective when his/her language is in tune with the language of the person. The peer helper's response is accurate in a sense, but it is not the kind of language that communicates understanding to a 10 year-old. This gets at the core of the person's feelings and experience in a way that is more human than the "you feel....because..." response.

Longwindedness. Longwindedness is another pitfall the beginner should avoid. The helper's responses should be relatively frequent but also lean and trim. In trying to be accurate, the beginner may become longwinded, sometimes speaking longer than the person in trying to elaborate an interchangeable response.

Responding to feelings or content. In the examples given so far illustrating the right thing to do, the peer helper responded to both feelings and content each time. Ordinarily, this is the best kind of response. Here the peer helper chooses to respond only to the feelings of the person because s/he believes that what is uppermost in her consciousness is that all these things have contributed to her present feelings of frustration and irritation.

Summary rules for the use of primary-level accurate empathy

1. Attend carefully, both physically and psychologically, to the messages transmitted by the person.
2. Listen especially for basic or core messages.
3. Respond fairly frequently, but briefly, to these core messages, but be flexible and tentative enough so that the person has room to move (to affirm, deny, explain, clarify, or shift emphasis).
4. Be gentle, but don't let the person run from important issues.
5. Respond to both feeling and content unless there is some reason for emphasizing one or the other.
6. Move gradually toward the exploration of critical topics and feelings.
7. After you have responded, attend carefully to cues that either confirm or deny the accuracy of your response. Does the person move forward in a focused way?
8. Note signs of personal stress or resistance and try to judge whether these arise because you have lacked accuracy or have been too accurate.

Adapted from Egan, G. (1975). The Skilled Helper: A Model for Systematic Helping and Interpersonal Relating. CA: Brooks/Cole Publishing Company.

NOTES



In-Class Activity #1

Responding to Feelings and Content

This activity emphasizes the communication of the accurate understanding of more than one feeling. Two specific aspects are included in this activity. First, you will focus on the feelings; second, you will focus on the content. Go through each description and do only the feeling responses, using the line marked "a"; after that, do the content response, using the line marked "b."

For the feeling section, note that, in each of the following statements, the speaker expresses more than one feeling or emotion. In your response, communicate your understanding of the speaker's feelings or emotions. Please use "You feel both...and...." For the content response, your response to what the person is saying; this focuses on the specific content that they make in the statement.

1. Office worker:

"Work is okay. I do make a good living, and my family really likes the money. And they like me at work; they like what I do, so my job is secure. But it's the same thing day after day. I'm not the world's brightest person, but there's more to me than I use working on those machines."

a. You feel both _____

b. You feel _____

2. Volunteer youth worker:

"These kids really drive me up the wall. Sometimes I think I'm really stupid to be doing this kind of work. They taunt me. They push me as far as they can. To some of them, I'm just another worker. But every time I think of quitting-I know I'd miss this kind of work and even-one way or another-miss the kids. When I wake up in the morning, I know the day's going to be full and it's going to demand everything I've got".

a. You feel both _____

b. You feel _____



3. Teacher to a colleague:

“Cindy Smith really got to me today. She’s been a thorn in my side all semester. Just a little nag. Asking questions in her “sweet” way, but everyone knows she’s trying to make a fool of me. Little snot! So I let her have it-I pasted her up against the wall verbally. You know me: I ordinarily don’t do that kind of thing. I lost control. It was awful. I have no love for Cindy, but it was a pretty bad mistake.”

a. You feel both _____

b. You feel _____

4. Mother, talking about her teenage son:

“He knows he can take advantage of me. If he stops talking to me or acts down for a couple of days, I go crazy. He gets everything he wants out of me, and I know it’s my own fault. I don’t even think of trying to stop him. I need him very much.”

a. You feel both _____

b. You feel _____

5. Secretary:

“I’ve been a garden-variety secretary for over three years now. But last week the boss’ personal secretary died suddenly and he chose me to take her place. I never expected that. More money, everything! Now I’m not sure I can fill her shoes. She was so competent. And he left so many things in her hands.”

a. You feel both _____

b. You feel _____



6. Woman at a mental health center:

“My greatest asset and my greatest challenge is my husband. He loves me, he shows me all sorts of consideration and affection. I can’t help but love him. But he’s a terrible liar. He goes around the neighborhood telling tall tales. This started about a year ago. It’s getting so bad that I don’t dare appear in public.”

a. You feel both _____

b. You feel _____

7. Office worker:

“I don’t know if it’s just me. The last few years, we’ve hired a lot of young people and a lot of minority people in the office. Now it doesn’t seem like the same place. It’s not a family. They’re all polite to me, but that’s about it. I’ve tried making new friends, but I don’t seem to be “with it” enough. I’m not sure that I want to try anymore, or that it’s even worth it.”

a. You feel both _____

b. You feel _____

Adapted from Egan, G. (1975). Exercises in Helping Skills: A training manual to accompany The Skilled Helper. CA: Brooks/Cole Publishing Company.



3. Discussion of Applications Activity: Motivational Interviewing

An earlier session (Phase II, Session 4) highlighted Motivational Interviewing. One of the primary considerations with this is that the person being helped has a greater responsibility for managing his/her own lives. The aim of this process is to get the person to see what is happening, and to “own” their personal behavior and their future. Specific ways of wording the responses to them can be helpful in shifting this responsibility from the Peer Companion to them (or to making sure that it stays with them).

In-Class Activity #2

Sample Wording for Motivational Interviewing and Readiness

With motivational interviewing, the first step is to identify the stage of readiness for the individual. Then, use selected strategies to help move them from that stage to the new stage. The chart below helps prepare wording that helps in this process. This activity blends the Stages of Change model discussed during the first Phase of this Peer Companion training series with Motivational Interviewing skills.

Readiness Stage	Motivational Interviewing Strategies	Questions and Wording
Pre-contemplation	Help person see risks Identify concerns and problems with current behavior Raise doubt	
Contemplation	Encourage changing behavior Encourage person to examine risks of not changing Promote belief in themselves for changing behavior Encourage weighing of options Ask for reasons for changing and not changing	
Preparation	Encourage person to identify best ways to start change Provide reinforcement to changing behavior Discuss challenges to change, and ways of overcoming them	
Action	Promote positive reinforcement for change Praise action steps Discuss how challenges are being overcome	
Maintenance	Continue to praise change in behavior Discuss how challenges are being met Anticipate new challenges and how to meet them Discuss ways of continuing the positive behavior Reflect upon positive attributes coming from the change	



4. Discussion of Applications Activity: The Response Process

The Response Process has four main themes: Awareness, Concern, Contact(s) and Follow-up; these were highlighted during Phase II, Session 4. Within the Contact(s) segment, six “trigger” statements serve as the foundation for the conversation with others. Rather than just having a dialog, it’s helpful to think about these six elements, and then to frame questions and responses within this context. The six trigger statements, serving as an overall framework for the discussion, include:

- 7. I care about you.
- 8. This is what I see
- 9. This is how what you do makes me feel
- 10. Do you understand where I am coming from?
- 11. What can we do about this? Here’s what I think.
- 12. I will support you if you are willing to try.

In-Class Activity #3

Sample Wording for the Response Process

Using the chart below, please record a variety of words or phrases that would be appropriate to use with another person.

Core Trigger Statement	Sample Wording or Phrases
I care about you	
This is what I see	
This is how what you do makes me feel	
Do you understand where I am coming from?	
What can we do about this? Here’s what I think.	
I will support you if you are willing to try.	



5. Skill-Building on Sending and Receiving Messages

In order to understand communication skills and the facilitation of more effective communication, it is necessary to recognize that communication is divided into two component parts: (a) Sending messages effectively, and (b) Receiving messages effectively.

Sending Messages

In order to be an effective helper, one must understand and integrate into one's personal frame of reference what is involved in sending as well as receiving messages. The skill of sending messages involves:

- Clearly own your messages by using personal pronouns such as "I" and "my." Personal ownership includes clearly taking responsibility for the ideas and feelings that are expressed. Individuals disown their messages when they use terms like most people, everybody, or all of us. Such terms make it difficult for the person to tell whether you really think and feel what you are saying or whether the statement represents the thoughts and feelings of others.
- Make your messages complete and specific. Include clear statements of all necessary information the receiver needs in order to comprehend the message. Being complete and specific seems so obvious, but often an individual you are helping will not understand the frame of reference being taken, the assumptions being made, the intentions for the communication, or the leaps in thinking which are made. Thus, while a person may hear the words being stated, comprehension of the meaning of the message may be lost.
- Make your verbal and nonverbal messages congruent. Every face-to-face communication involves both verbal and nonverbal messages. Usually these messages are congruent. For instance, if a person is saying that they have appreciated your help, they will usually be smiling and expressing warmth in other non-verbal ways. Communication problems arise when a person's verbal and non-verbal messages are contradictory. If a person says, "Here is some information that may be of help to you" with a sneer on his/her face and a mocking tone of voice, the meaning you receive is confused by the two different messages being sent simultaneously.
- Be redundant. Repeating your messages more than once and using more than one channel of communication will help the receiver understand your messages.
- Ask for feedback concerning the way your messages are being received. In order to communicate effectively you must be aware of how the receiver is interpreting and processing your messages. The only way to be sure is to continually seek feedback concerning what meanings the receiver is attaching to your messages.
- Make the message appropriate to the receiver's frame of reference. The same information will be explained differently to an expert in the field than to a novice, to a child than to an adult, to your boss than to a co-worker. Work diligently not to over or underestimate the capacity of the receiver to understand what you have to say.



Describe your feeling by name, action, or figures of speech. When communicating your feelings it is especially important to the descriptive. You may describe your feelings by name (e.g., "I feel happy"), or actions (e.g., "I feel like dancing on a cloud"). Use of such descriptions will help communicate your feelings clearly and unambiguously.

Describe the other person's behavior without evaluating or interpreting. When reacting to the behavior of other people be sure to describe their behavior ("You keep interrupting me") rather than evaluating it ("You're being rude").

Receiving Messages

The reciprocal of sending messages effectively is receiving them effectively. Specific receiving skills include the following:

- The ability to listen to the speaker is the most crucial aspect in receiving messages. This involves attentively listening and attending to the speaker's feelings and needs.
- Paraphrase the content of the message sent and the feelings of the sender as accurately and nonevaluatively as possible (e.g., "You indicate that you have a personal concern, but you don't seem to feel free to share it with me").
- Describe what you perceive to be the sender's feelings (e.g., "You seem to be feeling angry right now.>").
- State your interpretation of the sender's message and negotiate with the sender until there is agreement as to the message's meaning (Johnson and Johnson, 1975).

Adapted from Egan, G. (1975). The Skilled Helper: A Model for Systematic Helping and Interpersonal Relating. CA: Brooks/Cole Publishing Company.



6. Wrap-up

This session highlights various elements that are important to a quality helping relationship, between the Peer Companion and those helped by him/her. This session starts to put together the various theories and frameworks identified early in the workshop series, and in particular, this phase of the training. This session starts with practicing skills, and ways of responding to individuals.

What is helpful to remember is the overall framework of activities, and what is sought as the overall outcome; then, the Peer Companion can start to get comfortable with the specific ways of best accomplishing this. The actual words are not what is most important – what is important is expressing empathy, and doing so within the context of an overall understanding of how efforts are proceeding with the individual(s) with whom the Peer Companion is working. That is, Peer Companions have an overall perspective of the stages of change, or of how they want to proceed with the Motivational Interviewing or the Response Process. Within the context of these, the Peer Companion works with the individual. It is like having a recipe book for preparing a meal, and selecting the appropriate balance of items for preparation. With more and more experience in preparing the meal, the cook is more comfortable steering away from some recipes, and doing some modifications. With these various items from this section, the Peer Companion starts with a reasonable repertoire, and then can adapt as comfort is gained. That comfort comes with practice and experience.

The Peer Companion learns about how to demonstrate the understanding of what the other person is feeling through communication – both verbally and non-verbally. This demonstration of empathy is central to this section, and is something that can be improved continuously over time. “Clarification and Support” means that Peer Companions continually try to be sure that others’ feelings are heard and felt, and that the other person really knows that the Peer Companion does understand. This is a type of “give and take” process of clarifying feelings and understanding. This is central of a caring relationship and demonstrates the good support that others can feel coming from the Peer Companion.

KEY POINTS

- ◆ Increasing comfort with applying listening skills, with attention to clarification, support and challenging.
- ◆ Gaining skills of effective responses with others.
- ◆ Increased confidence expressing helpful communication.

ASSIGNMENT

- ◆ Read the information found in Session 7 on “Expectation Management.”
- ◆ Complete Peer Companion Applications on “Clarification and Support” session.

Note: Session prepared by David S. Anderson, Ph.D. – Professor of Education and Human Development, George Mason University.



EXPECTATION MANAGEMENT

Phase II Session 7

LEARNING OBJECTIVES

- ✓ To understand the elements important in a helping relationship.
- ✓ To learn ways of making a referral.
- ✓ To understand safety issues, and ways of preventing and responding to safety concerns.

CLASS OUTLINE

- 1. Review of the “Clarification & Support” Session**
 - Highlight key learning and new insights from previous week
 - Discuss applications since previous session; use of new skills
- 2. Discussion of Helping Relationships**
 - Review of helping relationships – what comprises them
 - Understand ‘expectation management’
- 3. Discussion and Skill-Building of Referral**
 - Review of referral issues and the context of local resources
 - Understand the role of ‘problem-solving’
 - Practice making a referral
- 4. Safety Issues**
 - Discuss specific strategies for identifying and addressing safety
 - Distinguishing discomfort from safety concerns
 - Practice addressing safety concerns

KEY POINTS

- ◆ *Increasing an overall awareness of helping relationships, and how these are relevant for the Peer Companion.*
- ◆ *Gaining skills for making a referral of an individual for professional or other support services.*
- ◆ *Understanding the nature and importance of safety issues.*
- ◆ *Learning strategies for preventing and responding to safety concerns.*



2. Discussion of Helping Relationships

Many people who assume the peer helper role ask, “How will I know if my interactions with others are helpful?” The types of communications skills used in everyday advice-giving and the type of communication skills used in the helping relationship are quite different. So what are the differences in these types of interactions? There are ten characteristics which can be used to distinguish between helping relationships and relationships that may not benefit those seeking help. The following characteristics and brief summaries can be helpful considerations for the Peer Companion, as the Peer Companion is really seeking to have a “Helping Relationship” with others. Central to the role of the Peer Companion are interpersonal relationships, and these promote a sense of helpfulness, and being helped, from the point of view of those interacting with the Peer Companion.

What is the helping relationship?

1. The helping relationship is meaningful.

The relationship is valued by both participants. It can be both personal and intimate. The relationship is meaningful because it is relevant. It may be both anxiety-evoking and anxiety-reducing, and it involves mutual commitment between the helper and the person being helped.

2. Feelings are evident in the helping relationship.

Those involved in the true helping relationship tend to disclose those parts of themselves that are creating anxiety. This self-disclosure may produce many feelings for both the helper and the person being helped. Even though intellectual factors are certainly operative, the feeling domain is revealed and discussed in the helping relationship.

3. Personal integrity is present in the helping relationship.

The self-worth of an individual is respected in the helping relationship. Sham, pretension, and deceit are not present in a relationship built on respect for a person’s self-worth. Both individuals relate to one another as authentic, reliable human beings.

4. The helping relationship takes place by the mutual consent of the individuals involved.

One cannot truly be helped if the interaction is based on coercion. The absence of pressure is a vital element in the helping relationship. Both parties must enter into this relationship free of outsider pressure to be there. This characteristic is a must if genuine help is to be given and received.

5. The relationship takes place because the individual to be helped needs information, instruction, advice, assistance, and/or understanding from the other.

The person seeking help is seeking the assistance of the helper for many different reasons. The person assumes the helper can, in fact, be of some assistance in resolving the problem causing concern. It is crucial to the relationship that the people have confidence that the person helper can be a meaningful assistance.

6. The helping relationship is conducted through communication and interaction.

In the helping relationship both parties convey, exchange, transfer and impart knowledge, information and/or feelings. This information is exchanged both verbally and nonverbally. The more lucid and



articulate the communication between the person helper and person, the more meaningful the relationship.

7. Structure is evident in the helping relationship.

Even though the degree of structure will be different depending on the relationship, there are two essential patterns present—stimulus and response. Responsibility for this structure is placed on both the person helper and the person, for both have the need to be recognized and to be adequate in the relationship.

8. Collaborative effort marks the helping relationship.

Both participants in the helping relationship work toward a mutually agreed upon goal. Both seek out resources and contributions which will be additive in the relationship, moving toward goal achievement.

9. The helping person is approachable and secure as a person.

The helping person has a manner which encourages others to seek them out for help. The helping person is accepting of others, and respects people in general. This person is free from undue doubt, anxiety, and fear.

10. Change is the object of the helping relationship.

The significant element here is that the person seeking help will be somehow different, after receiving the help. This difference, if the relationship was helpful, will be defined in positive ways by both the person helper and the person.

Adapted from Shertzer and Stone (1974)

In addition to this overview of the “Helping Relationship”, some specific skills are highlighted that can be used in one-on-one sessions as well as group sessions. These build upon the qualities highlighted in previous workshop sessions in this training’s Phase II. The Peer Companion strives to help these qualities to grow so that the person or group being worked with feels that good skills are being used, and that the process is generating some positive results.

Working with the person

1. Attending

Attending is itself a way of showing respect. It says behaviorally, “I am with you. I am committed to your interests. I am available to help you live more effectively. It is worth my time and effort to help you.” Failure to attend generally indicates a lack of respect for the person. It says, “You are not worth my time. What you say is not worth listening to. I am not really committed to working for your interests.” The peer helper neither judges nor condones. S/he merely tries to communicate understanding to the person (understanding is obviously not synonymous with approval) so that both peer helper and person can begin to see the context of the person’s behavior, s/he knows that the person’s approach to life needs to be understood. The helper is not naïve. S/he realizes that some of the person’s experiences must be transcended and that some of his/her behaviors must change, but s/he still respects the person as the subject of these experiences. S/he gives the person room to move,



room to explore him/herself. His/her function is to help the person explore both his/her behavior and the values from which this behavior springs, and s/he realizes the judgmental behavior on his/her part would cut such exploration short.

2. Accurate empathy

Initially, the best way of showing respect is by working to understand the person: his/her feelings, his/her experience, his/her behavior. The communication of accurate empathy is the core work of setting the relationship, work that requires skill and patience. All the behaviors associated with the communication of accurate empathy, therefore, are behaviors indicating respect.

3. Cultivating the resources of the person

Cultivation of the person's resources follows from the helper's attitude toward the uniqueness, the individuality, of the person. S/he looks for resources in the person and helps him identify them. S/he does not act for the person unless it is absolutely necessary and then only as a step towards helping the person act on his/her own.

4. Warmth

Gzada (1973) sees warmth as the physical expression of understanding and caring, which is ordinarily communicated through non-verbal media such as gestures, posture, tone of voice, touch, and facial expression. Warmth is only one way of showing respect. It is not the best way, and it can easily be misused. The helper should be initially warm, but s/he should not show either role warmth (standard peer helper warmth) or the warmth s/he would show a good friend. Too many peer helpers become warmth machines, cranking out unconditional positive regard continuously. Such warmth degenerates quickly into an "oh-that's-all-right" kind of response that is both phony and unhelpful.

5. Reinforcement as respect

A helper shows respect when s/he reinforces all constructive action on the part of the person-when the person works at self-exploration, or when s/he takes a tentative step in the direction of constructive behavioral change. Respect is also shown by refusing to reinforce self-destructive behavior on the part of the person.

6. Genuineness as respect

Being genuine in one's relationship with another is a way of showing him respect. Therefore, the behaviors listed under "genuineness" in the previous section also constitute ways of showing respect.

Adapted from Egan, G. (1975). The Skilled Helper: A model for Systematic Helping and Interpersonal Relating. CA: Brooks/Cole Publishing Company.



3. Discussion and Skill-Building of Referral

Frequently, a Peer Companion (a peer helper) may find it difficult to determine when to refer a person to another resource. In time, however these judgments are more easily made by someone with much more experience. Also, many variables must be considered when deciding whether or not to refer a person - for instance, skills of the peer helper, needs of the person, which resources are conveniently available, and the relationship established between peer helper and person.

As a general rule, when in real doubt, refer the person to a more qualified resource. Trying to help a person with a serious problem when you possess only minimal skill and experience in that area may be more detrimental than helpful. Take, for example, the peer helper who, with little knowledge about the world of work, attempts to assist a person in clarifying a career decision. Since a person may believe that the help received is the help needed in this area, he or she may be reluctant to seek additional assistance from a more qualified source. The person is therefore wasting valuable time and may eventually become frustrated with the process. The peer helper in such a circumstance could be doing the person a disservice by not making an appropriate referral early in the process.

An alternative to a referral may be consultation between the peer helper and a more qualified resource person. Given the example of the person seeking career development assistance, the peer helper might ask a specialist in career decision-making for advice on how to help the person clarify career options. Another alternative in this situation might be to ask the career decision-making specialist to work with the person along with the peer helper, or lead a group of persons in career decision-making skill development with the peer helper as a co-leader. These alternatives provide continuity for persons and also allow them to receive information directly from a qualified source. Sometimes, however, in this type of joint venture, it may be difficult for the consultant or the peer helper to give the time necessary to accomplish adequately the objectives involved.

The program coordinator or project supervisor may be the most important single consultant in determining whether or not to refer a person. He or she should be consulted whenever you begin to sense that you may be getting in over your head with the person seeking assistance.

How to refer

The following guidelines are designed to assist the Peer Companion in accomplishing an effective referral of a person to another resource.

- Explain in a clear and open manner why you feel it desirable or necessary to refer the person.
- Explain fully the services which can be obtained from the resource agency or person you are recommending.
- Reassure the person about the capability and qualifications of the resource to help meet the particular need expressed.
- Attempt to personalize the experience by giving the person the name of a contact person to ask for in the particular agency, or be with the person when he or she calls for an appointment.
- Assist the person in formulating questions to ask or approaches to take during an initial contact session.
- Encourage the person to get back in touch with you after visiting the recommended resource. This helps the person maintain continuity of the peer helper/person relationship. Also, this



follow-up contact with the peer helper provides additional incentive for the person to make contact with the referral source.

The Peer Companion's knowledge of the available resource referral procedures will be an effective tool to use when working with another person. The more knowledge you possess about the purpose and function of the various offices, the more effective you will be in helping persons develop action plans for using these available resources to complete their goals. The peer helper, in effect, assumes a referral agent role by guiding the person to the appropriate office or other resource for assistance.

Adapted from Ender, S., McCaffrey, S., and Miller, T., (1979). Persons Helping Persons: A training manual for peer helpers on the college campus. GA: Person Development Associates

NOTES



In-Class Activity #1

Community Resources

1. What benefits- to the peer helper and to the person being helped - can be derived from knowledge of community resources?

2. What criteria does one use when deciding if referral is an appropriate strategy? (List at least 5 reasons for making a referral).

3. What skills, competencies, and knowledge must the peer helper possess to be an effective referral agent?

4. List two possible community resources for each of the following areas of personal concerns.

Issue	Community Resources
Weight	1. 2.
Problems with spouse	1. 2.
Problems with children/grandchildren/family members	1. 2.
Financial problems	1. 2.
Health concerns	1. 2.
A friend	1. 2.
Anxiety	1. 2.
Other	1. 2.
Other	1. 2.



4. Safety Issues

When you think about safety in the helping situation, it is critical that you take appropriate preventive and precautionary action as needed. This is not to get in the way of approaches that you are doing with the individual, nor is it meant to encourage a lack of trust. However, situations may emerge that call into question your comfort in dealing with an individual. It is important to always maintain your own safety, and to remove yourself from situations if you feel uncomfortable or at risk.

In-Class Activity #2

Preparing for Personal Safety

Using the chart below, please record a variety of words or phrases that would be appropriate to use with another person.

1. Name specific situations that might be uncomfortable for you, when working with some as a Peer Companion.
2. What can you do to help reduce any threat to your safety with a Peer Companion situation?
3. List various issues that may pose a safety concern to you, and specific strategies that might be used to address these.

Issue	Response Strategy



5. Wrap-up

This session highlighted more specific issues associated with the helping relationship. The session title, “Expectation Management”, is designed to illustrate that the purpose of the Peer Companion is to have a “helping” relationship with another person or group. That is to say, the purpose is not necessarily to solve or resolve everything, but to make a reasonable effort to help facilitate things so that life is much more manageable, and of a greater quality, than it was before the involvement of the Peer Companion. When remembering an earlier session’s focus on Motivational Interviewing, the aim is to make sure that the person(s) being helped have a strong sense of responsibility for their own futures. The Peer Companion’s role is to help in this process, to identify resources that the person(s) may not have seen previously, and to help promote greater confidence of others in the future engagement of their own lives.

For this “expectation management”, the focus is with the Peer Companion as well as with the individual(s) being served. The Peer Companion must keep his/her vision in check, so that what is sought in the interaction with others is within reason and within the realm of a Peer Companion’s role. For the other person(s), it is important that they not expect too much, and that they not expect that the Peer Companion will “take care of everything.” What is helpful for the Peer Companion to do is to continuously monitor this relationship – continue to review the nature of the relationship, what is going well, what could be improvement, and what the other person is expecting. It is understandable that, over the course of the relationship where the Peer Companion is helping, to have the “endpoints” shift; that is, once one issue gets resolved, another one may appear for “solving” by the Peer Companion. These shifting endpoints are one caution for the Peer Companion to monitor. In a similar way, just because an issue does not get solved, does not mean that progress is not happening. The Peer Companion can help to continuously monitor this, and provide some reflective feedback to the individual(s) being helped about how things are progressing, and what the future might bring.

The helping relationship is just that – it is helping the other person or group, so that they are empowered, skilled, and resourceful to make progress with themselves. This segment identified some issues with referral (knowing your own limits as a Peer Companion), as well as safety concerns. These are important in “managing the boundaries” so essential to having an individual move ahead in his/her own life most successfully.

KEY POINTS

- ◆ Increasing an overall awareness of helping relationships, and how these are relevant for the Peer Companion.
- ◆ Gaining skills for making a referral of an individual for professional or other support services.
- ◆ Understanding the nature and importance of safety issues.
- ◆ Learning strategies for preventing and responding to safety concerns.

ASSIGNMENT

- ◆ *Read the information found in Session 8 on “Caregiving and Emotions.”*
- ◆ *Complete Peer Companion Applications on “Expectation Management” session.*

Note: Session prepared by David S. Anderson, Ph.D. – Professor of Education and Human Development, George Mason University.



CAREGIVING & EMOTIONS

Phase II Session 8

LEARNING OBJECTIVES

1. To define the nature of caring in everyday experience and in Peer Companion activities.
2. To better understand when friendship and Peer Companion relationships do and don't overlap.
3. To form clear, concrete impressions of what does and does not constitute caring behavior.
4. To review some key concepts of Phase II training, assessing how they fit with help-giving skills.
5. To begin consideration of the function of play and humor in the personal growth and recovery of elder Vietnamese.

CLASS OUTLINE

1. **Review of the "Expectation Management" Session**
 - Highlight key learning and new insights from previous week
 - Discuss applications since previous session; use of new skills
2. **Friendship and Your Role as Peer Companion**
 - Uncovering participants' working concepts of friendship
 - Deciding what aspects of these concepts fit with the Peer Companion's role
3. **What Does Caring Look Like?**
 - Identifying inappropriate, unconcerned, and skillful help-giving
 - Defining helping behaviors that are easy and hard, natural and unnatural
4. **Primary Level Empathy Revised**
 - Reviewing these critically important helper behaviors
 - Finding which ones fit best with Vietnamese cultural traditions
5. **Humor and Play: The Vital Role of Less "Serious" Help-Giving**
 - The therapeutic role of humor and play
 - What forms of play and humor are most appropriate, and when

KEY POINTS

- ◆ Caring is important to demonstrate in as meaningful a way as possible.
- ◆ Peer Companions benefit from learning ways to express their emotions, and thus their level of caring in ways that fit with their role.
- ◆ Human and play have an important role to play with the relationships established with others.
- ◆ The cultural context of help-giving is important.



2. When Have You Felt Cared For?

Though we can define caring in a formal way, most of us know what caring is from our past life experiences. In this session, the initial effort will be to have a private, guided meditation on past personal experiences of receiving the care of others. Participants will be asked to form vivid pictures of a caring situation and a predicament each was in that required some care from others. Participants will be asked to experience in their “mind’s eye” as vividly as possible what it felt like to receive that caring. After the meditation participants will share two caring experiences in their lives with one another.

The instructor will then work with the whole group to generate a list of the characteristics of caring behavior. With that list developed fully, the group will work as a whole to determine which of these aspects of caring seem to fit or be incompatible with the role of a Peer Companion.

NOTES



3. What Does Caring Look Like?

Caring is something that is valued by Peer Companions, and is also valued by those receiving it. Caring is also something that is hard to quantify. You know it when you have it, but it's hard to describe. This discussion will focus on helping Peer Companions demonstrate caring to a greater degree, so that the positive feelings, and all the commitment that they have with others, are demonstrated to the greatest degree possible.

In-Class Activity #1

A Caring Response

This is a long exercise that will take 45 minutes to one hour, allowing plenty of time for participants to reflect on what they observe. To facilitate this process, the role playing portion of this session will be conducted in Vietnamese. Participants, other than interviewers, are asked not to look at the instructions for this part of the session. (They are included at the end of this session.)

A man will describe memories and struggles he has had arising from his experiences of leaving Vietnam, being a Boat person, enduring life in a South Asian detention center, and finally, coming to America and finding his way here. He is a married man with responsibility for both his aging parents and for two children, ages 8 and 13. The second child, a boy, is increasingly "all-American" resisting Vietnamese traditions, and seemingly disrespectful to his grandparents. The young man is beset by traumatic memories and conflicts in his loyalties as son and as father and husband. He will share his experiences, and related worries and hurts with three different interviewers. Each interviewer will have separate instructions about how to conduct his or her interview. Each of these will not know the others' instructions and these instructions should remain unknown initially to all other participants.

Each interviewer will have 10-15 minutes with the interviewee.

The class will be asked what they observed in each of the three interview segments. Specifically they are to be asked:

1. What behaviors did you see that seemed caring or uncaring?
2. How did you see the interviewee's behavior change based on how each Peer Companion talked and acted with him?
3. Which of the three interviewers is closest in style to your own way of acting when you are giving help?
4. How did you feel as you watched each interviewer in action?
5. What feelings do you think each interviewer evoked in the young man being interviewed?

The person interviewed will share thoughts and feelings experienced during this exercise. See how different interviewing styles had an impact on the experience of "being helped." (Clearly, some types of interviewing may be more helpful than others).



4. Primary-Level Empathy Revised

Previously introduced in an earlier session, primary-level empathy describes many of the basic sensitivities and skills essential for a worker in any type of human service activity. This segment reviews these in detail. Participants are asked a series of questions on these.

Rules for the Use of Primary-Level Empathy

1. Attend carefully, both physically and psychologically, to the messages by the person.
2. Listen especially for basic core messages.
3. Respond fairly frequently, but briefly to these core messages, but be flexible and tentative enough so that the person has room to move (to affirm, deny, explain, clarify, or shift emphasis).
4. Be gentle, but don't let the person run from important issues.
5. Respond to both feeling and content unless there is some reason for emphasizing one or the other.
6. Move gradually toward the exploration of critical topics and feelings.
7. After you have responded, attend carefully to cues that either confirm or deny the accuracy of your response. Does the person move forward in a focused way?
8. Note the signs of personal stress or resistance and try to judge whether these arise because you have lacked accuracy or have been too accurate.

In-Class Activity #2

Demonstrating Empathy

- Which of these rules seem easiest or hardest to follow?

- Which are hardest for you?

- Which ones fit comfortably within a Vietnamese tradition of giving care?

- Which ones seem more American, even a little "strange"?



5. Humor and Play: The Vital Role of Less “Serious” Help-Giving

Beverly James, a psychologist who has written widely about working with traumatized children, reports about the critical importance of getting a child to start moving more freely to “unbind” a body tied up in self-protection and shrinking back from a menacing world. Dr. James uses a great deal of dance and play therapy to “free-up” these children to begin to experience some pleasure, to have fuller experience of their bodies, and to begin to re-connect with the world around them. Her work suggests that play has a very critical role in helping people expand constricted or limited lives.

Also, her work suggests that all of us need some freedom to continue to be children and to experience moments and relations removed from the very serious business of surviving, caring for ourselves, and caring for others in our daily lives. Therapeutic processes developed in the U.S. involve the risk of always being too serious about the client and the helping situation.

In-Class Activity #3

Incorporating Humor

Similarly, laughter can be very restorative. Humor provides a number of benefits for us psychologically and physically. What do you think these are?

- 1.
- 2.
- 3.

When might humor be inappropriate and negatively affect the effort to help another person?

What are the types of play and fun and creative activities that older Vietnamese will enjoy? Can you think of ones that involve physical movement and self-expression?

- 1.
- 2.
- 3.



*Addendum for Class Activity #1***Instructions for “A Caring Response”**

Note: the following instructions should be read ONLY by the interviewers, following instructions provided during the session. Please only read what follows when asked to do so by the class leader.

What follows are three caregiver role descriptions. Three different interviewers are selected by the class leader, and each one is given one of the care-giver descriptions before the exercise. Those individuals doing the role playing of each of these styles of help-giving should include the listed elements in their interviewing, but should not exaggerate them too much. These care-givers should intersperse their defining behaviors with others that others in the role play situation would see them as normal, or expected, for an interviewing and social situation.

1. The inappropriate care-giver

- Gets too close physically and crowds the other person.
- Uses humor or jokes at the wrong time.
- Shows empathy and caring which is excessive.
- Talks to the other person as if to a little child.
- Claims to understand when clearly this is not the case.
- Talks too much.
- Does not adjust his behavior to the other person’s signs and signals.
- Rushes in with directions and solutions before really hearing the other.

2. The unconcerned or self-centered care-giver

- Looks bored and impatient (e.g. looks at her watch)
- Changes the subject.
- Doesn’t establish eye contact.
- Is distant and too formal.
- Speaks loudly and interrupts.
- Talks about their own experiences or successes.
- Is easily distracted (e.g. responds to their cell phone).
- Gives orders and directions, like they want to be boss and take control.

3. The skillful care-giver

- Is gentle.
- Carefully adjusts her posture, vocal pace, and pitch to match the client.
- Makes gestures & utterances to show appreciation for what the other says.
- Moves slowly in word and action, following the other’s lead.
- Echoes back important content and feelings of the other.
- Establishes good eye contact.
- Shows warmth and concern in way comfortable for others.
- Asks leading, open-ended questions to help others to continue.



6. Wrap-up

This session focused on helping participants draw on their own life experiences and cultural traditions to identify aspects of care-giving and friendship which can be natural parts of their helping roles. It is designed to help Peer Companions form very concrete impressions of what really are caring behaviors. This session explored aspects of American help-giving that do and do not transfer well to a Vietnamese context. Further, attempts are made to temper the relentless seriousness of “therapy” with an emphasis on the type of fun that rewards both help-giver and those being helped.

Throughout the various sessions of this Peer Companion Curriculum, the overall focus has been on “caregiving.” This session focuses on specific ways of further demonstrating “care” by the Peer Companion. The session also has helped keep things in perspective for the Peer Companion – the use of fun and humor can be helpful in this regard. Through all of this, the Peer Companion does have feelings of caring for the individual(s) being helped; what is important is that the Peer Companion keep some distance from the situation, remembering how it was at the beginning when the relationship started, and how it has proceeded. This perspective can be helpful in identifying new strategies and approaches, and for making changes in the overall direction of how the relationship is proceeding.

In one sense, this segment is like getting on top of a building or a hillside, and looking below. The Peer Companion is usually on the ground or “in the valley”; however, when getting above an area, there’s an opportunity to see the overall landscape, and where the rivers and streams are located, and where the roads and fields are located. Then, when returning to “ground level”, the Peer Companion has a better sense of the overall “lay of the land” and how to proceed. In working with an individual or group, the Peer Companion has an overall sense of how to proceed; periodically, it is helpful to stop and take stock of where things are, and how they are proceeding, so that any necessary changes can be made. This is the important monitoring role of the Peer Companion in a caring, helpful relationship.

KEY POINTS

- ◆ Caring is important to demonstrate in as meaningful a way as possible.
- ◆ Peer Companions benefit from learning ways to express their emotions, and thus their level of caring in ways that fit with their role.
- ◆ Human and play have an important role to play with the relationships established with others.
- ◆ The cultural context of help-giving is important.

ASSIGNMENT

- ◆ Read the information found in Phase III, Session 1 on “Outreach.”
- ◆ Complete Peer Companion Applications on “Caregiving and Emotions” session.

Note: Session prepared by Robert C. Weigl, Ph.D. – Director and Clinical Psychologist, The Franklin Center.



Phase III: PEER GROUP AND PEER-TO-PEER FACILITATION SKILLS

Phase III introduces numerous new skills helpful for the Peer Companion. Since the foundations laid in Phase I were helpful from an overall “knowledge” perspective, and the foundations in Phase II were helpful from a “skills” point of view, the third phase builds upon these earlier segments. Phase III highlights, more specifically, the skills helpful for working in a group situation.

As noted, Peer Companions will work in a variety of settings – some Peer Companions will be “a natural” for assisting others in a one-on-one situation, but may not have the confidence or skill to work with a group of individuals. Similarly, some Peer Companions will be great with facilitating a group, engaging others in a discussion, doing a workshop, or running a group activity; they may demonstrate tremendous skills in this situation, helping to engage the more quiet or shy individual, and redirecting some of the behavior of those who are more aggressive or controlling. However, this same individual may not be as effective in the individual, personal type of advising setting.

This phase focuses on the various types of group situations, and ways in which the Peer Companion can be helpful with others. The session focuses on the wide variety of situations that might be best found in adult learning situations. These may be in group settings, from small groups to larger groups.

Phase III: PEER GROUP AND PEER-TO-PEER FACILITATION SKILLS

- ✓ Outreach
- ✓ The Family
- ✓ Group Dynamics
- ✓ Referrals and Resources
- ✓ Leadership
- ✓ Community Organizing
- ✓ Resources and Follow-up
- ✓ Challenging Situations



This phase of the training activities examines a variety of situations and settings that are likely to be encountered by the Peer Companion. Some of the settings include the family environment, where the Peer Companion may be engaged with the family members as they work together to provide a healthy living situation for the family members. Another situation may be a group in the faith community, associated with a recreation center, linked with a community support agency or affiliated with an educational group. The Peer Companion may be involved as a group leader, a discussion facilitator, or a workshop presenter. In these same settings, the Peer Companion may be involved as a member, yet, due to participation in the Peer Companion curriculum activities, offers a heightened sense of awareness and resource referral to other group members. One of the ways that Peer Companions can be helpful in promoting the overall health, in general, and the mental health, in particular, of those around them is by “role modeling.” Thus, the communication skills highlighted in Phase II, and the group facilitation skills, highlighted in this Phase III, can be most instrumental in guiding individuals and groups in new and more effective ways of functioning.

This session also includes segments on helping to provide leadership to groups and their members. The content areas continue with role playing activities initiated in Phase II, and highlights specific ways that Peer Companions can provide quality services to the groups in their community. Helpful in this regard is a heightened awareness of local resources, as well as ways of making appropriate referrals for others to engage with these resources. Also important as preparation for Peer Companions is the inclusion of challenging situations; these situations are those that could serve as “roadblocks” to participants’ engagement in local activities and services; through discussion about ways of addressing these, Peer Companions are not only better prepared, but feel more comfortable, in addressing these situations.

In summary, this phase of the Peer Companion curriculum is helpful in preparing Peer Companions for many of the roles in which they will find themselves in their communities. Through attention to the heightened awareness, skill-building, practice sessions, and applications to their own lives, this process is designed to help prepare them to be more effective in their relationships with their peers. The compilation of these three phases of learning is helpful for preparing the Peer Companions for a variety of roles and opportunities in their community, so that they can help promote the concept of “mutual aid” identified at the onset of the STEP process as a central one. The peer-to-peer outreach effort is designed to provide the strong foundation for healthier communities and healthier individuals.



OUTREACH

Phase III Session 1

LEARNING OBJECTIVES

- ✓ To encourage Peer Companions to evaluate collectivistic traditions they might share with those they serve.
- ✓ To identify group and community foundations of our own lives.
- ✓ To consider general features of group and community-oriented service.

CLASS OUTLINE

- 1. Review of Sessions from Phase II**
 - Highlight key learning and new insights from previous phase
 - Discuss applications since previous phase
- 2. Individualism and Collectivism: Two Cultural and Personal Life Orientations**
 - To understand lessons of a large body of cross-cultural research
 - To look at how values are impacted by immigration and acculturation
- 3. Collectivistic Foundations of Our Own Lives**
 - To understand how family, group and community are critical in our own lives
 - To increase understanding of the critical role of family and groups in others' lives
- 4. How do Collectivistic Perspectives Impact Service Work?**
 - We are building new or expanded social environments
 - Networks of friendship, membership, and mutual help are "social capital"
- 5. Critical Organizations and Institutions in Community Work**
 - Identifying social structures that are critical within both Vietnamese and majority communities
 - Knowing who has knowledge of and access to various organizations
- 6. Critical Processes in Community Work**
 - The possible need for more individually or collectively oriented helpers
 - Each person selects one or two group-community oriented activities to explore

KEY POINTS

- ♦ It is helpful to know how a personal life orientation – individualistic and collectivistic - influences how situations are handled.
- ♦ Peer Companions benefit from having a broad understanding of their external environment, so they can assist others as needed.
- ♦ Various roles can be adopted by Peer Companions as they work with others.



2. Individualism and Collectivism: Two Cultural and Personal Life Orientations

Most training of service workers, especially in mental health, has a very one-on-one perspective. This is the type of help-giving Americans understand best and are most willing to pay for. This reflects the very explicit individualism of American society and culture. In working with any sort of people, it is important to be aware of both their stated values and their actual daily behavior in terms of how individually or collectivistically oriented these are.

Individualism and collectivism constitute the most important dimension that cross-cultural psychologists have developed for evaluating and comparing cultures. The summary below examines the identifying features of both:

Individualism Compared With Collectivism

INDIVIDUALISM

1. Independent “me” self
2. Competitive
3. Seek pleasure, success, authenticity
4. Behavior reflects personality, traits, attitudes
5. Success stems from abilities
7. Focus on “my rights”
8. Weak ingroup/ outgroup distinctions
9. Field independent/ Low context
10. Self-expression is key
11. Modern/future oriented

COLLECTIVISM

- Interdependent “we” self
- Cooperative-Collaborative
- Seek security, belongingness, harmony
- Behavior reflects group memberships
- Success stems from help received
- Focus on “my duties and obligations”
- Strong ingroup/ outgroup distinctions
- Field dependent/ High Context
- Propriety and modesty are key
- Traditional/past oriented



3. Collectivistic Foundations of Our Own Lives

It is helpful to take a look at our own lives, so that we can better understand our background and our perspectives. By understanding oneself, a Peer Companion is thus better able to assist others as they find the balance in their own lives. Just because an individual has primarily individualistic perspectives does not mean that this is the best approach for others; similarly, a collectivistic approach is not necessarily the best for all. Peer Companions can best assist others by understanding their own perspectives first, and then seeking to assist others with their own lives.

In-Class Activity #2

Collectivism Review

Look at the “Collectivism” factors noted in the comparison above. Work with one other person and share information about yourself regarding the following:

1. In what ways am I collectivistic?
2. Is it important to me to become either more independent or more involved in groups?
3. What groups are very important to me: nuclear family, extended family, neighborhood, civic association, work group, religious group, etc.?
4. What groups or institutions do I feel very loyal to? Where do my duties lie?

Work together for fifteen minutes and then share responses with the whole group. Discuss the degree to which collective realities are or are not very important to the class.



4. How Do Collectivistic Perspectives Impact Service Work?

There are some very global and general ways of increasing awareness about how the “C” side of things influences Peer Companions’ efforts. That is, the “C” (Collectivistic) foundation has an impact upon how to best work to assist Vietnamese elders and their families. As a starting point, consider these two questions:

1. Seen from a collectivistic side of things, who is the “client”? Who is being helped?
2. What, specifically, are we trying to build or help others build for themselves?

Consider the concept of “Social Capital”; this refers to webs of relationships and friendships. These are often called social networks. Consider the work of Robert Putnam and the issue of Bowling Alone in America. Americans in the past usually bowled on a team, but now more often bowl by themselves trying to improve their “personal best” scores. A Harvard Professor, Putnam believes Americans have lost sight of the importance of social groups and organizations. To what extent have Vietnamese in Northern Virginia developed social capital? This is a very different way of considering the “wealth” of individuals, families, communities, and nations.

To the extent that Vietnamese may be viewed as people raised to be collectively oriented, what are the problems and risks of individual Vietnamese, and particularly Vietnamese elderly who are alone and socially isolated? What happens to these people when they are alone? How might this impact their health and their cognitive and emotional functioning? Does isolation speed up or slow down the aging process?

Community and group oriented work is very important for the prevention of mental health problems. Building unity, mutual help giving, information exchanges, and social bonds helps people stay healthier both emotionally and physically. When should this “building” occur among other community members and when should it be kept within the boundaries of a family? Look at the mutual support groups in the United States as an example of this, and question whether they have potential use among Vietnamese. Mutual support groups would include Alcoholics Anonymous, a group for cancer survivors, survivors of sexual assault, for parents with children with muscular dystrophy, etc.

NOTES



5. Critical Organizations and Institutions in Community Work

Peer Companions benefit from knowing about numerous community organizations, agencies, groups, and service activities. These, in turn, will assist those “clients” with whom the Peer Companion works. Each individual Peer Companion may know something about specific organizations or groups, and some Companions may know a lot about specific groups. Looking at the shared knowledge among the group of Peer Companions, there exists a “pool” of resource information. Even with this, it will probably be necessary to call upon others outside of the Peer Companion network to provide resource assistance and guidance on a case-by-case basis.

In-Class Activity #3

Community Organizations and Peer Companions

Consider the role of each of the following groups or organizational entities. How often will people served by Peer Companions need these organizations? For each of these groups or organizations, identify whether you have specific knowledge of it. When these levels of awareness are shared with others, the Peer Companion class can assess where its fellow members have knowledge and expertise, and where it will be necessary to seek out knowledge and expertise outside a network of Peer Companions.

1. Families
2. Neighborhood organizations
3. Churches or temples
4. Public schools
5. Colleges and universities
6. Hospitals, doctors, health clinics
7. Mental health professionals and agencies
8. Courts, lawyers and police



9. Social security-social welfare agencies
10. Local businesses
11. Employment programs
12. Banks, lenders, other financial institutions
13. Immigration authorities
14. Travel agencies
15. Real estate companies and developers
16. Voluntary service groups (Lions, Kiwanis, etc.)
17. Recreational and fitness centers
18. Nutrition programs
19. Home health and nursing care
20. Elder nursing homes and day care centers



6. Critical Processes in Community Work

Peer Companions become engaged in a variety of outreach roles with others in the community. They will be working on a one-to-one basis, they will be working in smaller family or work groups, and they may be working in a larger group setting. In whatever the setting, the Peer Companion will be engaged in a variety of specific activities. Each of these comprise roles to help others improve and stabilize their lives.

In-Class Activity #4

Roles of Peer Companions

Consider when each of the following activities might be important in the work of Peer Companions. That is, how do you see the work of the Peer Companion using these?

1. Befriending
2. Assessing needs
3. Convening
4. Creating and developing new place, new settings
5. Sharing information and educating
6. Networking
7. Referring
8. "Opening doors"
9. Accompanying
10. Advocating
11. Modeling and teaching advocacy skills
12. Following-up
13. Identifying strengths and accomplishments

What additional roles do you see for the Peer Companion?

-
-
-



In-Class Activity #5

Community Activities

Write two group or community oriented activities that you would be willing to consider as part of your work as a Peer Companion.

- 1.
- 2.

What special qualities do you need to be a more group-community oriented Peer Companion?

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-
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NOTES



7. Wrap-up

This session was designed as a bridge between the individually and counseling oriented content of Phase II within the broader service roles in settings such as family, group, community, and social organizations. To help build this bridge, the results of thousands of cross-cultural studies that have identified individualistic and collectivistic foundations of cultural and social life are drawn upon.

An important part of this session for Peer Companions is the personal identification of group and community foundations of their own personal lives. This is a vital consideration, as Peer Companions can see how their having these foundations illustrates the importance of group and community oriented service work. Structural and process features of this service work are considered, and participants are asked, in light of this session, to reflect upon how they might want to expand their definitions of their Peer Companion roles.

As highlighted at the beginning of the Peer Companion Curriculum, the roles of the Peer Companion are many; each individual Peer Companion will find areas where strengths exist, and other areas where they will develop specific skills. The insights from this session are helpful in further clarifying the ways in which the Peer Companion can be helpful – from both an individualistic and collectivistic perspective. It will be helpful for the Peer Companion to review some of the checklists in this section periodically, to see what areas might benefit from consideration in working with others, and what areas may benefit from further training. This type of periodic reassessment is helpful in staying refreshed, and for learning new ways of being involved with others in the community of Vietnamese elders.

KEY POINTS

- ◆ It is helpful to know how a personal life orientation – individualistic and collectivistic - influences how situations are handled.
- ◆ Peer Companions benefit from having a broad understanding of their external environment, so they can assist others as needed.
- ◆ Various roles can be adopted by Peer Companions as they work with others.

ASSIGNMENT

- ◆ *Read the information found in Session 2 on “The Family.”*
- ◆ *Complete Peer Companion Applications on “Outreach” session.*
- ◆ *Complete Homework Assignment A (“Family Roles of Vietnamese Adults”).*

Note: Session prepared by Robert C. Weigl, Ph.D. – Clinical Psychologist Director, The Franklin Psychotherapy Center.



NOTES



THE FAMILY

Phase III Session 2

LEARNING OBJECTIVES

- ✓ To think more clearly about the important functions of families.
- ✓ To conduct an assessment of the needs of Vietnamese families.
- ✓ To understand factors that will facilitate or hinder our serving families.
- ✓ To look at situations where Peer Companions can help.
- ✓ To understand how we can help elders through helping their families.

CLASS OUTLINE

- 1. Review of the “Outreach” Session**
 - Highlight key learning and new insights from previous week
 - Discuss applications since previous session; use of new skills
- 2. American and Vietnamese Families: Similarities and Distinctions**
 - To identify unique Vietnamese family traditions
 - To look at the impact of the immigration experience
- 3. Generations, Acculturation, Conflicts**
 - There are significant acculturation differences across generations
 - Different generations can dialog about these differences
- 4. The Vietnamese Family and Its Functions and Needs**
 - Families prepare people for their roles in all types of social groups
 - Combining what all of us know, we can form a clear picture of the needs of families
- 5. Thinking Through Helping Strategies: Meeting Expectable Needs**
 - Sometimes there are clear things we can do
 - Sometimes barriers prevent our helping

KEY POINTS

- ◆ It is helpful to remember the important role of cultural heritage in determining the best ways of assisting someone else.
- ◆ Families provide important support and nurturing in an individual’s life.
- ◆ A Peer Companion can be involved in situations that are typically reserved for family members; this requires a significant amount of trust on the part of the family.
- ◆ Learning how to handle family situations requires practices and open discussion about what will be most helpful.



2. American and Vietnamese Families: Similarities and Distinctions

Although the United States has many types of families, one writer has characterized an independent model of family functioning as most typical in the country. Americans live mostly in nuclear families with just parents (or parent) and children; grandparents and relatives may live quite far away and be involved only from time to time. American families tend to be mobile, moving residence and home city several times as children grow up. It is expected that by eighteen years of age—or perhaps 22-24 years in these harder economic times—children will move out, away from parents and live on their own, often far away from where they grew up. The U.S. system of college education and military service encourages these separations; parents feel proud when their children can “stand on their own feet,” make their own decisions, and face difficult challenges that may promote personal growth and economic success. Although they may have had several sexual partners during teens and twenties, American young adults grow up with a vision of romantic love. They typically look for a permanent lover and partner whom they choose on their own, and this romantic attachment in many ways displaces the bonds and obligations they had to parents and a family of origin. As “empty nesters”, older parents have to discover a new life as partners, or sometimes on their own. Older adults are sometimes cared for in their children’s homes, but more often they are cared for in their own homes and eventually go to elder and assisted living facilities when they no longer are able or willing to care for themselves and their former homes. Typically elders die in these facilities, or in hospitals or nursing homes. This family pattern is most typical of people of middle class or above social status and descended from Northern European origins.

Homework Assignment A *Family Roles of Vietnamese Adults*

How is this pattern like or different than the most common pattern in American Vietnamese families?

How have Vietnamese families changed as the result of leaving Vietnam and coming to the United States?

What are the status, role, rights, and obligations of older people in a Vietnamese family?



3. Generation, Acculturation, Conflicts

During Phases I and II, different acculturation strategies among immigrants have been highlighted; further, different generations of the Vietnamese family are likely to prefer contrasting strategies. These differences can lead to conflict and misunderstandings in the family—with different family members feeling hurt or abandoned by another generation, when in fact each family member, like members of lots of other families, is enacting the style of acculturation most appropriate for them.

- The oldest generation tends to separate from their new host society. Separation involves clinging to the old ways and often rejecting the new. This may involve choice of friends, activities, memberships, language, dress and food, and traditions that all are very Vietnamese. These elders also expect that they will be cared for and respected.
- The middle aged, parent generation is inclined to integrate, embracing both old and new ways of life. Thus, through integration they are likely to become bi-cultural. This is a sophisticated style of adapting, but it often leaves the parents caught in between separating elders and assimilating children. Sometimes those who integrate experience confusion about “who I really am.”
- Children are inclined to assimilate; they want to become fully American as quickly as possible and may view Vietnamese ways of life and points of view as “weird” or old fashioned. Assimilation has been the style of acculturation preferred in America since late in the 19th Century. The children may resist the efforts of elders to keep them Vietnamese.

It is important to explore the implications of these issues through a dialog between somewhat older Peer Companions and a young generation of BPSOS staff who are close to and understand the perspective of Vietnamese children who are growing up in the United States.

NOTES



4. The Vietnamese Family and Its Functions and Needs

Looking at the strengths and problems of families, and while doing assessment of the needs of families, it is good to stop and ask “What are the functions of families?” This may seem strange because families are so close to us, and they are often taken for granted. Their importance can often be overlooked. Here are some thoughts on characteristics of healthy families.

Key Functions of Families

Families provide:

1. Love, intimacy and life long bonds.
2. A central place for the heart of members.
3. Nurture—both physical and emotional feeding.
4. Socialization, education, rearing of children.
5. Inspiration and prodding for the achievement of members.
6. A sense of identity—personally, ethnically, and historically.
7. Some form of ethical and spiritual foundation.
8. Training for membership in non-family groups and the larger society.

This last item is usually overlooked in a family. Children learn problem solving styles, gender roles, leadership skills, conflict management methods, a sense of how to manage power and authority, and ways of giving support and care to other members of a group. They also learn commitment to others’ welfare and where their duties lie. In the family, people are taught to form either predominantly “we” or “me” identities.

In-Class Activity #1

Family Needs Assessment

Try to identify the needs of local Vietnamese families. The group may be led through a closed eye meditation where they will first be asked to think of two families they know, then slowly to picture in their minds each member of the two families.

Identify the strengths and the needs or problems of these families. Think particularly of previous discussions about immigration and generational dynamics and the functions of a family.

Review the lists shared by participants to see what can be learned about the types of help Vietnamese families might need from Peer Companions.



5. Thinking Through Helping Strategies: Meeting Expectable Needs

Knowing that there are problems and needs in a family and determining what we can do to help are very different matters. Think of the family as being surrounded by boundaries. These operate like walls that often keep out non-family members. At various times, doors are discovered that allow us inside the family. Sometimes we will gain entry to the family for one reason (we are helping to include an aging mother in a recreation program) and find ourselves confronted with another possible area of intervention (there is a big family disagreement about whether a fifteen year old daughter should go out on a date and to a school dance with an American boy). Obviously, this gets into an area that touches on the privacy and honor—or self-respect—of a family; in this case, it is important to move with great care and sensitivity. When we can help with a need or issue will depend on the relationship we have developed with the family. It is possible that a Peer Companion may have to be accepted as the equivalent of an aunt, uncle or other relative before being able to assist with certain matters.

Helpful in becoming well-prepared as a Peer Companion is thinking through specific situations, and determining what might be the best way of proceeding. Of course, any brief description is limited by the words and their interpretation; however, the situations provide a rich context for self-assessment and detailed discussion. As a situation is reviewed, it is helpful to try to answer certain questions:

1. Are we likely to encounter this problem in a family?
2. What barriers are there likely to be to our involvement?
3. What can and should we do to help?
4. When should we act like we have not noticed the problem?

It may also be useful to keep in mind the processes we considered in our last sessions: these include befriending, assessing needs, convening, creating new settings, sharing information and educating, networking, referring, opening doors, accompanying, advocating, teaching advocacy, following up, identifying successes and difficulties.

In-Class Activity #2

Situational Assessment

Working as pairs, discuss what a Peer Companion should or should not do in the situations described. Please keep in mind that this is experimental. It is not clear that there are simple “right” or “wrong” ways to act in these following possible situations:

1. A frail, elderly woman can no longer be left alone at home for more than a few hours. She leaves the stove burners on. She has wandered away from the house and has been brought back by police. Her adult children are very divided about how to care for her. The eldest son believes his younger sister has to continue to care for the mother at home. She, in turn, is both working and taking college courses and says she cannot give these up to care for her mother.
2. You learn after visiting a family several times that all family members are scared of an aging father/grandfather. A former senior army officer during the war, he seems at times now to “be in another world” when he is suspicious and frightened and quickly gets very enraged with



family members. He has damaged property during these rages. His daughter and son-in-law are afraid he may hurt someone—including his two small grandchildren ages five and two years. His daughter has confided in you about this problem.

3. On a field trip an older woman sits next to you on the bus. You strike up a very friendly conversation. She tells you she is very worried about her son, with whom she lives. He has fallen behind in his mortgage payments and she is afraid they may lose the townhouse where they are living.
4. You have been invited to a meal at the home of a large family. When all except the parents, in their 50's, have left the table, the parents tell you about their nineteen year old son who received a speeding ticket for reckless driving. The son is angry about the situation, feels the ticket was completely unfair, and says he has no intention of paying the ticket nor of going to his court hearing. The parents ask you what they should do.
5. During a home visit, an elderly grandmother describes to you (a woman) symptoms she has that she is afraid may indicate breast cancer. She says she cannot go for help because the family does not have any health insurance and they cannot afford the medical bills. She asks you to please not say anything to other members of the family. "It is better that I should die" she says sadly, "than that they should become poor taking care of me." What should you do?
6. In both home visits and in events in a community you notice there seems to be a very unhappy relationship between a husband and wife, both in their middle forties. At their home you have overheard the husband screaming at and verbally abusing his wife. She often seems withdrawn, sad, and timid. You notice in all situations that there is no eye contact between husband and wife and that she seems afraid to talk when he is nearby. You have a chance to see the wife separately as you organize some special events in your church or temple. She relates to you in a warm and happy way, almost like you are an older brother or sister.
7. A couple your age says they are totally alarmed and taken back by the recent behavior of their thirty-five year old daughter. She, her husband, and three children live near them. The daughter does not sleep at night, she seems to be talking to someone else who isn't there, she believes messages from Hanoi are being delivered just for her through the television, and she has says she has experienced the presence of an evil spirit acting in her younger daughter. This couple asks you for your help and advice.
8. You are very good friends with a couple about your age. They say that they are very upset with a situation in their family. Their grandchildren, they say, are a disgrace. They refuse to speak Vietnamese. They do not show any respect or reverence for their grandparents when they are visiting. They will actually argue with both their parents and grandparents after these elders have tried to correct the children's bad manners. Worst of all, says this couple, the parents of these children—their son and daughter-in-law—don't try to correct the bad behavior of the children. They ask you to speak to their son and daughter-in-law to persuade them to behave more like responsible parents.



6. Wrap-up

This session continues the consideration of groups through a focus on the most important group of all—the family. Throughout, the session emphasizes how families are not only important in themselves, but also prepare members for contributing to a range of groups in the larger community. Ideas from family sociology and family therapy are combined, and then complemented by the knowledge and perspectives of the Peer Companions, who have the chance to witness the lives of so many Vietnamese families around them. Throughout this, two important areas of attention are maintained: the elders' roles in the family and the ways Vietnamese families are being impacted by the experiences of immigration and acculturation. Participants helped define factors that both open and prevent access to the lives of families.

In this session, Peer Companions were involved with a range of situations, and discussed ways of providing assistance. This can be complex, as families have different needs and a range of dynamics. Helpful for this discussion was remembering organizational and process factors discussed in a previous session. The Peer Companion can continue to review these situations, and reflect upon personal experience with themselves and others, to help identify ways of best addressing these familial situations. The Peer Companion can benefit from periodic reflection about differences between families grounded in Vietnamese culture and traditions, and those in American culture and traditions. The situations encountered by the Peer Companion will change over time, and some will become more complex and others will become more familiar. This type of reflection, and sharing of ways of addressing these with other Peer Companions, can be helpful for being as helpful and productive as possible with other families and individuals in the future.

KEY POINTS

- ◆ It is helpful to remember the important role of cultural heritage in determining the best ways of assisting someone else.
- ◆ Families provide important support and nurturing in an individual's life.
- ◆ A Peer Companion can be involved in situations that are typically reserved for family members; this requires a significant amount of trust on the part of the family.
- ◆ Learning how to handle family situations requires practices and open discussion about what will be most helpful.

ASSIGNMENT

- ◆ *Read the information found in Session 3 on "Group Dynamics."*
- ◆ *Complete Peer Companion Applications on "The Family" session.*
- ◆ *Complete Homework Assignment A "Group Membership."*

Note: Session prepared by Robert C. Weigl, Ph.D. – Clinical Psychologist Director, The Franklin Psychotherapy Center.



GROUP DYNAMICS

Phase III Session 3

LEARNING OBJECTIVES

- ✓ To understand important aspects of an effective group.
- ✓ To learn skills for facilitating a group.
- ✓ To gain comfort and confidence with group facilitation.

CLASS OUTLINE

- 1. Review of the “The Family” Session**
 - Highlight key learning and new insights from previous week
 - Discuss applications since previous session; use of new skills
- 2. Overview of a Group**
 - Types of group membership, and role of the Peer Companion
- 3. Effective Groups**
 - Identify skills for promoting effective groups
 - Compare effective and ineffective groups
- 4. Decision-Making**
 - Understand seven methods of decision
 - Specify how to engage group members in decision processes
- 5. Icebreakers**
 - Understand the effective use of icebreakers
 - Practice using icebreakers
- 6. Facilitation Tips**
 - Strategies for facilitating groups
 - Five elements of group discussion

KEY POINTS

- ◆ *Increasing an overall awareness of skillful ways of facilitating group discussions and group events.*
- ◆ *Gaining skills for managing a group, from starting up to maintaining its flow.*
- ◆ *Understanding the important role that a Peer Companion can play in making a group experience effective.*
- ◆ *Learning strategies for keeping a group enjoyable and productive.*



2. Overview of a Group

Peer Companions engage in their activities in a variety of settings. This includes working with individuals, families, work groups, organizations, community groups, and more. Some of the groups with which a Peer Companion works are intact, ongoing groups (such as a work group or a class). In fact, building upon the previous session, the family can be seen as a group. Other groups convene for a single time on an organized basis (such as a one-time workshop), and others gather once more spontaneously (such as for a community picnic or outing). Still others have a broad membership that is somewhat consistent, but may vary from time to time (such as with the faith community like temple or church, or with recreation groups). For each of these settings, the interaction within the group can be healthy and productive, and there can also be unhealthy or unproductive activities.

Within any group, think about the earlier session about individualism and collectivism; this can be helpful in examining how any individual, whether a Peer Companion or not, might have different standards about how to best engage in the group setting. Other factors that help determine how a group functions, and thus influence how the Peer Companion may be involved, include the following:

- How well functioning it is
- How long it has been in existence
- Whether it is of a long-term or short-term nature
- Whether it is temporary or permanent
- Individual roles – a member or leader
- Voluntary or required membership
- What rules or guidelines it has

The Peer Companion can have a variety of roles with a group. One is that the Peer Companion may be a group leader, or may assist with co-leading the group activities. Another is that the Peer Companion may be involved as a group participant. With these or other roles, the insights gathered from this session can be helpful to maximize the positive activities of the group. The Peer Companion can be of assistance in providing leadership, guidance, and role modeling about promoting a healthy and functioning group, with its activities.

Homework Assignment A Group Membership

In what types of group are you a member?

What aspects of the group contribute to it being healthy, functioning and/or effective?

What aspects of the group have the opposite effect – helping it to be dysfunctional and/or ineffective?



3. Effective Groups

Groups of all kinds can be more effective than they currently are. While many groups are currently functioning well and would be viewed as effective, they can probably improve with the nature and quality of their efforts. This improvement can be focused on their results, achievements, or output; the improvement can also focus the process or interactions among group members. A range of factors are identified that can help in increasing the effectiveness of the group. Peer Companions may have various roles - a formal group leader, an informal group leader, or a member. In any of these roles, Peer Companions can contribute to the overall group's functioning and effectiveness with attention to promoting positive behaviors and attitudes among group participants. The following pages include information that can increase overall awareness and understanding of effective groups.

Reading: Effective Groups and Effective Group Skills

1. **Group goals** must be clearly understood, be relevant to the needs of group members, stimulate cooperation, and evoke from every member a high level of commitment to their accomplishment.
2. Group members must **communicate their ideas and feelings** accurately and clearly. Effective, two-way communication is the basis of all group functioning and the interaction of its members.
3. **Participation and leadership must be distributed** among members. All should participate, all should be listened to; as leadership needs arise, members should take turns meeting them. Any member should feel free to fulfill a leadership function as he or she sees the need. The equalization of participation and leadership is necessary to make certain that all members are involved in and satisfied with the group, and all are committed to putting into practice the decisions made by the group. It also assures that the resources of every member are fully used, and it increases the togetherness or cohesiveness of the group.
4. Appropriate **decision-making procedures** must be used flexibly in order to match them with the needs of the situation. There must be a balance between the availability of time and resources (such as member's skills) and the method of decision-making used. Another balance must be struck between the size and seriousness of the decision, the commitment needed to put it into practice, and the method used for making the decision. The most effective way of making decisions, of course, is by consensus (everyone agrees); consensus promotes distributed participation, the equalization of power, productive controversy, cohesion, involvement, and commitment.
5. **Power and influence** need to be equal throughout the group and be based on expertise, ability, and access to information, not on authority. Coalitions to help fulfill personal goals should be formed among group members on the basis of mutual influence and interdependence.



6. **Conflicts** among those with opposing opinions and ideas are to be encouraged; conflicts promote involvement in the group, quality and creativity in decision-making, and commitment to putting decision into practice. Minority opinions should be accepted and used. Conflicts prompted by incompatible needs or goals, by the scarcity of a resource (power or money), and by competitiveness must be negotiated in a manner that is mutually satisfying and does not weaken cooperative interdependence among group members.
7. **Group cohesion** needs to be at a high level. Cohesion is related to interpersonal group, the members' satisfaction with and liking for their group membership, and the level of acceptance, support, and trust among the members. Group norms supporting psychological safety, individuality, creativeness, conflicts among ideas, and growth and change need to be encouraged.
8. Adequacy in **problem-solving** needs to be high. Problems must be resolved with minimal energy and in a way that eliminates them permanently. Structures and procedures should exist for sensing the existence of problems, inventing and putting into practice possible solutions, and evaluating the effectiveness of the solutions. When problems are dealt with adequately, the problem-solving ability of the group is increased, innovation is encouraged, and the group effectiveness is improved
9. The **interpersonal effectiveness** of members needs to be high. Interpersonal effectiveness relates to how well the consequences of your behavior match your intentions.

NOTES



Comparison Between Effective and Ineffective Groups

<i>Effective Groups</i>	<i>Ineffective Groups</i>
Goals are clarified and changes to give the best possible match between individual goals and the group's goals; goals are cooperatively structured.	Members accept imposed goals; goals are competitively structured.
Communication is two-way and the open and accurate expression of both ideas and feelings is emphasized.	Communication is one-way and only ideas expressed; feelings are suppressed or ignored.
Participation and leadership are distributed among all group members; goal accomplishment, internal maintenance, and development change are underscored.	Leadership is delegated and based upon authority; membership participation is unequal with high-authority members, dominating; only goal accomplishment is emphasized.
Ability and information determine influence and power; contracts are built to make sure the individual goals and needs are fulfilled; power is equalized and shared.	Position determines influence and power; power is concentrated in the authority positions; obedience to authority is the rule.
Decision-making procedures are matched with the situation; different methods are used at different times; consensus is sought for important decisions; involvement and group discussions are encouraged.	Decisions are always made by the highest authority with little group discussion; members' involvement is minimal.
Controversy and conflict are seen as positive keys to members' involvement, the quality and originality of decisions, and the continuance of the group in good working conditions.	Controversy and conflict are ignored, denied, avoided, or suppressed.
Interpersonal group and intergroup behavior are stressed; cohesion is advanced through high levels of inclusion, affection, acceptance, support, and trust. Individuality is endorsed.	The functions performed by members are emphasized; cohesion is ignored and members are controlled by force. Rigid conformity is promoted.
Problem-solving adequacy is high.	Problem-solving adequacy is low.
Members evaluate the effectiveness of the group and decide how to improve its functioning; goal accomplishment, internal maintenance, and development are all considered important.	The highest authority evaluates the group's effectiveness and decides how goal accomplishment may be improved; internal maintenance and development are ignored as much as possible; stability is affirmed.
Interpersonal effectiveness, self-actualization, and innovation are encouraged.	"Organizational persons" who desire order, stability, and structure are encouraged.

From: Johnson, D. & Johnson, F., (1975). *Joining Together: Group Theory and Group Skills*. NJ: Prentice-Hall, Inc.



4. Decision-Making

A central part of any group's function is decision-making. This involves decisions about what to accomplish, how to proceed, the roles for specific individuals, timelines, quality, and more. Some of these decisions may be made in advance for a group, and others are determined by the group itself. There are many ways in which a group can make a decision. Each approach has its uses and each is appropriate under certain circumstances. Each approach also has its particular consequences for the group's future operation.

In an effective group, group members understand the consequences of each decision method well enough to choose the decision-making method that is best for (1) the type of decision it has to make, (2) the amount of time and other resources available, (3) the past history of the group, (4) the nature of the task being worked on, (5) the kind of climate the group wishes to establish, and (6) the type of setting in which the group is working.

Methods of Decision Making

Seven methods of decision-making are identified. These include decisions made by:

1. Agreement (consensus) of the entire group
2. Majority vote
3. A minority of group members
4. Averaging the individual opinions of group members
5. The member with the most expertise
6. The member with the most authority after a group discussion of the issues
7. The member with the most authority without a group discussion

From: Johnson, D. & Johnson, F., (1975). *Joining Together: Group Theory and Group Skills*. NJ: Prentice-Hall, Inc.

In-Class Activity #1

Decision-Making and Groups

What do you envision as healthy ways of engaging the group in decision-making?

What helps you determine when and how to involve the group members in decision-making?



5. Icebreakers

Icebreakers are tools that enable the group leader to foster interaction, stimulate creative thinking, challenge basic assumptions, illustrate new concepts, and introduce specific education, health care, and other human service settings. Most icebreakers require less than 30 minutes, demand little, if any, advance preparation, are simple to implement, and are flexible enough to be used with an unlimited range of topics. The group leader's careful selection and execution of these structured activities will help ensure that the participants are receptive to the information and/or skills presented during the learning program. Not all icebreakers are the same. Thus, the primary goal, level of impact, and degree of intensity will vary significantly among the activities.

Reading: The Effective Use of Icebreakers

By their very nature, icebreakers help create an atmosphere that reduces the participants' inhibitions and increase their awareness. However, the group leader must keep in mind that any structured activity can be misused. To minimize the risks and maximize the benefits of using icebreakers, the leader should keep in mind the following guidelines.

- Group members should never be forced to participate in an activity. Although the group leader may encourage total participation, each learner must understand that he or she has the right to refrain from engaging in any icebreaker that appears too uncomfortable or awkward.
- Unless otherwise agreed, the information generated during an activity should be considered confidential. In particular, icebreakers that may solicit personal information should be treated with care.
- The group leader serves as an important role model for the participants. The group leader will find that his or her active participation in an icebreaker may help reduce some of the participants' initial inhibitions and thus promote moderate risk taking.
- Before implementing any activity, the group leader needs to consider carefully its appropriateness. The overuse or premature use of an icebreaker can lead to group members' feeling that the structure is too contrived or manipulative. The leader needs to keep in mind that an icebreaker is simply a learning tool, not an end in and of itself.
- Although icebreakers, unlike some other forms of structured activities, do not require formal debriefing, the group leader should maintain an acute awareness of the development of the participants and the group itself. Issues regarding disclosure, cohesiveness, trust, team-building, risk-taking, control, and dependence should be monitored continuously.

When used with sensitivity to individual and group needs, these icebreakers can be unusually flexible and potent aids for learning.

One of the most important keys to the successful use of icebreakers is the group leader's ability to bridge the gap between the activity and the material that follows. Because most icebreakers are not topic oriented, smooth transitions are crucial. If, for example, in a workshop on supervision a group



leader uses an icebreaker that challenges the participants to brainstorm the creative uses of old refrigerators, he or she may lead into content material by underscoring how useful creative thinking can be to someone who manages others. Each icebreaker, regardless of its division, requires that the group leader use his or her resourcefulness in making the transition of focus. Indeed, some icebreakers lend themselves more easily to content shifts than others.

The surface nature of icebreakers allows the group leader to proceed without lengthy debriefing or processing. However, if an activity does generate notable reactions, whether they are thoughts or feelings, the leader must assume primary responsibility for tying loose ends or clarifying issues. Although this situation will occur rarely, a ready posture will make for a more productive transition and avoid potentially disruptive encounters with group members, who may have unresolved or conflicting emotions about the experience.

In summary, learning is a process that, in its most effective form, is both broadening and enjoyable. A variety of designs can help ensure that a workshop, course, or program is successful, because the materials contained in the encyclopedia will indeed, warm-up, motivate, challenge, acquaint, and energize participants.

Adapted from Forbes-Green, S., The Encyclopedia of Icebreakers, 1983. CA: University Associates.

NOTES



6. Facilitation Tips

Group discussions are central to the success of groups within which Peer Companions are involved. It is at this time that participants have the opportunity to voice their opinions about a wide variety of issues and topics, including family issues, health care needs, transition concerns, living in this area, and much more. Group activities can be structured or unstructured; your role as a Peer Companion can be formalized or informal. With groups, the variability is strong and high; this is an opportunity for individuals to interact with one another, and the Peer Companion's role can vary. Overall, the critical nature of successful group discussions requires attention to being well prepared, as time is typically quite limited.

Facilitating a group is an exciting opportunity. At the same time, it requires preparation and skill to help it come off well. Group facilitation is like a piece of art, as it will never be done the same way twice; each group is unique because of the participants, their prior experiences, and their interaction with one another and with you.

Group facilitators conducting focused discussions around a variety of issues will vary with prior experience. Experience will vary on multiple dimensions: group facilitation skills, transition issues, healthy living, and more. Some group facilitators will have extensive experience facilitating groups, yet will not know much about elders except from their own experience; other group facilitators will know a tremendous amount about working with older Vietnamese adults, yet will not be well versed with group facilitation. And, others will not be involved with group discussions or group facilitation at all. It is a balance of skills that can help make the group discussions successful.

One major understanding about *facilitated discussions* is what they are, what they are not, and how they compare to other types of group interaction. Facilitated discussions are group discussions that are guided by a skilled facilitator. These experiences are NOT standard didactic education; they do not rely upon an "instructor" imparting information. At the same time, these experiences are NOT free-wheeling conversations about whatever comes to mind among participants. They ARE an opportunity to guide participants through a series of questions and issues, and to do this in a roughly choreographed manner. Facilitated discussions often do not provide answers per se; they do open dialog and provide insights and information that previously may not have been addressed.

Of great importance for facilitated discussions is that they will spark discussion that, hopefully, continues beyond the group time together. That is, one of the primary outcomes desired for discussions may be that individuals will continue thinking about these and other issues following the discussion. Further, another primary outcome is that participants will feel a sense of ownership and empowerment about taking action; they will have participated in meaningful discussions, and will then, hopefully, see the results of their labors reflected in action steps for months and years to come.

The following are some tips for maximizing the experience of a facilitated group discussion. These are helpful reminders for all facilitators, regardless of the nature and extent of experience brought to the discussion.



The tips are organized into five major sections:

1. Preparation
2. Beginning the Group
3. Maintaining the Tone
4. Monitoring the Time
5. Ending the Group

Preparation

A primary key to success for group facilitation is the preparation done prior to the actual group discussion. It is important that you be knowledgeable about what you want to accomplish during the group discussion, and what type of role you desire or want to play. You would benefit from being clear with how the brief discussion can be helpful to achieving the desired outcomes.

1. ***Become familiar with any materials.*** Have an understanding of background information regarding the topic(s) to be discussed, as well as the roles that you will play during the discussion time.
2. ***Clarify what you want to emphasize.*** Focus on what you want to emphasize during the facilitated discussion, and what, specifically, you need to “walk away with.” Know the overall time flow, and what should be accomplished at what time period during the time together. You should be fairly comfortable with whatever timeline you prepare.
3. ***Make sure your technical resources are present.*** This includes newsprint, markers, your materials, and a good watch.

Beginning the Group

The beginning minutes of the group discussion are important, as they help set the tone for the time together. The tone you set, and the energy you bring, will be clear to the group, and will help determine the experience the group has together.

1. ***Begin the group on time.*** It is important to honor the limited time available by beginning (and ending) on time. Realistically, some situations cause a delayed start, whether it is the group’s norms, difficulties with finding the room, weather, or other factors.
2. ***Engage the group right away.*** Start with a brief icebreaker – ask each person to quickly state his/her name, background, family background, or other factor.
3. ***Establish the tone for the group right away.*** As part of the opening welcoming comments, describe briefly some of what will be forthcoming during the group.
 - a. *Group interaction* “This relies a lot on the participation of group members.”
 - b. *Facilitated discussion* “I’ll be trying to keep things moving along as well as to give many people the opportunity to talk.”



- c. *A good learning experience* “I think you’ll really enjoy this experience, as there’s a lot more that each of us can learn from one another.”
 - d. *Focused learning* “We’ll be discussing a few key things during this discussion; while there’s a lot we can learn from one another, and we’ll focus our discussion in an organized way. We’ll keep things moving along.”
 - e. *Trust.* “I would hope that you’ll feel free to speak up with your comments and suggestions during this time together; I believe that’s the best way that each of us can have a good experience together.”
4. **Focus on both content and process.** An important factor in facilitated discussions is to attend to both the content of what you want to accomplish during the discussion, and the process of engagement by the participants. Both are important. You may gather some background materials that are helpful in keeping you on track. Typically, group members learn best when they are reinforced, encouraged, and guided gently.

Maintaining the Tone

As you move through the process of facilitating the group, you will be challenged with a range of issues. Each group, as a whole, is different (some groups are overly excited, some are resistant, others are resentful, and some are silent). Further, individuals within groups are different, and have a range of styles (often matching the group). Your role is to balance, as noted above, the content and the process. It is important to attend to both your desired learning outcomes and those of the group. Ideally, they will learn what you intended as well as enjoy the process undertaken with the facilitated discussion.

1. **Demonstrate respect for individual points of view.** Individuals are encouraged to offer their honest comments and perspectives, and to ask questions as appropriate. You may find some of these rather elementary, or contrary to your view. There may also be negative comments from other group members. It is important to honor a person’s point of view, and let it be shared. As you facilitate, you can help bring out other’s points of view, to show that different perspectives are held and can be respected. You may even comment that you may not agree, but that individuals do have different points of view. There may be salient points that you want to offer, but this can be done in a constructive, inquiring manner to encourage reflection and offer alternative viewpoints.
2. **Comment on “where you are” in the discussion.** It’s helpful to provide an overall framework for the discussion. For example, as you are addressing a certain issue with three parts, you may start by saying “we’ll be covering three main issues during our discussion– the first of these is “what can be accomplished by the end of this year.” Then, when you’re ready to transition to the second theme, state “we’ve just finished XXXXXXX, and now we’ll talk about YYYYYYY.” This helps the participants know that you have an overall plan, and where you are in the accomplishment of this.



3. **Demonstrate that you are a listener.** Important for the success of a facilitated discussion is to demonstrate that you listen to them. This can be done by reflecting back what you heard someone said, in a sense “parroting” their comment or rephrasing it. It can also be done by making an observation, such as “this probably makes many of you feel uncomfortable, judging by the silence” or “it seems like everyone has something to say, so let’s do just one at a time, and be brief so we get the content written down.” These reflective observations can demonstrate to the group participants that you are really “with them,” thereby encouraging them to remain or become engaged.
4. **Balance your educator role carefully.** The purpose of this is to facilitate a discussion. While this is educational, the purpose is NOT to lecture or provide information. The group facilitator can provide insights, and can “parking lot” or record items for later discussion. You may state that a discussion on a specific issue would be an excellent topic for a later discussion, but that another time (or, perhaps, another individual who knows more about the topic) would be better suited to address this.
5. **Use humor as appropriate.** Humor can be used to demonstrate your enjoyment of the group discussion, and your connection with the group. If used, it should be used to a limited extent.
6. **Offer reflection about what has been learned, and “where we are.”** Periodically during the discussion, and particularly at the end of the discussion, it’s helpful to provide a quick review of what has been discussed, and how it may apply to their current lives. This helps participants review the main points, and to have these reinforced throughout the discussion.

Monitoring the Time

With facilitating a group, it’s often easy to get distracted. The discussion can dwell too long on a single issue, or it can move too quickly through an issue. This can best be done by staying focused on the desired outcomes for the group, as well as paying close attention to the participation and energy of group members.

1. **Keep personal attention of the time allocated to the various aspects of the discussion, and “where you are” in the achievement of your overall planned activities and topics.** As you engage in the discussion, you (as the group facilitator) may know that you have two broad clusters, with three overall segments in each one, to accomplish and that you want to spend a limited amount of time on each one. As you engage in the discussion, it is important to attend to the energy of the group and the quality of the discussion, as well as to the time spent on a specific activity or discussion. If a discussion is not particularly helpful, move on to the next one earlier than planned.
2. **Negotiate the flow of the content as needed.** In conducting the group facilitation, there will be constant judgment calls that you will need to make. Your overall aim is to help the participants “connect with” the specific topics. The other consideration is to NOT make an adjustment in the flow just because a single individual is vocal about wanting something specific covered; you should maintain the overall flow.



- 3. Manage individuals.** With quiet group members, try to bring them out by saying “does anyone who hasn’t said something yet, want to say something?”; with those who may be dominating the group, transition the discussion by offering the quieter ones an opportunity to speak, or by indicating that “it is time to move on.” In addition to these types of individuals, you may encounter individuals who appear to “know it all” as well as those who are hostile or combative. Keep the perspective that this is a group discussion designed for the group as a whole; while it can be difficult for the facilitator, it is important to try to keep the process going and acknowledge the important presence of all participants. It is advisable to try to address these types of situations outside of the group setting; you might state “that’s an interesting perspective, and I’d love to talk with you further; perhaps we could talk later after this group discussion.” It is also helpful to NOT provide your full attention to a single individual, but to continue to monitor the involvement and engagement of all group participants.

Ending the Group

As the discussion is drawing to a close, it’s helpful to remind participants of the overall objectives of the group session. You can provide some brief highlights, some brief reflections, and some final comments. This is a time to bring closure to the discussion, and to suggest ongoing inquiry.

- 1. Begin bringing closure to the group about 10 minutes before the scheduled ending time.** Indicate that the group is scheduled to finish in a few minutes, and that you’d like to have a quick review of what has been covered.
- 2. Provide a quick review of the objectives identified for the session.** Cite briefly the key themes and highlighted items.
- 3. Ask group members what they think they learned from the discussion.** This can be done by asking participants to summarize what they learned in a single word or phrase, and can be done as quickly as a minute. This type of wrap-up provides a high energy closure to the overall discussion.
- 4. Provide any additional information, such as handouts, cards, brochures or other information.**
- 5. Encourage continued informed dialog with family and friends about the topic(s) discussed.** Suggest that, while the facilitated discussion is over, continued discussion is strongly encouraged.
- 6. Thank participants for their attendance and participation.**



7. Wrap-up

Group work can be an exciting aspect of a Peer Companion's role. While groups can be challenging at times, they also represent a tremendous opportunity to have a positive impact in the lives of others. As noted at the beginning of this section, various types of groups exist. Further, the Peer Companion can have a variety of roles, depending on the nature of the "connection" with the group, and what the desired role is for the Peer Companion. Also, it is important to note that not all Peer Companions will be comfortable or skilled with various parts of working with a group; that is, Peer Companions have different areas of interest, background, and skills; some will be more comfortable and appropriate for working with a group, and others will be more comfortable and appropriate for working with individuals.

The important consideration when working with a group is that the group be as effective as possible. The skilled Peer Companion can help a group meet its goals, and to function as effectively and efficiently as possible. This session highlighted some of the factors that help improve a group, and specific strategies that can be used in promoting quality group functioning. The use of icebreakers can assist with group members enjoying themselves, and can provide a "change of pace" from the activities often found with a group's efforts. As with so many of the skills of the Peer Companion, experience with working with groups, as a co-facilitator, as a presenter, and as a leader, can be beneficial for improving the comfort and skills with this type of setting.

As the Peer Companion gains more and more experience with groups, greater confidence will be achieved. However, no two groups are ever exactly the same, and group experiences vary from one time to the next. The variety of the groups, and the changing dynamics, is what helps keep the group leader sharp. Most of the basic foundations of managing a group are the same, but the individual characteristics may be different. The Peer Companion can be most effective by maintaining an overall perspective about the purposes of a group, and the basic foundations for the group's functioning. The Peer Companion will benefit from periodically reassessing how the group is proceeding, and by reviewing many of these basic concepts to be sure that the group is functioning as well as it can be.

KEY POINTS

- ◆ Increasing an overall awareness of skillful ways of facilitating group discussions and group events.
- ◆ Gaining skills for managing a group, from starting up to maintaining its flow.
- ◆ Understanding the important role that a Peer Companion can play in making a group experience effective.
- ◆ Learning strategies for keeping a group enjoyable and productive.

ASSIGNMENT

- ◆ *Read the information found in Session 4 on "Referrals and Resources."*
- ◆ *Complete Peer Companion Applications on "Group Dynamics" session.*
- ◆ *Complete Homework Assignments A and B ("Identification of BPSOS Resources" and "Identification of Local Resources").*

Note: Session prepared by David S. Anderson, Ph.D. – Professor of Education and Human Development, George Mason University.



NOTES



REFERRAL & RESOURCES

Phase III Session 4

LEARNING OBJECTIVES

- ✓ To describe different facets of the process of making referrals.
- ✓ To illustrate that the referral process is highly complex and involves a number of economic, cultural, and political issues.
- ✓ To help Peer Companions decide what should be the limits and reach of their involvement in a referral process.
- ✓ To inform Peer Companions about the service resources available within Boat People SOS.
- ✓ To inform Peer Companions about the service resources in the larger community.
- ✓ To equip Peer Companions to approach these resources in a constructively critical way.

CLASS OUTLINE

1. Review of “Group Dynamics” Session

- Highlight key learning and new insights from previous week
- Discuss applications since previous session; use of new skills

2. Why is the Referral Process So Complex?

- To understand how referrals are impacted by politics, economics, and the relative scarcity of resources
- To learn how referrals represent an acculturation challenge for most recent immigrants

3. Assessing Clients and Agencies

- To understand how clients have a better chance of getting services if they have understanding about how an agency actually operates
- To appreciate that Peer Companions can better help others by understanding their personal abilities, difficulties, and particular needs for assistance

4. Facets of Making a Referral

- To learn that clients may have a better chance of receiving services if the Peer Companion is involved with the client’s approach to and relationship with an agency
- To learn ways of balancing skills of politeness with assertiveness and awareness of possible discrimination and minority rights

KEY POINTS

- ◆ *Making referrals is an important process, and one that is more complex than simply providing a client with an agency and telephone number.*
- ◆ *It is helpful to understand how various agencies operate, so that Peer Companions and their clients can identify most effective ways to “work the system.”*
- ◆ *Peer Companions can benefit from having specific skills for making a referral, and following up with the client to be sure the needs are met.*



2. Why is the Referral Process So Complex?

Most people learn to approach making referrals in a very simplistic way. Individuals find out about a “client’s” needs or questions, then look in a referral index or at brochures, and finally provide names and phone numbers to the client. Referral agents believe that the client will then call and visit an agency and have their needs met. The referral agent believes that the job is then “done.” However, things typically do not work that way. Here are five basic reasons to help understand why this is the case. [Note that the term “client” is used in a general way; while Peer Companions do not have clients in a clinical sense, they will have individuals with whom they work in a caring, supportive way, and will be working with this person (the “client”) in roles such as an adviser, a mentor, a friend, and a companion.

1. **Agencies often don’t do what they say they do.** Sometimes this is because they have limited resources that are already allocated to others and their job is to direct clients back out their doors. Sometimes agencies have officially mandated service missions—ones that government or funders require—but the agency lacks the financial resources, the human talents, and sometimes the commitment to actually deliver. Programs in housing are very good examples of this.
2. **People often do not follow directions.** As an example, research shows that peoples’ compliance with doctor’s orders and instructions is very poor. People forget or do not understand, and they don’t want to tell the doctor because they are embarrassed. People often already have a fixed idea of what they want and need; they will ignore input that does not fit with these ideas.
3. **With a new immigrant population you are directing them to interact with strange, complex American bureaucracies.** Sometimes the rules and procedures of these agencies do not make sense to local people, much less to someone from a different country. Sometimes these complexities are designed to make it difficult for the client to get what the agency really does not want to give. Take a look at American immigration offices. Sometimes agencies keep nearly crazy rules and procedures in place because they have very limited resources and have to limit the number of people who can qualify for and gain access to these resources.
4. **Many immigrants are seeking services that are completely new and foreign to them.** Many newcomers to the U.S. come from countries where a broad array of public and private services just do not exist. There maybe no special services for “special needs” children. There may be no homecare, recreation, or nutrition services for elderly. There may be no mental health services beyond a priest or a trusted grandmother. So we have the job of introducing a range of organizations which have no parallel, no equivalent in the countries people are coming from.
5. **Referral agents have to serve as acculturation agents.** The role of the person making a referral goes beyond just giving information. The referral agent needs to tell a client what they are going to confront in an organization or how they should behave. Many traditional Vietnamese, for instance, do not know their rights and responsibilities. They may not be able to insist on services or to complain when they are treated poorly. They may not understand they need to establish identity or proof of residence. In short, someone has “to learn how to work the system.”

So the simplest form of referral, such as giving an agency name and a phone number, can provide a very helpful beginning for a client in need. But a more complete referral is more like a complex art form.



3. Assessing Clients and Agencies

In making referrals, the Peer Companion, ideally, needs to understand a lot about both a client and the agency to which this person will be sent. Often, time will limit how much can be done. The Peer Companion may want to get the advice of other experienced people as assessments are made.

In evaluating a need or request from a client, consider the following:

- What exactly is their need? Talk with them about their situation and reflect back what they may require.
- What might this client need to know to prepare them for a particular agency and its procedures?
- What are the English language skills of the client? Will they need a translator? Should someone other than a family member translate?
- What skills or deficits does this person have? Do they have physical handicaps? Can they fill out forms in English?
- What are the privacy, confidentiality, or “modesty” needs of this client? Can he speak plainly about his actual need or problem?
- How well can this person present and portray their needs to a person who does not speak Vietnamese?

In considering the agency to which someone will be sent, evaluate the following:

- What does this agency say that they do?
- What do they actually do?
- Have they exhausted their resources and services?
- Are there delays and wait lists?
- What is the cultural competence and interest of people in this agency? Are they patient with foreigners?
- Is there someone there who speaks Vietnamese? Are there staff who are good at speaking in a clear and understandable manner?
- Is there a “go-to” person in the agency—someone who is particularly helpful and committed?
- What are eligibility requirements for service?
- What are costs and fees involved in receiving services? Can fees be reduced?
- Is this “for profit” or “not for profit” service?



4. Facets of Making a Referral

Remembering the “processes” discussed at the beginning of Phase III, it is noteworthy that all of these (and others) readily can become part of a referral process. These include assessing needs, educating, sharing information, linking, opening doors, accompanying, advocating, following-up, and identifying success and failures.

More specifically, the Peer Companion should consider the following points:

1. **Do what you can do.** If you can't do all the things recommended in this training and reference materials, then do the ones you understand and have time for.
2. **Do what you are comfortable doing.** Work within your range of knowledge and experience. If you don't have critical knowledge or experience, think about who does. Recruit other persons to help or send your client to this person. Don't make referrals for a particular service, if you are not certain it is what is needed. Look at an available list of the knowledge areas of other Peer Companions or check with BPSOS staff for recommendations of someone who can help.
3. **Do what you have time for.** Some referrals are very easy and straight-forward. You might be able to give information very quickly. Send on a time consuming situation to someone else, rather than give quick information that may not be appropriate.
4. **Ask a client what might prevent following through with a referral.** Encourage people to think about their doubts, worries, points of embarrassment. Find out what obstacles they anticipate. Talk with them about how they could cope with difficulties. If you have information about how to approach a particular agency, share this. Have them call someone else who had success working with an agency. If you have to give your client complex instructions about what to do in approaching an agency, have them repeat instructions back to you to make sure they understand.
5. **Consider accompanying someone on their visit.** You might have better English or more skills working with an American organization. Let people in an agency know you have an official role with BPSOS and you want to help a person understand what they need to do to qualify for services.
6. **Consider whether someone should adopt an English first name or nickname when they approach an agency.** Even the best intended American service personnel are likely to have trouble pronouncing and remembering Vietnamese names. Consider whether someone should have a name like Sam, Lee, Mary, John, etc for the purpose of their interchanges with an American bureaucracy.
7. **Advocate freely, but with the client's permission.** Getting services may be a matter of persistence and persuasion. If you have a clear sense of someone's need and eligibility, with their OK, make sure this is clear to gatekeepers and intake workers. Question why there are delays or non-availability of services.



- 8. Follow-up.** Call a client to learn about their experiences. Find out about good agencies and good workers. If someone has done a good job for your client, write a letter to her supervisor (on BPSOS stationary) praising her. In the case of poor services, write or call about poor care given to a minority group member. This energizes even those workers who wish that minority group members would go away.

Homework Assignment A
Identification of BPSOS Resources

Identify all of the resources within BPSOS.

Once you have listed these, try to organize them into some logical groupings (e.g., occupational, personal growth, language).



Homework Assignment B
Identification of Local Resources

Identify the resources within the larger community.

Once you have listed these, try to organize them into some logical groupings (e.g., occupational, personal growth, language).

NOTES



5. Wrap-up

This may be one of the most surprising sessions because it illustrates to Peer Companions that making referral is not a simple process of informing someone about what resources exist. In contrast, referrals can be a highly political process in many instances.

This session prepares the Peer Companion to know how to assist individuals in getting help in a “service market place” where often there are scarce resources and a lot of competition to gain access to resources. This session also stresses that Peer Companions have an important role as acculturation agents helping older Vietnamese and their families to navigate the customs, requirements, and biases of complex American bureaucracies.

The challenges for referral are multiple. First, it is helpful for the Peer Companion to remember that their role is that of a helper or a friend; they are not counselors or professionals, but as “guides.” Thus, they won’t have “all the answers.” Second, it is helpful for the Peer Companion to try to be as up-to-date on the various resources as possible. This can be a challenge, particularly in a large metropolitan area. But it is helpful to have a broad understanding of the various kinds of resources that do exist. Third, it is important for the Peer Companion to remain as resilient as possible; this means that they should try to remember that they won’t have all the answers, and they won’t know all the resources. What they can be is persistent and continue to provide the necessary support to other individuals, families and groups.

KEY POINTS

- ◆ Making referrals is an important process, and one that is more complex than simply providing a client with an agency and telephone number.
- ◆ It is helpful to understand how various agencies operate, so that Peer Companions and their clients can identify most effective ways to “work the system.”
- ◆ Peer Companions can benefit from having specific skills for making a referral, and following up with the client to be sure the needs are met.

ASSIGNMENT

- ◆ Read the information found in Session 5 on “Leadership.”
- ◆ Complete Peer Companion Applications on “Referral and Resources” session.
- ◆ Complete Homework Assignment A (“Qualities of a Leader”), Homework Assignment B (“Leadership Self-Assessment”) and Homework Assignment C (“Understanding Your Leadership Behavior”).

Note: Session prepared by Robert C. Weigl, Ph.D. – Clinical Psychologist Director, The Franklin Psychotherapy Center.



LEADERSHIP

Phase III Session 5

LEARNING OBJECTIVES

- ✓ To understand important aspects of being an effective leader.
- ✓ To learn ways of increasing leadership skills.
- ✓ To gain a personal assessment of task and maintenance roles with leadership and with group activities.
- ✓ To learn skills appropriate with informal and formal group settings.
- ✓ To gain comfort and confidence with serving in a leadership role, whether officially designated or assumed.

CLASS OUTLINE

- 1. Review of the “Referral and Resources” Session**
 - Highlight key learning and new insights from previous week
 - Discuss applications since previous session; use of new skills
- 2. Overview of Leadership**
 - Defining leadership and ways of being a leader
 - Specifying how Peer Companions can serve in leadership roles
- 3. Effective Leadership**
 - Assessing traits of being an effective leader
 - Identifying ways of increasing specific traits
- 4. Task and Maintenance Roles**
 - Understanding specific types of roles as a leader
 - Assessing self on task and maintenance functions
 - Understanding personal styles with leadership
 - Learning how to manage a group with various styles

KEY POINTS

- ◆ *Increasing an overall awareness of leadership traits and skills.*
- ◆ *Learning ways of view leadership, particularly from the perspective of “task” and “maintenance” roles.*
- ◆ *Understanding ways in which Peer Companions can be more effective leaders in both formal and informal settings.*
- ◆ *Learning strategies for improving leadership skills.*



2. Overview of Leadership

Leadership, generally, is a very challenging issue. Researchers and specialists define it in a variety of ways, and have different specifications about “what makes a good leader.” In a group setting, leadership can also vary; again, this depends upon your specific role, and whether your group function is to manage a group, to guide a group, to train a group, or to be a member of a group.

It is expected that an effective group will be a result, to a large extent, of a high quality leader. Thus, it is important to examine what constitutes a good leader. This segment examines what qualities help make a leader more effective. It examines the important role played by both “task” and “maintenance” functions in a group.

Homework Assignment A Qualities of a Leader

What is a good leader?

What specific skills or behaviors contribute to a leader being good or effective?

What specific skills or behaviors detract from a leader being good or effective?

NOTES



3. Effective Leadership

Being effective as a leader requires a range of traits and skills. Many of these can be developed, and many can be refined. An important first step is to understand what some of these are, and how strong these are initially. Then, for those that would benefit from improvement, a variety of ways can be identified to enhance their presence and effectiveness with others.

Traits of a Successful Leader

Homework Assignment B Leadership Self-Assessment

Please rate yourself on each of the following leadership traits.
Use a 1-5 scale, with 1 = POOR and 5 = EXCELLENT

PERSONAL RATING (1 – 5 scale)	TRAIT	WAYS TO ENHANCE THIS
	Patience	
	Challenge others	
	Balance	
	Question	
	Set out a plan	
	Empower	
	Have a vision	
	Network	
	Ethical	
	Inclusive	
	Creative	
	Revise when needed	
	Model	
	Engage others	
	Compromise	
	monitor	
	Eloquent	
	Perseverance	
	Honor personal values	
	Manage boundaries	
	Exude confidence	
	Kindness	
	Maintain a perspective	
	Give of personal gifts	



4. Task and Maintenance Roles

Understanding Your Leadership Behavior

The purpose of the assessment below is to get a description of your behavior in groups. Circle the letter to the left that most appropriately describes your likely behavior—(A) always, (F) frequently, (O) occasionally, (S) seldom, or (N) never—in connection with the given statement. Each of the items below describes aspects of leadership behavior; respond to each one according to the way in which you would be most likely to act if you were part of a problem-solving group.

Homework Assignment C *Understanding Your Leadership Behavior*

When I am a member of a problem-solving group...

- _____ 1. I offer facts, give my opinions and ideas; provide suggestions and relevant information to help the group discussion.
- _____ 2. I warmly encourage all members of the group to participate giving them recognition for their contributions, demonstrating receptivity and openness to their ideas and generally being friendly and responsive to them.
- _____ 3. I ask for facts, information, opinions, ideas, and feelings from other group members to help the group discussion.
- _____ 4. I try to persuade members to analyze constructively their differences in opinions and ideas, searching for common elements in conflicting or opposing ideas or proposals, and trying to reconcile disagreements.
- _____ 5. I propose goals and tasks in order to start action within the group.
- _____ 6. I try to relieve group tension and increase the enjoyment of group members by joking, suggesting breaks, and proposing fun approaches to group work.
- _____ 7. I give direction to the group by developing plans on how to proceed with group work and by focusing members' attention on the tasks to be done.
- _____ 8. I help communication among group members by showing good communication skills and by making sure that what each member says is understood well.
- _____ 9. I pull together related ideas or suggestions made by group members and restate and summarize the major points discussed by the group.
- _____ 10. I ask members how they are feeling about the way in which the group is working, and about each other, as well as share my own feelings about group work and the way the members interact.



- _____ 11. I coordinate group work by showing relationships among various ideas or suggestions, by pulling ideas and suggestions together, and by drawing together activities of various subgroups and members.
- _____ 12. I observe the process by which is working and use my observations to help in examining the effectiveness of the group.
- _____ 13. I determine why the group has difficulty in working effectively and what blocks progress in accomplishing the group's goals.
- _____ 14. I express group standards and norms and the group goals in order to make members constantly aware of the direction in which the work is going—the progress being make toward the group goal—and in order to get continued open acceptance of group norms and procedures.
- _____ 15. I energize the group by stimulating group members to produce higher quality of work.
- _____ 16. I listen to and serve as an interested audience for other group members, weighing the ideas of others, and going along with the movement of the group when I do not disagree with its action.
- _____ 17. I examine how practical and workable the ideas are, evaluate the quality of alternative solutions to group problems, and apply decisions and suggestion to real situations in order to see how they will work.
- _____ 18. I accept and support the openness of other group members, reinforcing them for taking risks, and encouraging individuality in group members.
- _____ 19. I compare group decision and accomplishments with group standards, measuring accomplishments against goals.
- _____ 20. I promote the open discussion of conflicts between group members in order to resolve disagreements and increase group togetherness.



Your leadership behavior

Analyze your response to the leadership assessment with the following scoring:

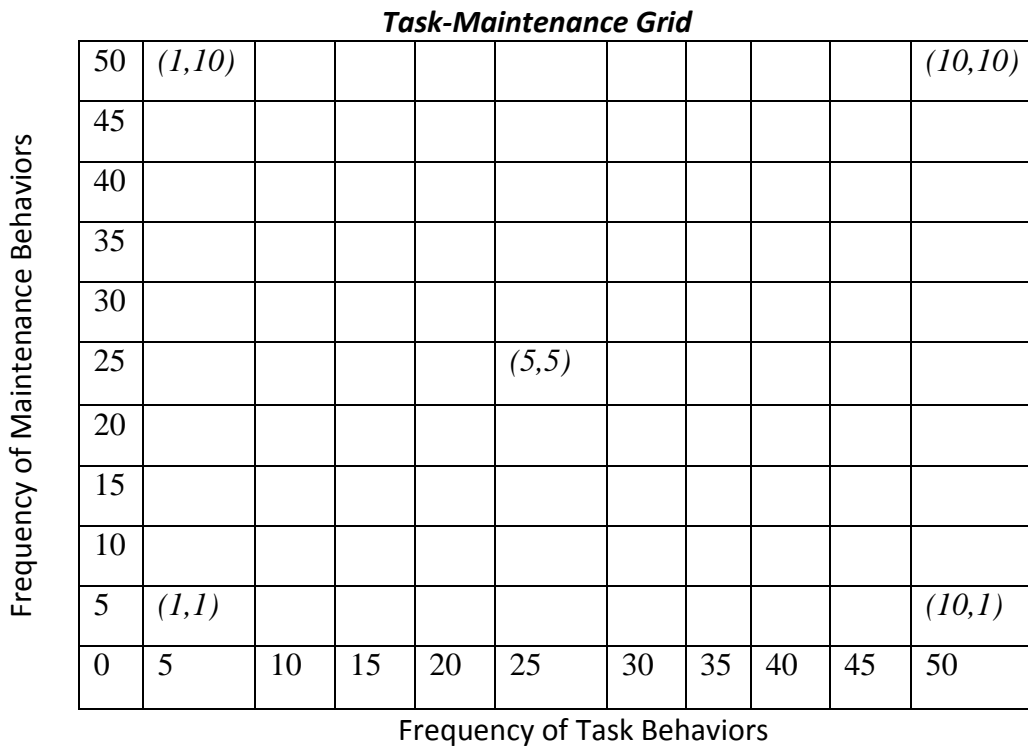
1. Record point values for each question: If you circled (A) give 5 points, (F) is 4, (O) is 3, (S) is 2, and (N) is 1 point.
2. Write the score for each of the 20 functions, using the two-column format in the table:

Task Functions	Maintenance Functions
<input type="checkbox"/> 1. Information and opinion giver <input type="checkbox"/> 3. Information and opinion seeker <input type="checkbox"/> 5. Starter <input type="checkbox"/> 7. Direction giver <input type="checkbox"/> 9. Summarizer <input type="checkbox"/> 11. Coordinator <input type="checkbox"/> 13. Diagnoser <input type="checkbox"/> 15. Energizer <input type="checkbox"/> 17. Reality tester <input type="checkbox"/> 19. Evaluator <input type="text"/> <i>Total for task functions</i>	<input type="checkbox"/> 2. Encourager of participation <input type="checkbox"/> 4. Harmonizer and compromiser <input type="checkbox"/> 6. Tension reliever <input type="checkbox"/> 8. Communication helper <input type="checkbox"/> 10. Evaluator of emotional climate <input type="checkbox"/> 12. Process observer <input type="checkbox"/> 14. Standard setter <input type="checkbox"/> 16. Active listener <input type="checkbox"/> 18. Trust Builder <input type="checkbox"/> 20. Interpersonal problem solver <input type="text"/> <i>Total for maintenance functions</i>

NOTES



- Locate yourself on the Task-Maintenance Grid by finding your score for task functions on the bottom, horizontal axis of the grid and move up the column corresponding to your Task score to the point of intersection with your score for maintenance functions. Place an "X" at the intersection that represents your two scores. Numbers in parentheses correspond to the major styles of task-maintenance leadership behaviors.



- The description of the task-maintenance styles is as follows:

(1,1):	Only a minimum effort is given in order to get the required work done and general noninvolvement prevails with other group members. This person may well be saying "Oh, forget it," or be so inactive in the group as to have no influence whatsoever on other group members
(1,10):	High value is placed on keeping good relationships within the group. Thoughtful attention is given to the needs of other members for satisfying relationships in order to help create a comfortable, friendly atmosphere and work tempo. Such a person may be great running a social club or a country club, but the group may never get any work accomplished.
(10,1):	Accomplishing the task is emphasized in a way that shows minimum concern with group maintenance. Work is seen as important while relationships among group members are ignored. This member would make a splendid army drill master, but the productivity of the group would soon suffer as its morale and cohesiveness deteriorated.



(5,5):	The task and maintenance needs of the group are balanced in order to complete work while the morale of members is maintained at a satisfactory level. This person will be continually making compromises between task needs and maintenance needs while neglecting to seek or find the creative integration of these two needs so important for optimal productivity.
(10,10):	All members plan and make decisions together, all being committed to getting the task done as they build relationships of trust and respect. A high value is placed on sound, creative decisions that result in understanding and agreement. Ideas are sought out and listened to, even when the ideas, opinions, and attitudes are different from one's own. The group as a whole cooperatively defines the task and works for its completion. Such a member encourages the creative integration of task and maintenance needs and is the ideal leader for a group.

Summary of Task and Maintenance Functions

Task Functions

- 1 Information and Opinion Giver: Offers facts, opinions, ideas, suggestions, and relevant information to help group discussions,
- 2 Information and Opinion Seeker: Asks for facts, information, opinions, ideas, and feelings from other members to help group discussion.
- 3 Starter: Propose goals and tasks to initiate action within the group.
- 4 Direction Giver: Develops plan on how to proceed and focuses attention on the task to be done.
- 5 Summarizer: Pulls together related ideas or suggestions and restates and summarized major points discussed.
- 6 Coordinator: Shows relationships among various ideas by pulling them together and harmonized activities of various subgroups and members.
- 7 Diagnoser: Figures out sources of difficulties the group has in working effectively and the blocks to progress in accomplishing the group's goals.
- 8 Energizer: Stimulates a higher quality of work from the group.
- 9 Reality Tester: Examines the practicality and workability of ideas, evaluates alternative solutions, and applies them to real situations to see how they will work.
- 10 Evaluator: Compares group decisions and accomplishments with group standards and goals.



Maintenance Functions

- 11 Encourager of Participation: Warmly encourages everyone to participate, giving recognition for contributions, demonstrating acceptance and openness to ideas of others, is friendly and responsive to group members.
- 12 Harmonizer and Compromiser: Persuades members to analyze constructively their differences in opinions, searches for common elements in conflicts, and tries to reconcile disagreements.
- 13 Tension Reliever: Eases tensions and increases the enjoyment of group members by joking, suggesting breaks, and proposing fun approaches to group work.
- 14 Communication Helper: Shows good communication skills and makes sure that each group member understands what other members are saying.
- 15 Evaluator of Emotional Climate: Ask members how they feel about the way in which the group is working and about each other, and shares own feelings about both.
- 16 Process Observer: Watches the process by which the group is working and uses the observations to help examine group effectiveness.
- 17 Standard Setter: Expresses group standards and goals to make members aware of the direction of the work and the progress being made toward the goal and to get open acceptance of group norms and procedures.
- 18 Active Listener: Listens and serves as an interested audience for other members, is receptive to others' ideas, goes along with the group when not in disagreement.
- 19 Trust Builder: Accepts and supports openness of other group members, reinforcing risk taking and encouraging individuality.
- 20 Interpersonal Problem Solver: Promotes open discussion of conflicts between group members in order to resolve conflicts and increase group togetherness.

From: Johnson, D. & Johnson, F., (1975). *Joining Together: Group Theory and Group Skills*.

NJ: Prentice-Hall, Inc.

NOTES

5. Wrap-up

Leadership encompasses much of what a Peer Companion does in achieving the roles and responsibilities of this position. While much of the effort as a Peer Companion comes from the dedication to the Vietnamese community based in the United States, significant amount of skill and resource development can be helpful to enhance the nature and quality of resource assistance provided by the Peer Companions.

Peer Companions serve as significant “anchors” for other Vietnamese elders in the community; they are true leaders. While Peer Companions have training to assume these responsibilities in a quality manner, they are prepared to do so in both formal and informal roles as leaders in their community. Whatever role is undertaken, the Peer Companion is better equipped to provide direct and indirect leadership within the community surrounding them.

An important part of being a good leader is having a good self-assessment of personal leadership attributes. Doing some of the activities from this session can be a good starting place for identifying what would benefit from improvement, and what areas are already “natural” for leadership activities. This type of review can be done periodically, so that the Peer Companion can see how they can improve over time. Since each individual has different skills, it is helpful to have a good self-appraisal about what areas are already well developed, and what other areas may need some improvement. Further, Peer Companions may desire to seek feedback from others about their own leadership skills; this type of input can be further helpful in identifying ways of becoming a better leader. What is most important to being an effective leader is the ability to continually improve; the capability of the Peer Companion to continue to grow is an important quality for providing continued good service to the Vietnamese community.

KEY POINTS

- ◆ Increasing an overall awareness of leadership traits and skills.
- ◆ Learning ways of viewing leadership, particularly from the perspective of “task” and “maintenance” roles.
- ◆ Understanding ways in which Peer Companions can be more effective leaders in both formal and informal settings.
- ◆ Learning strategies for improving leadership skills.

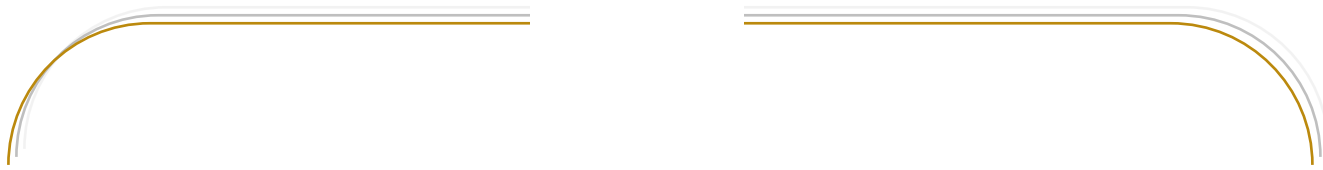
ASSIGNMENT

- ◆ *Read the information found in Session 6 on “Community Organizing.”*
- ◆ *Complete Peer Companion Applications on “Leadership” session.*

Note: Session prepared by David S. Anderson, Ph.D. – Professor of Education and Human Development, George Mason University.



NOTES



COMMUNITY ORGANIZING

Phase III Session 6

LEARNING OBJECTIVES

- ✓ To understand community mapping.
- ✓ To assume an asset-based perspective and approach.
- ✓ To learn how to grow social capital among Vietnamese seniors and trauma survivors.
- ✓ To see the strengths of Vietnamese seniors and trauma survivors.
- ✓ To understand the NEST model for community organizing and capacity building.

CLASS OUTLINE

- 1. Review of the “Leadership” Session**
 - Highlight key learning and new insights from previous week
 - Discuss applications since previous session; use of new skills
- 2. Focus on Community Assets**
 - Difference in Attitude between Assets-focus and Needs-focus
 - Types of Community Assets
- 3. Community Structure and Infrastructure**
 - Learn the Lay of the Land
 - Community Mapping
- 4. Bringing Individuals Together**
 - Growing Social Capital
 - Peer Support Groups
- 5. BPSOS Model for Community Organizing and Capacity Building**
 - BPSOS’ NEST Model
 - BPSOS’ Vision

KEY POINTS

- ◆ *People have needs but also capabilities and knowledge.*
- ◆ *Leveraging assets in the community is critical in most endeavors.*
- ◆ *There are many forms of community assets.*
- ◆ *It is critical to understand the environment you work in.*
- ◆ *It is important to know what’s already out there.*
- ◆ *It is equally important to create new assets.*
- ◆ *Community organizing starts with personal relationships.*
- ◆ *Attitude changes in stages – be patient and systematic.*



2. Focus on Community Assets

The Peer Companion’s role is one of providing helpful services to Vietnamese seniors in the community. In this way, roles of leadership, referral, and group facilitation have been discussed. In another sense, Peer Companions can be helpful in organizing within the larger and smaller surrounding community. That is, Peer Companions can organize within a local Vietnamese community, or they can also help organize activities within the larger social or cultural community of the region.

One way of reviewing this is to look at a model of organizing activities, or the larger effort with which Peer Companions are involved. The initial consideration is upon a change of focus, from having a focus on “needs” toward having a focus on “assets.” Often service providers or mental health professionals only see and address the needs faced by the seniors and trauma survivors, forgetting that they have a lifetime of experience, survival skills, and wisdom. Thus, a shift in perspective and attitude is in order: a glass of water may be half full: by filling up the glass, the empty half will diminish.

With the STEP program, seniors and trauma survivors are viewed as assets. Each individual has much to contribute to their own welfare, as well as to others’ welfare. Seniors and trauma survivors are definitely part of the solution. The Peer Companions’ roles include assisting not only the seniors but their support system to reframe their perspectives from a focus on needs to a focus on assets. This support system includes family members, faith organizations, and service providers. The emphasis is upon mobilizing community assets of all types to assist the seniors in meeting their own needs as well as the needs of others in the community.

A quick look at differences between a “needs” perspective and an “assets” view is found in the table below. This illustrates ways in which different perspectives can be found throughout society, and suggests how these can be modified to be more empowering and potentially inclusive of new directions. This is not to negate or totally throw out the focus on the needs; it is important that strategies be needs-based. However, having just an emphasis on addressing needs misses the opportunity to empower others, and to be more proactive in nature. Both areas of emphasis are important to include in the balanced approaches to be undertaken by Peer Companions.

Focus on Needs	Focus on Assets
People can’t help themselves and need us	Everyone has something to contribute
Assess their needs	Ask about the assets in the community
Try to meet identified needs	Make best use of assets to address needs
Worry about the empty half of the glass	Make the glass full

The focus on assets is really a change of orientation, or a change of attitude, from what is all-too-common in the service-providing culture. This has a strong emphasis on “Community Assets”, since Vietnamese elders, family members, and each individual can be a type of asset for the community. This asset approach is found in various ways, based on the frame of reference. That is, the emphasis can be upon individuals or it can be upon groups. Here is a quick summary of types of community assets:

- Individuals: youth, parents, seniors, women, torture survivors
- Associations: fraternities, sororities, alumni associations, youth clubs
- Institutions: non-profits, churches, temples, service agencies
- Businesses: corporations, grocery stores, doctor’s offices



In-Class Activity #1

An Assets Assessment

For each grouping, name 3 specific examples. Then, for each example, provide three top assets it has.

Community Asset Grouping	Specific	Top 3 Assets
Individuals		1. 2. 3.
		1. 2. 3.
		1. 2. 3.
Associations		1. 2. 3.
		1. 2. 3.
		1. 2. 3.
Institutions		1. 2. 3.
		1. 2. 3.
		1. 2. 3.
Businesses		1. 2. 3.
		1. 2. 3.
		1. 2. 3.



3. Community Structure and Infrastructure

In working with community groups and organizations, the Peer Companion can provide a lot of assistance to others. This can be done as a member of the organization, a designated leader within the organization, an informal leader in that organization, or as someone who has the respect of the group's leadership so that input and insight can be provided. The role of a Peer Companion is such that their involvement and influence can be very helpful, so that the group or organization is more effective in meeting its needs. Similar to erecting a new edifice, a good builder conducts a survey of the land. Likewise, a good community organizer needs to know the structure and infrastructure of a community. The Peer Companion can be helpful in this role of community organizing; the following considerations can be most helpful in accomplishing this in an effective way.

For this purpose, community organizing is seen as a basic two-step process. First, it is important to "*learn the lay of the land.*" Second, it is very helpful to conduct some "*community mapping.*"

Within the step of "*Learn the Lay of the Land*", the Peer Companion can focus on identifying a range of factors that can influence individuals, interpersonal relationships, ways in which groups and organizations can improve themselves, and how community services can be better organized and used. An important part of this "*lay of the land*" process is establishing relationships with key individuals; in this way, the Peer Companion can start to have some influence in the process of community organizing.

Things to consider in this process include:

1. Identify stakeholders
2. Identify overriding cultures and subcultures
3. Identify the overall power and influence structure, both formal and informal
4. Identify who the key players are; this includes leaders, advocates, messengers, mouthpieces, well-connected persons, intermediaries
5. Identify conflicts and tensions
6. Establish personal relationships, so that you can better understand each person's positions, strengths, constraints

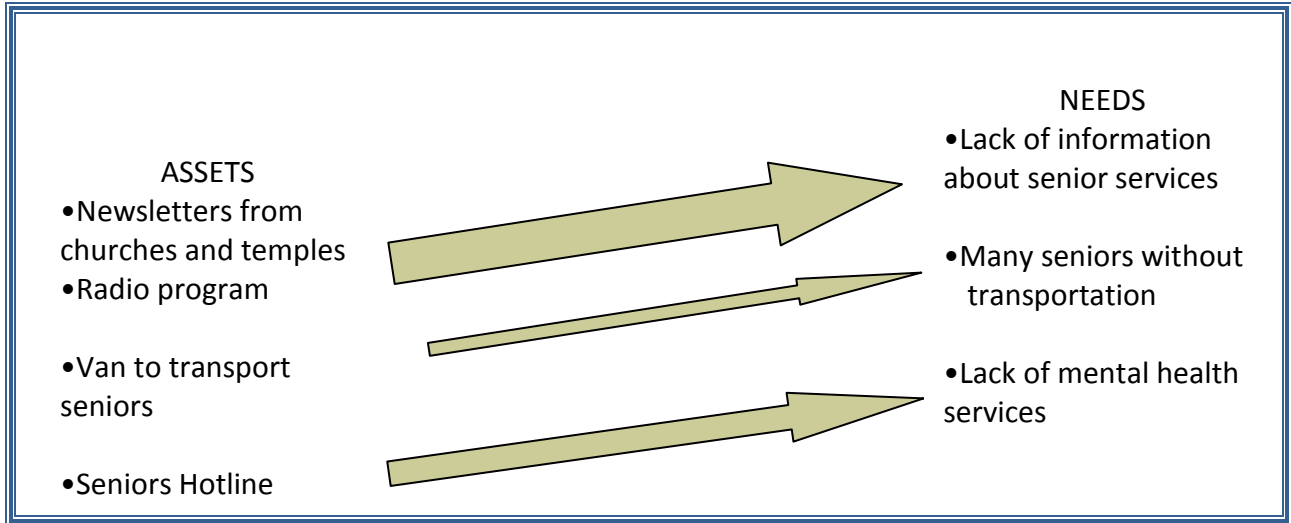
The second major step is one of "*Community Mapping.*" This process is one that can be very complex and intricate, as communities are typically very complex structures. What is important for the Peer Companion is to become acquainted with the concept of community mapping, so that this process can be used to help organize specific skills in a meaningful and productive way.

For community mapping, the Peer Companion will engage in the two-part processes of identifying needs and identifying assets. For identifying needs, consider identifying personal needs, the target population's needs and community needs. The Peer Companion then puts these together, to see what makes for a good fit. Then, in a similar way, the Peer Companion then identifies assets – personal, target population, and community. The Peer Companion then puts the identified needs and the identified assets together, to see what makes for a good fit. The combination of these needs and assets can be helpful in organizing an overall direction for the Peer Companion, in working with a group or organization.



The example below provides an illustration of how community mapping can occur. This provides a clear and explicit linkage between the needs that exist, and ways in which assets can be allocated or created to better meet these needs.

Mapping Existing Assets to Needs: An Example



In-Class Activity #2

An Assets Assessment

In the table below, identify four specific needs that you know of with Vietnamese seniors in your area; be as specific as possible with each of these needs. For each of these needs, identify assets in the community that would be helpful in addressing these needs. Once you have finished, work with another person to see if they know of any additional assets that may help with your identified needs.

Need	Community Asset
	<ul style="list-style-type: none"> • • •
	<ul style="list-style-type: none"> • • •
	<ul style="list-style-type: none"> • • •



4. Bringing Individuals Together

Everything in life starts with personal relationships. Reaching out is the first step in building a relationship. Obviously, a relationship requires the involvement of two or more people, and this means that each individual is engaged at some level. The sense of community is critical for Vietnamese seniors. It takes a community to meet a senior's needs. This means that various aspects of the community can be helpful in meeting each individual's needs. For example, one person's needs may be best met by a family member, and another person's needs may be best met by a group within their faith organization. For another person, specific needs may be identified with the help of a family member, and then helped more specifically by a friend, and then further enhanced with involvement in a recreation-based group.

The role of the Peer Companion is to be helpful in identifying, referring, networking, supporting, and more. The skills and knowledge organized for Peer Companions are helpful as they work with community resources, such as groups and organizations, to help bring individuals together in a more productive way.

The concept emphasized here is that of "social capital." The previous segment of this session reviewed the nature of existing assets within a community. For this section of bringing individuals together, the focus is on encouraging mutual support and assistance; the personal relationships making up social capital are also a form of community assets.

When thinking about growing social capital, consider three major factors: structure, relationship, and awareness. Attending to each of these three elements can be helpful in increasing the resources and services provided by local groups.

- **STRUCTURE:** The structure consists of a mechanism and mutually agreed norms through which group members agree to conduct group activities, avoid or resolve conflicts, share resources and knowledge, assign roles and responsibilities, and contribute to the welfare and development of the entire group or of the individual group members. For example, a mechanism can consist of the group's division of tasks and responsibilities and an agreed process for making decisions; norms may include agreement to confidentiality of information shared during group counseling or to resolve differences via majority vote.
- **RELATIONSHIP:** Social capital's focus on relationships is helpful for individuals, as they think about bonding both within the group and beyond the group.
 - Bonding within the group. This means helping an individual become connected to others within the group or organization and growing the trust and sense of solidarity among group members. Seniors are encouraged to be active in group activities and to contribute to the group. This may be through being a participant in discussions, becoming the leader of a group or committee, having a mentor within the group, or being known for various skills or talents.
 - Bridging beyond the group. As a group, the seniors are encouraged to reach out to other self-help groups, faith-based organizations, senior centers, and services providers. Through collaboration and partnership, the group can connect members with a large variety of resources and services available in the community. This can be thought of as social networking as a group.



- **AWARENESS:** To grow and preserve social capital, one needs to be aware of the mechanism, the norms, and the know-how to navigate the relationships within the group. The Peer Companions play a critical role in systematically raising this awareness among group members. But the Peer Companions must first master the skills needed to help seniors create the structure more appropriate for the peer support group, to facilitate the group's activities, to continually nurture the relationships within group members and to build bridges with resources and services beyond the group. The Peer Companions also need to train select group members in some of those skills in order to upkeep the group. Within this context of awareness, these group members need to:
 - Know your and others' places, roles, strengths and weaknesses
 - Know how to maintain and strengthen relationships
 - Know how to navigate or transform the structure

Community Outreach

The Peer Companion's role with community organizing also extends to reaching out into the community. While the Peer Companion often works with individuals and families, it is also common for the Peer Companion to have taken initiative to know more about community groups, businesses, and organizations.

As an individual who does community outreach, the Peer Companion should first be clear about the following items:

- whom you want to target
- the environment you work in
- what changes you want to achieve
- the arts of influence
- evaluation: how to tell success from failure
- what next?

Target Population:

This refers to the audience that is being served. While the population of "Vietnamese Seniors" is the overall group of interest for STEP, the focus is upon specific sub-populations or sub-groups based on identified needs or assets. Peer Companions should consider the following steps when planning to do community outreach:

1. Identify your overall population of interest (e.g., Vietnamese seniors with mental health risks)
2. Segment this population into subgroups with different characteristics (e.g., Immigrants, refugees, new citizens, women, seniors living in small enclaves)
3. Select the subgroup of focus (target population) (e.g., LEP women)
4. Start with "targets of opportunity" (those already with the "right" attitude) from this subgroup: (e.g., Seniors active in community associations)

The Environment:

The environment has to do with the overall setting and context within which the community group or organization is based and operates. Consider the general setting, whether it is a localized community (like a few square miles) or a general region (like Northern Virginia).



Here are considerations for the Peer Companion regarding the environment:

Challenges	Hot Issues
Characteristics of the target population	Community events
Community factors	Resources (e.g., targets of opportunity, media, volunteers, programs)
Opportunities	

In-Class Activity #3

Clarifying the Target Population and the Environment

Think about needs of Vietnamese seniors in the local community. What are some specific groups or subgroups that have specific needs? Please identify three of these.

- 1.
- 2.
- 3.

Thinking about the environment within which these target populations live or work, what are key environmental factors for each of these groups? Please use the list of considerations provided to identify relevant issues.

- 1.
- 2.
- 3.

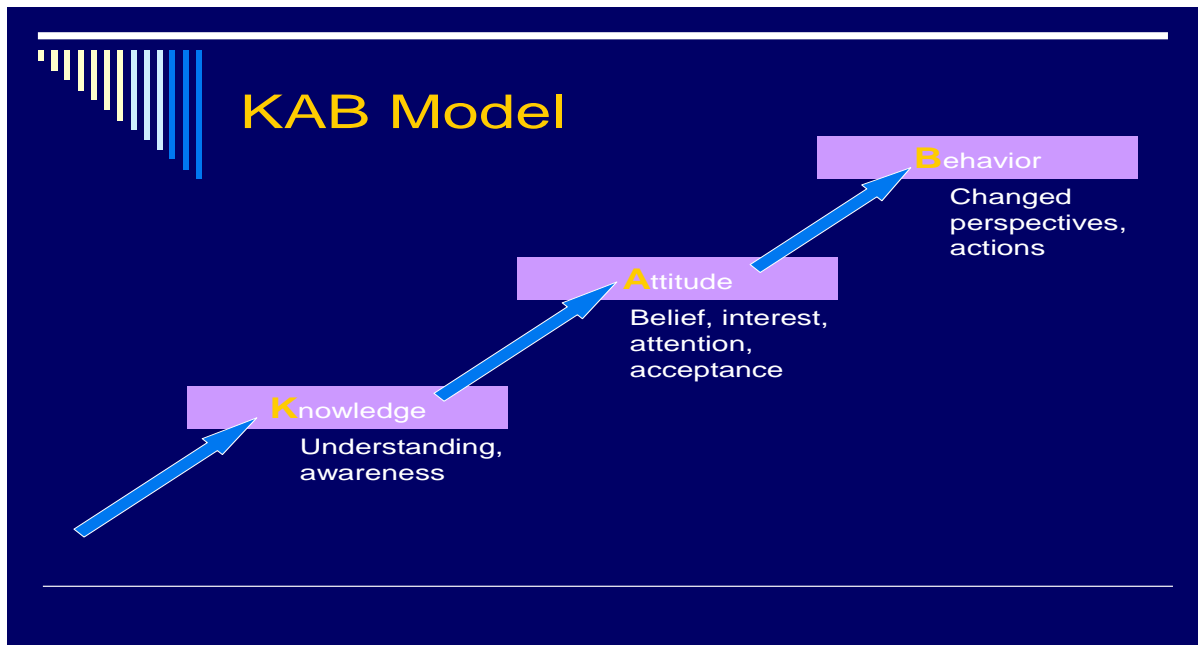
Desired Changes:

With the foundations prepared (thinking about the target population and the environment), the next approach within community organizing is to determine the desired changes. As discussed at the beginning of the Peer Companion Curriculum (in the “Being A Change Agent” session), it is the role of “change” that is central to the services of the Peer Companion. This can be change with the individual, with a family, or with a larger group. What is important is to become very clear with what the desired “change” is with this individual or group. The KAB Model is helpful in this regard.

In reviewing the model, it is clear that three considerations are important. First, there is the role of “Knowledge”; this addresses understanding or awareness. This could include awareness of services, personal awareness of assets, awareness of needs, awareness of limitations, and much more. Second, “Attitude” is central to a thoughtful preparation. This may be individual or group-based, and incorporates beliefs, interests, attention, and acceptance. Finally, the issue of “Behavior” is highlighted. This behavior change is what is ultimately sought; having simply a change in knowledge and/or a change in attitude as the endpoint, while helpful and necessary, is not really the final result that is ultimately



needed. The behavior can include one's activities or actions, but it can also be an alteration in perspective (such as having an "assets" approach rather than just a "needs" approach). The helpfulness of this model is that it assists the Peer Companion with focusing attention on the desired changes. A caution about the model is that it is not necessarily sequential or automatic. That is, this model does not suggest that knowledge must precede attitude, which must in turn precede behavior. Nor does it suggest that if one achieves changes in knowledge and changes in attitude, that then a change in behavior will automatically follow. This model is designed as an overall framework to provide some greater guidance to the Peer Companion when working with others in the community.



Another consideration with the KAB Model is that there should obviously be linkages among the knowledge, attitudes, and behavioral factors. By beginning with the endpoint (behavior), logical and appropriate linkages can be prepared that make sense. That is, if the behavior desired is one of having a healthier perspective about living in the local community, it will be important to have knowledge and attitude elements that link to this perspective. Specifically, then, having increased knowledge about history and different attitudes about a balanced diet may have no relationship to the desired outcome. However, having knowledge about local resources and how to access public transportation, and attitudes that public transportation is not perfect, can contribute to a different view of the community.



In-Class Activity #4

Applying the KAB Model

When thinking about a target population, think about the desired changes you would like to see in their knowledge, attitudes, or behavior. Please be as specific as possible.

Knowledge	Attitude	Behavior

Approach:

In working with community groups and organizations, the approach of the Peer Companion is an important consideration. That is, working with an organization will depend on numerous factors, and will also be guided by whether or not the Peer Companion is a member or leader in the organization. Here are some considerations within this issue:

- Theme: reflects the overall mission & culture (e.g., It takes a community to defend a person’s dignity)
- Message: adapted to audience (e.g., Messages must be different for college students and older women)
- Messengers: people of authority, trusted and respected by the audience, who can best deliver the message (e.g., Celebrities, spiritual leaders, peers, victims, all BPSOS staff)
- Venue: how to best get at the target population
 - Direct: direct delivery of the message to the target audience
 - Indirect: going through the chains of influence to eventually get to the target audience

The Arts of Influence:

As noted at the beginning of this section, personal relationships are important. Thus, to be able to obtain the desired result, it is important to have skills within the overall context of having influence. Being influential is a type of art – it is a skill that an individual can obtain through experience, through insights from others, and from discussions in training programs. Here are some considerations for increasing abilities with influencing others:

- Communication starts with the listener
- Who is the listener?
- What can excite or inspire him/her?
- Whom is he more disposed to listen to?



- Use both sides of the coin: Logical argument and emotional appeals
- Emotional engagement through compelling stories
- Rapport with audience: bond, commonality, affinity
- Dramatic approach
- Shore up the communicator: build your credibility
- Recognition as an issue expert
- Success stories
- Track records
- Testimonials of beneficiaries

Evaluation:

The primary purpose of evaluation is to see whether the specific efforts implemented have made a difference. That is, if a certain knowledge, or attitude, or behavior was sought as the desired outcome, was this achieved? Evaluation can also review what was done to achieve these results, how well things went, and what could be improved. Evaluation is a vitally important activity, and it can be a large and complicated task. What is important for the Peer Companion is that attention be kept on the “end result” as well as “milestone results” along the way; this helps in making sure that things are “on the right track” when working with an individual or organization. The Peer Companion can gain assistance with the actual evaluation by working with project staff, so that appropriate measures and instruments are used to learn what is desired. In summary, overall evaluation considerations include:

- Measure impacts on target population via objective outcomes (e.g., Number of women achieving different KAB levels)
- Must show a change from A to B
- Measure implementation progress via process outcomes (e.g., Number of radio talk shows produced)
- Develop monthly report template

Plan post-event/post campaign activities:

A final issue for review with community organizing is having some review of initiatives that have been undertaken. Some of the efforts of Peer Companions will be with organizing events with a community group or organization, or with others in the community. The review conducted after the event or campaign is helpful in reviewing what went well, and what could be improved. These are helpful lessons for the planners, and can also be shared with others as they undertake similar initiatives. Here are some issues for consideration:

- How to exploit a successful event to:
 - increase visibility
 - recruit volunteers
 - attract more funding
- How to improve and refine approach based on lessons learned



5. BPSOS' Model for Community Organizing and Capacity Building

Organizing self-help groups requires a long-term and targeted approach. Community organizing is local, neighborhood by neighborhood. Social capital is local, neighbor to neighbor. When organizing activities, events, strategies, resources, or other initiatives, it will be helpful for the Peer Companion to consider elements that have been highlighted throughout this session, from having an assets approach to thinking about ways of growing social capital. The BPSOS NEST Model is one resource that helps pull together a helpful framework.

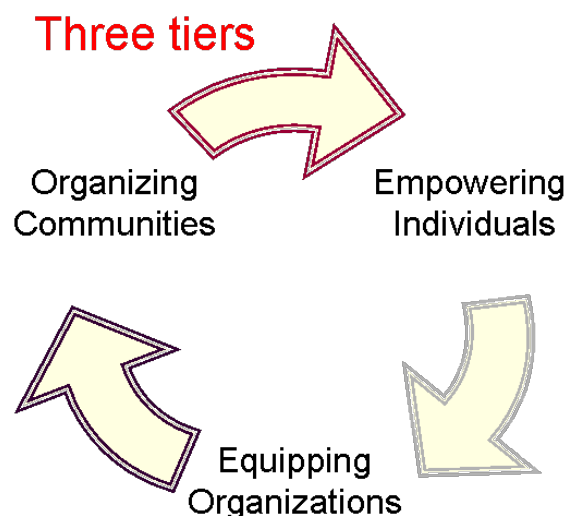
BPSOS' NEST Model

The development of the NEST Model is based on characteristics experienced with the Vietnamese-American community. These elements are identified from an overall perspective, and may be more or less apparent with sub-communities within the overall community. From an overall perspective, the Vietnamese-American Community is:

- disorganized, voiceless and invisible
- not informed of its environment
- incapable of meeting the needs of its own members
- unprepared to defend the interests of its members
- not yet ready to collaborate or compete with other communities
- marginalized with many lost opportunities

To help address these concerns and issues, BPSOS has developed the NEST (Neighborhood Empowerment and Support through Teamwork) Model. This model incorporates three levels, or tiers:

- Tier 1: Bring individuals together and form self-help groups (associations):
(e.g., mutual assistance, peer counseling, moral support)
- Tier 2: Help associations become non-profit organizations with funded programs and paid staff (institutions, bonding):
(e.g., training, technical assistance, sub-grants)
- Tier 3: Promote collaboration among organizations (larger institutions, bridging):
(e.g., alliances, coalitions, partnerships)



BPSOS' Vision

Boat People SOS works with community groups and organizations in its ongoing efforts to improve the mental health and quality of life for those in the Vietnamese community. To assist with implementing its vision, the NEST Model serves as a central organizing framework for projects, staff activity, funding, initiatives, advocacy, and resource development work. While the STEP Model serves as a guide to organize seniors into self-help groups, the NEST Model facilitates the organizing of community resources that support the seniors. It would be helpful for the Peer Companions to leverage BPSOS' on-going community organizing efforts.

From an overall perspective, the vision of BPSOS is that refugee and immigrant communities are:

- Empowered: Each local community has a variety of established non-profits with different interests and capacities
- Well equipped: Community advocates have the necessary skills and expertise
- Well organized: Local, regional, and national coalitions that influence policies and support communities

While the work of Peer Companions are local by nature and design, the replication of STEP to meet the needs of Vietnamese seniors and torture survivors fits into overall vision of BPSOS. From that perspective, the lessons learned by Peer Companions in one locality may benefit communities of Vietnamese seniors in other locations across the United States. It is therefore important for Peer Companions to keep this broad vision as they go about serving seniors within their neighborhoods, church groups, or communities.

In-Class Activity #5

Preparing a Vision

What is your vision within the local Vietnamese community (or a specific sub-group) with regard to each of the tiers of the NEST Model?

Empowering Individuals:

Equipping Organizations:

Organizing Communities:



6. Wrap-up

This session highlights ways of organizing resources and services within the community. This is a challenging task, yet one that is vitally important to improve upon the quality and scope of services available for Vietnamese elders. With community-based organizations, groups, and businesses, increased resourcefulness is achievable; however, this outcome requires dedication and persistence on the part of community leaders and advocates.

The Peer Companion can play a large role with this community organizing, both within the Vietnamese community as well as the larger community. One major consideration for Peer Companions is that it is very helpful, and important, to have a change of perspective— this is the need to focus on assets. Focusing on an assets perspective is important with individuals, as well as with groups or organizations; this helps to honor the resources and rich experience that already exists.

Peer Companions can also help by having a greater understanding of the community’s infrastructure, and are encouraged to do some “community mapping” to help them link assets and needs. The perspective of thinking about ways of growing social capital, with use of the KAB Model and the NEST Model, are also helpful for achieving the desired outcomes.

What is most important throughout the issue of community organizing is having a vision – this can be helpful from the perspective of a group or organization, but it is also helpful from an individual perspective. Having a vision is central to staying grounded, and staying on track. This may start with a broad, general, and perhaps somewhat amorphous vision; ultimately, however, it does move toward having more specific milestones or markers for the vision. What this does is helps all parties involved – the Peer Companion, the groups or organizations with whom work is done, and the Vietnamese seniors – to achieve greater mental health and overall quality of life.

KEY POINTS

- ◆ People have needs but also capabilities and knowledge.
- ◆ Leveraging assets in the community is critical in most endeavors.
- ◆ There are many forms of community assets.
- ◆ It is critical to understand the environment you work in.
- ◆ It is important to know what’s already out there.
- ◆ It is equally important to create new assets.
- ◆ Community organizing starts with personal relationships.
- ◆ Attitude changes in stages – be patient and systematic.

ASSIGNMENT

- ◆ *Read the information found in Session 7 on “Resources.”*
- ◆ *Complete Peer Companion Applications on “Community Organizing” session.*
- ◆ *Complete Homework Assignment A (“Action Strategies”) and Homework Assignment B (“Resource Skills”).*

Note: Session prepared by Thang D. Nguyen, Ph.D. – Executive Director, Boat People SOS, Inc.



NOTES



RESOURCES AND FOLLOW-UP

Phase III Session 7

LEARNING OBJECTIVES

- ✓ To understand the context of resources and their utilization.
- ✓ To learn ways of increasing others' use of resources.
- ✓ To identify ways of learning how to identify what resources exist in various thematic areas.
- ✓ To learn skills appropriate for following up with others about their experiences with resources.

CLASS OUTLINE

- 1. Review of the "Community Organizing" Session**
 - Highlight key learning and new insights from previous week
 - Discuss applications since previous session; use of new skills
- 2. Effective Resource Assistance**
 - Assessing traits of being an effective resource provider
 - Identifying ways of increasing specific traits
- 3. Identifying Resource Needs**
 - Review needs that exist among elders: reactive and proactive
 - Identify strategies for learning about individual resource needs
 - Where to find resources in six thematic areas
- 4. Barriers to Accessing Resources**
 - Identify problem areas for accessing resources
 - Specify ways of overcoming these barriers, using force field analysis

KEY POINTS

- ♦ *Increasing an overall awareness of resources and how to provide quality resource assistance.*
- ♦ *Learning ways of increasing skills to provide effective resources, from a reactive and proactive perspective.*
- ♦ *Increasing confidence with accessing and following up with resource assistance.*



2. Effective Resource Assistance

Resources exist throughout the community. Numerous resources are available to help people with addressing the various aspects of life; some of these issues are dealing with problems, and others are resources that can help enhance the quality of life.

The important challenge is to connect people with resources around them. This has to do with identifying the needs they have, promoting their awareness of what resources might be helpful, and connecting them with the resource. This also has to do with them connecting with the resources, and engaging their assistance. Finally, a Peer Companion would benefit from following up with those for whom they have provided assistance.

Homework Assignment A Action Strategies

Identify one group of seniors that you want to serve.

How do you plan to reach out to them? How can you bring them together?

Who are the key players among them?

Identify “targets of opportunity” among them.

Make a list of their assets and then a list of their needs.

Develop a strategy to leverage their assets to meet their needs.

Determine the “gaps” resulting from this exercise.

What services are needed to offer in order to fill those gaps?

Do these services already exist “out there”? How can you connect the group of seniors to these services?



Homework Assignment B
Resource Skills

What qualities are important for being a good resource provider?

What specific skills or behaviors contribute to a Peer Companion being good or effective with resource assistance?

What specific skills or behaviors detract from a Peer Companion being effective with resource assistance?

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3. Identifying Resource Needs

Two questions emerge within the issue of identifying resource needs. The first is what types of specific needs might exist within each of the six resource areas. The second focuses on the types of specific strategies you can use to identify what resource needs a person has? Consider needs that a person might have to respond to a type of situation. Then, consider issues that may help to enhance their lives (proactive).

In-Class Activity #1

Identifying Resource Needs		
In the chart, consider what the resource needs are.		
Resource Area	Identified Resource Needs: Reactive	Identified Resource Needs: Proactive
<i>Recreational</i>		
<i>Social</i>		
<i>Vocational / Occupational</i>		
<i>Health</i>		
<i>Mental Health</i>		
<i>Spiritual</i>		



In-Class Activity #2

Ways of Identifying Needs

The next consideration is how to identify these needs. What specific strategies or approaches are helpful in identifying specific needs?

	Strategies for Identifying Needs
<i>Reactive Resource Needs</i>	1. 2. 3. 4. 5.
<i>Proactive Resource Needs</i>	1. 2. 3. 4. 5.

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In-Class Activity #3

Finding Resources

In an early discussion with Peer Companions, a wide variety of resources were identified within the context of six clusters. Where can additional information for each of these topical areas be found?

Resource Area	Where to Find Resources
<i>Recreational</i>	
<i>Social</i>	
<i>Vocational / Occupational</i>	
<i>Health</i>	
<i>Mental Health</i>	
<i>Spiritual</i>	



4. Barriers to Accessing Resources

One of the largest problems with resources is the lack of awareness of their existence. Another problem has to do with access – transportation, cost, hours. One of the strategies you can use to help individuals is the force field analysis. This identifies four factors:

- Current state of affairs
- Desired state of affairs
- Driving forces
- Restraining forces

Discussions with the person or group being helped can help identify the specific strategies that can be used to enhance the “driving forces” and reduce the impact of the “restraining forces.”

In-Class Activity#4

Barriers to Resources

Use the chart below to generate, for each driving force, some strategies that would help enhance it; similarly, identify ways of reducing the power of the restraining forces.

Driving Forces	Strategy to Enhance

Restraining Forces	Strategy to Reduce



5. Wrap-up

Numerous resources exist within any community. These resources are broad and varied, and can be “just what the individual needs” or could be helpful in getting them to the “next step.” The Peer Companion can be very helpful in knowing many of these resources; also, when the most appropriate resource cannot be identified, the Peer Companion can be helpful and persistent in getting the resource assistance that would be helpful. The Peer Companion also can know the range of various types of resources – not just the recreational or vocational resources, but a larger range of resources. This is helpful, as it can assist in pointing individuals and groups in other directions, to expand their own awareness of what their surrounding community has to offer them.

Numerous challenges exist with resources, including access to them, ensuring that they are appropriate and helpful, and staying up-to-date with their existence and availability. The Peer Companion can work to stay as knowledgeable as possible on these resources, so that they can be as much of a resource to others with whom they work. They can do so by reading the papers, talking with co-workers and neighbors, and asking others where they received assistance and what they found helpful. They can talk with other Peer Companions, and seek others’ advice themselves when they are seeking helpful resources for someone.

What is important is that the Peer Companion continues in this vital, helping role with others, whether individually or as groups. Their aim is to get the proper resources “connected” to the individual in need. Further, it is helpful for the Peer Companion to follow up with the individual or group, to see how helpful the resources were, and what might have been of greater assistance to them. This is an ongoing quest to be as helpful and resourceful as possible – and that’s the importance of the Peer Companion as an integral leader in the Vietnamese community.

KEY POINTS

- ◆ *Increasing an overall awareness of resources and how to provide quality resource assistance.*
- ◆ *Learning ways of increasing skills to provide effective resources, from a reactive and proactive perspective.*
- ◆ *Increasing confidence with accessing and following up with resource assistance.*

ASSIGNMENT

- ◆ *Read the information found in Session 8 on “Challenging Situations.”*
- ◆ *Complete Peer Companion Applications on “Resources and Follow-up” session.*

Note: Session prepared by David S. Anderson, Ph.D. – Professor of Education and Human Development, George Mason University.



NOTES



CHALLENGING SITUATIONS

Phase III Session 8

LEARNING OBJECTIVES

- ✓ To learn a variety of ways to respond to challenging situations.
- ✓ To identify strategies for preventing and reducing the presence of challenging situations.
- ✓ To gain confidence with facing challenging situations.
- ✓ To understand resources that exist for helping with difficult or challenging situations.

CLASS OUTLINE

- 1. Review of the “Resources and Follow-up” Session**
 - Highlight key learning and new insights from previous week
 - Discuss applications since previous session; use of new skills
- 2. Overview of Challenging Situations**
 - Identifying Challenging Situations
 - Understanding Difficult Situations
- 3. Challenging or Difficult Situations**
 - Discuss the purpose of preparing for challenging situations, difficult interactions, dreaded activities, and awkward events
 - Introduce role of prevention, diffusion, response, and follow-up
- 4. Role of the Peer Companion**
 - Review the roles of Peer Companions and identify challenging situations that might occur within various roles
 - Generate specific strategies for direct responses to challenging situations
- 5. Ways to Address Challenging Situations**
 - Identify ways in which the Peer Companion can prevent a difficult situation from occurring
 - Identify strategies for reducing the difficulty of a situation (diffusion)

KEY POINTS

- ◆ *Increasing an overall awareness of skillful ways of facilitating group discussions and group events.*
- ◆ *Increasing awareness of the range of challenging situations and ways of addressing them.*
- ◆ *Specify approaches for preventing, diffusing, and professional follow-up with difficult situations.*
- ◆ *Learning ways of increasing skills and confidence for addressing challenging situations.*
- ◆ *Identify the important role of safety and professional interaction, within the context of the roles and responsibilities of a Peer Companion.*



2. Overview of Challenging Situations

Numerous roles and activities are appropriate for a Peer Companion. With this variety of roles, it is unlikely that a Peer Companion will be engaged in each of these; further, some Peer Companions will be better suited to one role, while other Peer Companions will be more comfortable in another role. However, each of the roles will undoubtedly be one for which a Peer Companion will become involved to some level. Regardless of the extent of involvement with a specific role, there may be some anxiety or feelings of being “over your head” with specific situations.

What helps with the understanding of challenging situations is to identify ways of dealing with these before, during, and after the “situation.” Efforts undertaken prior to the difficult situation can be helpful in preventing its occurrence, its magnitude, or its nature. During the challenging situation, the strategies can be helpful to minimize, reduce, or diffuse the situation; if these are not successful, ideally, the Peer Companion will be involved with reducing the impact of the difficult situation on the individual as well as upon the Peer Companion. Following the situation, the Peer Companion may find it helpful for the individual to be referred for other assistance elsewhere, or to seek assistance, advice, or information for themselves.

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3. Challenging or Difficult Situations

Identify specific situations that are challenging or difficult for you. For each situation, write what it is about the situation that makes it difficult or challenging. Then, review the reasons for the challenge, and identify any common themes or aspects that exist for you.

In-Class Activity#1

Challenging Situations	
Challenging Situation	What Makes It Challenging
What factors are common among these challenging situations? <ul style="list-style-type: none"> • • • 	

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4. Roles of the Peer Companion

Reflecting on each of the roles of the Peer Companion, there are undoubtedly numerous aspects with which you feel very comfortable, and other aspects for which you are less comfortable. Using the chart below, please identify these areas. Also, for those areas where you have less comfort, please list specific approaches that you can take to make improvements.

In-Class Activity#2

Improvement Areas for Peer Companions			
Role	Assets / Strengths	Areas of Concern	Strategies for Improvement
Community Resource			
Friend / Advisor			
Referral			
Event Planner			
Outspoken			



5. Ways to Address Challenging Situations

What is important with challenging situations is to plan ahead with ways of addressing these. The following ways for addressing specific situations are identified; additional suggestions will be generated during the class discussion.

Challenge	Suggestions for Handling
Person in authority knowing of someone who committed atrocities years ago, now facing deportation	<ul style="list-style-type: none"> • Get clear for yourself • Distinguishing compassion and responsibility • Encourage priest to get clear with his own needs and desires • Encourage family to seek assistance • Focus on active listening and referral • Don't provide solutions; help problem-solve
Older woman is exhausted and crying and hungry....seems abandoned by family....she wasn't sure where she was	<ul style="list-style-type: none"> • Ask "is everything OK with you?" • How can I be helpful? • Is this something you can talk about with the family? • Are there other places you could go, or be dropped off? • Consider taking the person for coffee or a bite to eat • Our aim is to get someone connected to local resources, and to talk about the situation with their family/loved ones
Afraid someone will get angry with me	<ul style="list-style-type: none"> • If someone gets angry, it's more about them than about you • Try to stay calm and unemotional • Understand that anger can be a clue into someone's values - - about what is important to them (anger can be a "hidden treasure")
Concerned that family members may get upset for me getting involved	<ul style="list-style-type: none"> • Respond simply - "I just saw someone who was tired and crying" • The less said the better • Be non-judgmental
Should we give a person a ride?	<ul style="list-style-type: none"> • No, not a good idea
A person is very depressed, and wanted to leave the home. How much should I be involved with helping her?	<ul style="list-style-type: none"> • Make a referral to a professional • Be helpful, listen, build trust • Gain the trust so the person will accept being referred



<p>How do we handle the immediate situation, when someone says they need help right now?</p>	<ul style="list-style-type: none"> • Get the person to calm down, not make a decision that would be regretted later • Get them to meet with a counselor
<p>While doing a home visit, the client turns violent....first emotionally, and then physically</p>	<ul style="list-style-type: none"> • Before going, leave contact information • Carry cell phone • Never put yourself in harm’s way • If you’re uncomfortable, don’t do it • If there’s a sign of aggression, leave • Consider following up - - - not necessary to do so • Never get yourself trapped - - - - sit near the exit
<p>Concern about a clash with Vietnamese culture</p>	<ul style="list-style-type: none"> • Find ways to continue to show respect • Look for an outside source (e.g., phone call or fake phone call) to leave – be careful about overusing certain strategies • Respond – if I was talking with you in a low, respectful voice, I would ask that you treat me the same way • Define the boundaries, and the expectations • Know what the boundaries are – this is social skill training
<p>If you do a home visit for awhile, and you start thinking about the client’s problems</p>	<ul style="list-style-type: none"> • Keep the perspective to have home and work issues separate • Still, prepare before coming into the session

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In-Class Activity #3

Handling Challenging Situations	
Challenge	Suggestions for Handling
	• •
	• •
	• •
	• •
	• •
	• •
	• •
	• •
	• •
	• •

The following table will be used for new situations that emerge.



6. Wrap-up

Throughout an individual's involvement as a Peer Companion, numerous challenging situations will occur. Through experience and practice, the Peer Companion can be well-equipped for handling these. However, even the most experienced professional can face new challenges and situations that have not been experienced before. What is important in addressing these is to have a good perception of what it is that is desired to be accomplished with the individual or group being served, as well as a clear sense of the guiding principles that will assist with this process.

Through preparation and planning, many skills for dealing with a wide range of situations can be dealt with. Also, very important is the preparation that can be helpful in reducing stress or anxiety about certain situations; by planning and preparing, these are handled much better than if the Peer Companion is "caught off-guard." Thinking about the "worst case scenario" is helpful in thinking about a situation; that is, "what would you do if..." and, most important, "what you can do to prevent something from happening." This type of planning and preparation is important for the Peer Companion – it is the pre-event thinking, and it is helpful by having plans and then reviewing them before getting into the situation.

In addition to helping plan how to deal with challenging situations, it is helpful for Peer Companions to share the experiences as they occur. They can talk with other Peer Companions, or with those working with Vietnamese seniors, so that they can be as helpful as possible. It is helpful to have these discussions before a challenging situation, as well as after the situation. This is a type of "debriefing" that is so vital to staying as mentally healthy as possible as Peer Companions; it is helpful to keep specific challenging situations in perspective, so that a tough situation doesn't detract from the overall service that is being done with the Vietnamese community. If it is not reasonable to meet with other Peer Companions or a professional, what is important is to do some personal debriefing and reflection – this can help put things in perspective.

Overall, challenging situations will occur. However, the stress that these might cause can be minimized, and the effectiveness of the Peer Companion can be maximized. Periodic reflection upon the important work that the Peer Companion is doing is helpful, so that Peer Companions can continue to increase the quality of life of those Vietnamese seniors around them.

KEY POINTS

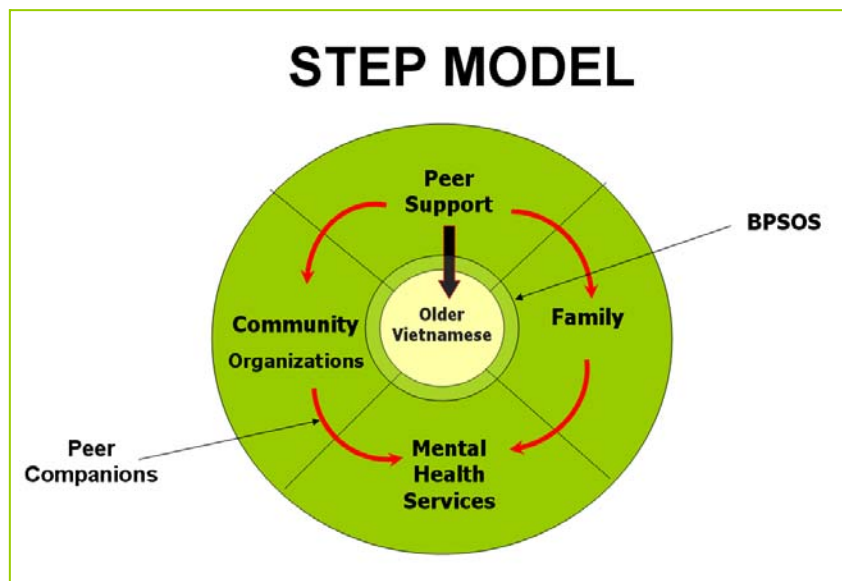
- ◆ *Increasing an overall awareness of skillful ways of facilitating group discussions and group events.*
- ◆ *Increasing awareness of the range of challenging situations and ways of addressing them.*
- ◆ *Specify approaches for preventing, diffusing, and professional follow-up with difficult situations.*
- ◆ *Learning ways of increasing skills and confidence for addressing challenging situations.*
- ◆ *Identify the important role of safety and professional interaction, within the context of the roles and responsibilities of a Peer Companion.*

Note: Session prepared by David S. Anderson, Ph.D. – Professor of Education and Human Development, George Mason University.



NOTES





The goal of **STEP** is to increase community capacity in meeting multiple mental health needs of the Vietnamese and Vietnamese-American population. By involving individuals, families and mental health agencies, **STEP** provides a system of wrap-around support for the community's older adults. There are four core elements of **STEP**:

Peer Companion Training and Support Groups

An essential element of STEP is the training of older adult trauma survivors to mentor peers. Participants receive nine months of training on life skills, coping skills, peer counseling, identification of emerging needs, and available referral services.

Family-Based Interventions

The family support group serves to provide family, caregivers, and community members with the knowledge, resources, and support needed to enhance the quality of life of older adults. Participants are offered information on mental illnesses, consequences of torture and trauma, coping skills, and caregiver skills.

Faith and Community-based Organization Involvement

BPSOS collaborates with community and faith-based organizations in an outreach effort through community educational workshops and cultural activities.

Mental Health Care Counseling

The mental health counseling program is designed to provide confidential and effective mental health services to older adults in a safe and caring environment. The program offers individual psychotherapy, family therapy, couple therapy, group therapy, and life skills training for a variety of problems.

A PERSONAL ASSESSMENT

Please record your level of agreement/disagreement for each of the following statements, by circling the one most appropriate letter for each statement, using the scale below. Please be truthful in your responses. Your responses will not be shared, and they will not be connected to personal information about you. To help with tracking personal responses over time, please record a personal symbol (in English and Vietnamese) here:

Example:

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
Ex. I am excited to attend training for the Peer Companion	SD	D	N	A	SA
	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. Being a Peer Companion will be helpful in providing me with valuable insights about myself.	SD	D	N	A	SA
2. When I sit down with one or a group of my peers, I feel comfortable facilitating a conversation.	SD	D	N	A	SA
3. I feel comfortable providing advice to my peers.	SD	D	N	A	SA
4. I would feel nervous in a discussion if one of my fellow Peer Specialists was not there with me.	SD	D	N	A	SA
5. I have a good perspective about the overall ways of managing a(n) group or individual discussion.	SD	D	N	A	SA
6. I feel a sense of responsibility about the trust placed in me by my peers.	SD	D	N	A	SA
7. I feel that as a Peer Companion, I am contributing back to my community.	SD	D	N	A	SA
8. At this point in time, I feel like I have contributed to my community.	SD	D	N	A	SA
9. I would like to do more to help my community.	SD	D	N	A	SA
10. I have the competence to facilitate a discussion with individuals and/or groups.	SD	D	N	A	SA
11. I am clear about my role as a Peer Companion.	SD	D	N	A	SA
12. Today I have the skills necessary to be an effective Peer Companion.	SD	D	N	A	SA
13. I know how to handle difficult discussions that might reduce the loneliness of a group/individual.	SD	D	N	A	SA
14. I know specific ways to help people open up more in a group/individual discussion.	SD	D	N	A	SA
15. I am aware of resources where I can refer people who need help or would benefit from the resources.	SD	D	N	A	SA
16. I feel like I can make a contribution to my community as a Peer Companion.	SD	D	N	A	SA
17. I feel like I have come to terms with my own past problems.	SD	D	N	A	SA
18. I am comfortable helping people talk about difficult memories.	SD	D	N	A	SA
19. People feel comfortable expressing their feelings with me.	SD	D	N	A	SA
20. I know how to respond when people are emotional.	SD	D	N	A	SA
21. People can come to me because they know that I can be helpful.	SD	D	N	A	SA
22. I feel that my facilitation skills in a discussion can help reduce loneliness for the individuals or group.	SD	D	N	A	SA

Thank you for your participation!

PEER COMPANIONS: LEVEL I EXAM
Peer Companion Exam Questions
Level I: Month/Year

This exam includes questions for Level I, as well as overall. For this exam, please answer **a total of 7 questions** – four of these are for Level III, and three are overall. Please follow the instructions below. These questions include choices for Level III, and no choice for the overall questions. All responses are due to BPSOS by ***Date/Time***; this can be done in a sealed envelope or by email. Responses may be in English or Vietnamese.

*Please answer the following eight questions from Part A and any two questions from Part B.

*BONUS: Please answer any two questions in Part B that you have not answered.

PART A

1. Một vi. cao niên buồn bực vì cho rằng con cái tặng “thẻ mua quà” vào những dịp lễ tết thay vì mua quà có nghĩa là “làm cho xong việc” chứ không thiết tha với cha mẹ. Xin cho một ví dụ của kỹ thuật lồng khung lại về nội dung (context reframing) trong trường hợp này.

Scenario: A senior citizen is sad and frustrated. Even though the sons and daughters bought a gift certificate for him, he felt that it was highly impersonal and rude, and that his children bought him a gift to just get the job done. He would have preferred something more meaningful and well thought out.

Please give one example of how you can use context reframing in this scenario.

2. Two major models were offered to help individuals change behavior. Please describe ways in which these are and are not helpful in addressing the needs of others with whom you will come in contact as a Peer Companion.

3. What are the major aspects of aging discussed in class and in readings? How is an understanding of these helpful for you as a Peer Companion?

4. What is the role of the Peer Companion regarding resources? What is it helpful or important to know these resources? What occurs when you want to inform someone about a resource, and you are not aware of what these resources are?

5. What are some of normal patterns of behavior that change if someone is having mental health problems and what are some factors preventing Vietnamese Americans from utilizing mental health services?

6. List 2 reasons why it is important for Peer Companions to know about gender differences between Vietnamese men and women?

7. “Cultural distance” refers to the amount of difference between two cultures. What are three areas of the greatest distance *and* three areas of the greatest similarity in comparing American and Vietnamese cultures?

8. Describe three elements that fall in the “familial-communal” and/or “societal” levels of intervention to help people recover from trauma. In a few words suggest why you believe each of these interventions might be helpful for trauma survivors.

*PART B

9. Roles of the peer companion were highlighted, including seven potentials roles. With this listing, please describe which ones you find to be most appropriate and why, and which ones you find to be least appropriate for your future interactions as a Peer Companion and why. Also, please critique your abilities in each of these roles.

10. What is your understanding of aging issues, and what would be appropriate for you to address with the individuals with whom you work? In your response, address what would be appropriate for you to do, and what would be appropriate for those with other professional qualifications to do.

11. Six clusters of resources were identified. Name each of these, and list four resources in each of these clusters. Then comment on the quality of these resources for promoting health and mental health among others.

12. Write a short paragraph on what are the gender differences between Vietnamese men and women.

13. List some of things Peer Companions can do if they come across problems in communicating with someone who is of a different gender (that is, if the Peer Companion is a female and the person is male, or if the Peer Companion if male and the person is female).

14. Cultural researcher John Berry has described four different acculturation strategies; these are Assimilation, Separation, Integration, and Marginalization. Indicate which strategy you believe is the best and which is the worst for Vietnamese immigrants in the U.S. Explain your choices.

15. In thinking of the four acculturation strategies—Assimilation, Separation, Integration, and Marginalization—which is likely to be most accurate in describing the acculturation style of children and youth, parents, and grandparents in a Vietnamese family? With knowledge of these generational differences, how could

we help improve communications and reduce conflicts in Vietnamese families we visit and help?

16. In looking at PTSD (post-traumatic stress disorder) among Vietnamese refugees in the United States, we have focused the most on men who were imprisoned and tortured after the war. Yet a surprising finding is that often the PTSD of their wives—who were never imprisoned tortured—is more severe. Describe three factors that might help explain this surprising finding.

17. What are three differences between a person we would describe as a “victim of trauma” and a person we would describe as the “survivor of trauma”?

Peer Companion Exam Questions

Level II: Month/Year

For this Level II Exam, please answer **a total of 5 questions** – each of the first three questions, and two of the remaining five questions. All responses are due to BPSOS by ***Date/Time***; this can be done in a sealed envelope or by email. Responses may be in English or Vietnamese.

Please answer each of these three questions:

1. The Level II segment of the STEP training focused on Individual Helping Skills. Please write the five main things that you learned during this segment. For each of these five things, state specifically what you learned, why it was a new learning for you, your reactions to it, and how helpful it might be for you as a Peer Companion.
2. Think about being in a situation where you are a participant in a community organization with a Vietnamese senior that you recognize, but really do not know very well. You learn that this person is having a hard time adjusting to the Northern Virginia area; the person has lived here for about 10 years, but really doesn't know anyone well, doesn't socialize much, and doesn't get out in the community. Describe specifically what you would do. Include as much detail as possible about how to get started, what you would say, what your goals or aims would be, how you would talk with them, and anything else that might be appropriate regarding your role as a Peer Companion.
3. Imagine that you are working in your community and you encounter a situation with someone needing assistance and you believe strongly, "I am not the right person to help this person." What would you do? What type of people or situations is likely to be hard for you and what are the resources you will turn to for assistance?

Please answer two of the following five questions:

1. Introduced in the Level I segment, and reviewed again in this Level II segment, were two major models that help describe how individuals change behavior: the *Health Belief Model* and the *Stages of Change (Transtheoretical) Model*. Please describe ways in which these models are and are not helpful in addressing the needs of others with whom you will come in contact as a Peer Companion. Please be specific with the communication skills highlighted throughout this segment.
2. Please describe what role(s) you would most like to have as a Peer Companion, and what role(s) you would most like to not have. Explain why you have these preferences, and how your activities might be *different than* those of other peer companions.
3. Thinking about your work with another individual, what are the four helping skills that you think are most important. What does each skill contribute to your work with someone needing help?
4. List and explain three ways in which your role as a peer companion is *NOT* the same as important friendships in your life. Describe how your behaviors as a friend are different from those when you are serving as a Peer Companion.
5. In this segment of the training, we have talked about culturally appropriate communication skills. Of the communication skills that we discussed and practiced, which of these are most different from traditional Vietnamese communication skills? Which ones are most similar to Vietnamese communication skills? In what ways will these new skills be helpful and effective with your work with Vietnamese seniors, and in what ways will these not be so helpful and effective?

Peer Companion Exam Questions

Level III: Month/Year

This exam includes questions for Level III, as well as overall. For this exam, please answer **a total of 7 questions** – four of these are for Level III, and three are overall. Please follow the instructions below. These questions include choices for Level III, and no choice for the overall questions. All responses are due to BPSOS by ***Date/Time***; this can be done in a sealed envelope or by email. Responses may be in English or Vietnamese.

Level III Questions: Please answer each of these 2 questions:

1. One of the main considerations with being a Peer Companion is with helping other senior citizens with their various needs. Your role is to help encourage a balanced life within six overall dimensions (social, vocational/occupational, health, mental health, recreational, and spiritual). Discuss the 'guiding principles' that you will use to help you promote the greatest quality of life with others. Also discuss ways in which you will work to keep these 'on track' for yourself, including how you can keep up-to-date and improve with these.
2. During Level III, a major assignment was working with an elderly Vietnamese individual in his/her home setting. This activity served as a way of pulling together much of what you have learned during your time in training as a Peer Companion. Please describe your experiences working with this individual, and ways in which your activity in this role provided insight about your training to serve as a Peer Companion, and ways in which you might seek improvement in the future.

Level III Questions: Please answer 2 of these 6 questions:

1. In what ways is the Vietnamese community in this region still collectivistic? What are the implications of this for how Peer Companions as well as societal systems should serve elders and their families?
2. What are two community groups or institutions of importance to elderly Vietnamese? What could someone do to increase the benefit that elders derive from them?
3. One of the important topics discussed during this segment was that of "leadership." Identify the major themes you learned about leadership, and ways that you can apply these to the group and community settings.

4. How does the Vietnamese family differ from the “independent model of family functioning” that is often observed in many American families, especially those that have their origins in Northern Europe? What are the implications of this for Peer Companions?
5. “Vietnamese families are like small walled towns—no one gets in and no one gets out; non-family members remain on the outside and can’t have much influence on what happens in the inside of a family.” Take a position agreeing or disagreeing with this statement and illustrate your argument with observations of Vietnamese families in your own community.
6. “Referring Vietnamese for help in American agencies leads to their having to face significant acculturation challenges.” In what ways is this true and how should we assist Vietnamese in getting what they need from these agencies?

OVERALL Questions: Please answer all 3 questions:

1. During the training to be a Peer Companion, you have been exposed to many topics, skills and resources. You are now much more aware of the various needs of the Vietnamese elders, from the perspective of the promotion of mental health as well as the resources and support systems in the community that can help with this. You have been prepared with skills for individual work as well as group work. In short, you are much more equipped as a leader in the region, and can advocate for the needs of Vietnamese elders and their families, in general, as well as Vietnamese trauma and torture survivors, more specifically. What specific action steps do you believe you can and will take as a Peer Companion to help promote greater access to services, awareness of resources, and quality and quantity of services in the community?
2. The STEP training emphasized numerous topics and awareness, increased confidence and skills, and attention to individual activities and group work. Please write ten main themes or topics that you learned during this entire course. For each of these items, state specifically what you learned, your reactions, and how helpful it assist you with being an effective Peer Companion.
3. The Peer Companion has many roles in which she or he can serve with the Vietnamese community. Please summarize the primary roles that you anticipate you will face. When you do this, please put these in priority order, starting with the one that you believe you will be most involved with. For each role, identify what you believe are your strengths, your areas of concern, and ways that you can improve yourself.

Certificate of Achievement

_____**INSERT NAME HERE**_____

Has successfully completed the
Peer Companion Training Program
Qualifying to serve the STEP program, providing assistance to Vietnamese seniors
and trauma survivors through peer outreach.

September 7, 2007

Nguyen Dinh Thang, Ph.D.

Executive Director
Boat People SOS

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Director, Center for the Advancement of Public Health
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Boat People SOS
Meeting Urgent Needs Today Empowering Vietnamese Communities for Tomorrow



Center for the Advancement
of Public Health



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