PEER COUNSELING

This program involves finding, training and utilizing consumers, (individuals with disABILITIES) or persons with disABILITY related experiences, who exemplify independent living. These persons (peer counselors) will work directly with consumers or other disABLED individuals experiencing similar problems and or a disABILITY. Sessions will be on an individual basis primarily, although a peer group may be indicated at times.

All peer counselors will complete DCIL's peer counseling training program before being utilized as peer counselors. This includes an 8-10 week training program. This training is scheduled at regular intervals during the year, i.e. fall and early spring. All persons who meet the criteria, demonstrate an interest and successfully participate in the initial introductory screening process can participate in the training.

The Counseling Coordinator and the Volunteer Coordinator work together closely in training and supervising peer counselors. In addition to the actual training process, the Counseling Coordinator is responsible for the guidance and supervision of peer counselors in direct consumer contacts. The Volunteer Coordinator is responsible for scheduling and coordinating the peer counseling process.

A monthly supervision group may be offered to all counselors that successfully complete the training whether they are currently active in a counseling role or not.

Individual supervision of peer counselors is available as needed and upon request.

Skills learned during the peer counseling training may include but not be limited to the following:

Assertiveness Crisis Intervention Awareness of disABILITIES: Social and psychological aspects Sexuality and DisABILITY Listening skills Problem solving Identification of feelings The difference between thinking and feeling statements Independent Living Advocacy

A DESCRIPTION OF THE PEER COUNSELING ROLE

- 1) Your Role:
 - a. You are in the program as a volunteer
 - b. A part of this training will be to discuss your role, in confidence, with a professional and a group of peers
 - c. As a helpful peer, you sometimes function as a counselor. In your role of peer counselor, you have direct access to consultation and supervision from a professional counselor.
 - d. You will have continuing access to a mutual support and shared leadership group of your peers also engaged in volunteer counseling
- 2) Advantages of a nonprofessional helper:
 - a. Similar social position, age, style of life, special interest, friendship group or disABILITY experience
 - b. Easier to relate to peer than professional authority
 - c. More personal involvement, flexibility in time and approach than with professional
 - d. Focus of treatment in "real world" rather than professional's office
 - e. Use of peer pressure for constructive influence
 - f. Provides an inexpensive context for giving and receiving human caring and mutual support
 - g. resources
- 3) What it takes to be an effective peer counselor:
 - a. Health, self-accepting attitudes/feelings/actions
 - b. Genuine, warm, positive regard for persons
 - c. Good social skills and willingness to model for helpees
 - Perceived as reinforcing (trustworthy, competent, attractive, likeable)
 - e. Attentive and active listening skills
 - f. Empathic understanding skills
 - g. Expressive communication skills
 - h. Effective problem solving skills
 - i. Able to confront self-defeating perceptions, conceptions, feelings, intentions or actions
 - j. Ability to be helpful without encouraging dependency
 - k. Able to assertively advocate in one's own behalf and to help others improve their self-advocacy skills

- 4) Major tasks of peer counselors:
 - Model and teach social and assertive skills a.
 - Model and teach empathic understanding skills b.
 - C. Serve as companion and friend
 - d: Help in crisis situations
 - e. Teach basic academic, vocational, recreational or psychosocial coping skills
 - f. Provide first-hand information about coping with disABILITY related experiences
 - Model and teach independent living skills g.
 - h. Human rights counseling and community development
 - i. Direct assistance to disABLED persons
 - j. Information and referral
 - k. support systems
- 5) Major ingredients of helping relationships:
 - Attitudes of respect, interest, and caring especially a. respect for confidentiality and the right of everyone to be wherever they are-on their way to wherever they are going--realizing that issues of personal and group accountability relate to choices about directions taken by the individual (actions or performance) -- not the value of the person
 - Must allow person his/her own separateness--he/she is b. responsible for him/herself
 - С. Be expressive as a person - really listen and communicate genuine feedback. Develop interpersonal style which is both empathic and assertive
 - d. Model, teach and reinforce personal growth concepts and skills

Taken from: New Vistas Training Program

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CRITERIA FOR ACCEPTANCE INTO PEER COUNSELING TRAINING

- 1) Person shows interest and aptitude for peer counseling.
- Person demonstrates appropriate sensitivity to feelings of others.
- 3) Person is disABLED or has had experience with disABLED persons, i.e. family members, students, etc.
- 4) Persons demonstrates ability to relate to a group.
- 5) Person demonstrates an aptitude for problem solving.
- 6) Person has positive attitude toward himself or herself and his or her disABILITY or towards disABILITIES.
- Person is willing to commit to regular attendance at Peer Counseling Training.

PEER COUNSELING TRAINING PROCESS

Interested person phones center, requests information on training and the application.

Peer Counseling Training application is sent to interested party.

Person completes application and returns to DCIL Counseling Coordinator or Volunteer Coordinator.

Person attends introductory screening interview.

Person is then notified of acceptance by phone.

Person enters the peer counseling training and completes 8-10 week training program.

Trainee completes the program. Successful completion is determined by trainee's participation and attendance. Only one absence is permitted for successful completion of training. Trainee must not miss session, usually the first one, that has the group bonding experience (Strength Bombardment Exercise.)

Trainee receives a certificate of completion of training upon successful completion of the training. Persons who have participated successfully in training, but have had more than one absence may receive a certificate of participation. This is at the discretion of the Counseling and Volunteer Coordinators.

If the peer counselor wishes to volunteer as a counselor, his/her name is then placed in a bank for match up with a consumer who needs a peer counselor or the peer counselor is placed with the agency of their choice with assistance from Volunteer and Counseling Coordinator.

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POLICIES FOR PEER COUNSELORS

1) Peer Counselors are directly responsible to Counseling Coordinator for supervision and guidance in consumer contacts and are responsible to Volunteer Coordinator for their peer counseling schedule and coordination of their hours.

2) Peer counselors are requested to phone DCIL when they need to be absent from their responsibilities at DCIL.

3) Peer Counselors and Peer counselor trainees are expected to maintain written records of their contacts with consumers, including amount of time spent with consumers. These go to the Volunteer Coordinator.

4) Peer Counselors must document in consumer's files on a monthly basis.

5) All Peer counselors are expected to respect and abide by consumer confidentiality without exception.

ISSUE OF CONFIDENTIALITY

All written information related to consumers of DCIL is confidential.

All Contacts with consumers are confidential. All discussions with staff or other approved professionals regarding consumers is confidential.

Any violation of the above may result in a probationary status of one month for the Peer Counselor.

Consistent violation of confidentiality will result in this person losing his/her privilege to function as a Peer Counselor at DCIL.

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