

# Peer Supporter Quick Reference Guide

CLINICIAN AND STAFF PEER SUPPORT PROGRAM



**BETSY  
LEHMAN  
CENTER**  
for Patient Safety

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# Walking through a peer-to-peer interaction



## 1. Introduction

- Initiate the conversation
- Introduce yourself as a peer supporter
- Explain the goal of the peer support team
- Ask how they are doing



## 2. Exploration

- Allow time for the expression of emotions...
- What are their thoughts...
- What are their reactions...
- What are their symptoms...



## 3. Information “Normalizing”

- Provide information
- Discuss destructive behaviors
- Discuss normal reactions to unusual situations



## 4. Follow-up

- Is another visit needed?
- Provide resources
- Direct additional assistance

## Listening skills: The basics

### Active listening

Restate or paraphrase what you have just heard without interpretation.

*What I hear you saying is....  
Do you mean...*

### Open-ended questions

Communicate to your peer that you are interested in hearing about their experience. These questions elicit descriptive responses (versus yes or no answers). Allow the individual to speak freely and encourage exploration.

*What were your thoughts when...  
Tell me more about ...*

### Clarifying questions

Gain a fuller understanding of your peer's experience. The purpose of this is not to learn the details of the event but to assist you in understanding your peer's needs and how you can help.

*Is there anything else you can tell me to help me better understand what this means for you?*

### Encouragers

Let your peer know that you are listening.

*Please go on.  
It's okay.  
I hear what you are saying.  
M-hum.*

### Feedback

Help pull together any disjointed thoughts or offer an interpretation of what you've heard.

*(Peer describes the event and the after effects in detail, tearfully.)  
You: It sounds like this has been very difficult for you.*

### Reframing

Help your peer see the experience in a different light or integrate new knowledge.

*I know that this experience has been very difficult for you and has transformed your life, but you are now using your experience to reach out and help others...*

### Normalizing

Break the isolation that the individual may feel while sharing such a personal experience. It helps your peer to realize that their feelings are not unusual and that they will be able to work through any pain or trauma.

*It's not unusual to have that kind of response...  
It's normal to feel (angry, betrayed, sad, etc.) after an experience of this kind.*

## Listening skills: Responses that empower

An easy way to remember these responses is to think of the first initial of each word, B.A.S.E.R.

### Believe

Believe that what your peer says is of concern to them.

Do not judge the content. Do not determine whether or not the facts are accurate. You are here to support the individual, **not investigate the case**.

### Affirm

*"I am glad that you chose to be here."* Acknowledge the courage it takes to reach out for support.

This may be their first time reaching out. Acknowledge this and assure them that you will try your best to assist.

### Support

Utilize your listening skills.

Empathize with and acknowledge their experience.

### Empower

Help your peer to identify their own choices of action.

Brainstorm self-soothing activities with them. *"How can you take care of yourself now. What helps?"*

### Refer

Offer to connect with them again.

Refer your peer to additional resources listed in your resource list. If you do not have needed resources on hand, offer to research additional sources of help and get back to them.

This section was adapted from *Reaching and Teaching Teens: A curriculum for Training Peer Leader*

## Listening skills: The do's and don'ts of good listening

### ☑ DO

#### Ways to be an engaged listener:

- Give your peer your full attention.
- Tell your peer that you care and are glad that they are talking with you.
- Share your concern for your peer's safety. Help them feel more safe and in control. Encourage the person to talk about their feelings.
- Validate your peer's feelings.
- Repeat back in your own words what you heard your peer say.
- Ask helpful questions.

#### It is essential to:

- Validate your peer's feelings by indicating that you understand them.
- Normalize their feelings by explaining that other people sometimes feel like they do.
- Let your peer know that they are not bad, weak or selfish because they have these feelings.
- If your peer expresses suicidal thoughts, acknowledge that these feelings are important to talk about. Be clear that you don't want your peer to harm themselves and stress that you are here to help.

### ☒ DON'T

#### Barriers to communication:

- Do not interrupt.
- Do not judge.
- Do not say the person's feelings or actions are unimportant, overreacting or wrong.
- Do not tell the person what to do.
- Do not try to solve the person's problems.
- Do not provoke guilt about how family and friends might feel.
- Do not offer false hope.

## Caring for yourself in the face of difficult work

Working in health care can be overwhelming. Our challenge is to maintain our resilience so that we can keep doing the work with care, energy and compassion.

### 10 things to do each day

- |                              |                               |
|------------------------------|-------------------------------|
| 1 Get enough sleep.          | 6 Focus on what you did well. |
| 2 Get enough to eat.         | 7 Learn from your mistakes.   |
| 3 Do some light exercise.    | 8 Share a private joke.       |
| 4 Vary the work that you do. | 9 Pray, meditate or relax.    |
| 5 Do something pleasurable.  | 10 Support a colleague.       |

### Switching on and off

It is your empathy for others that helps you do this work. It is vital to take good care of your thoughts and feelings by monitoring how you use them. Resilient workers know how to turn their feelings off when they go on duty, but on again when they go off duty. This is not denial; it is a coping strategy. It is a way they get maximum protection while working (switched off) and maximum support while resting (switched on).

#### How to become better at switching on and off

- Switching is a conscious process. Talk to yourself as you switch.
- Use images that make you feel safe and protected (switch off) or connected and cared for (switch on) to help you switch.
- Find rituals that help you switch as you start and stop work.
- Breathe slowly and deeply to calm yourself when starting a tough job.

This section was adapted from the ProQOL helper card. Visit [www.psychosocial.org](http://www.psychosocial.org) or [www.proqol.org](http://www.proqol.org) for more information.

## Common reactions to trauma

Everyone who experiences or witnesses a traumatic event will experience it differently. However, most reactions fall into four basic categories:

### Psychological and emotional

- Depressed mood
- Irritability
- Loss of interest or pleasure
- Drug or alcohol abuse
- Feelings of inadequacy and loneliness
- Loss of trust
- Perceived indifference from colleagues
- Anger, guilt, frustration
- Inability to think or concentrate
- Recurrent images or thoughts of the event triggered by non-specific events
- Distress when exposed to events that remind them of the trauma
- Hypervigilance with everything they do
- Desire to connect with others experiencing similar trauma

### Cognitive

- Inability to think or concentrate
- Feeling distracted

### Physical

- Trouble eating
- Fatigue
- Headaches

### Behavioral

- Hyperactivity or less activity
- Drug or alcohol abuse
- Social isolation
- Insomnia or sleeping excessively
- Strong need to talk about the event or read information surrounding the traumatic event



## Suggested articles to read and share

### **Care of the clinician after an adverse event**

By Stephen D. Pratt, MD and Bozena R. Jachna, MD

Adverse events and errors can lead to significant emotional responses by the clinicians involved. Subsequent care after an event may be suboptimal, leading to additional adverse events. Health care systems have a moral responsibility to care for second victims, and peer support appears to be one effective way of doing that.

### **Difficult events in patient care impact all staff, but support from peers can help**

By the Betsy Lehman Center for Patient Safety

Survey data collected from seven Massachusetts hospitals adds to the growing evidence that talking to a peer helps alleviate stress after involvement with a difficult event in patient care. The survey finds nearly 1-in-2 health care personnel experienced at least one difficult event in a 12-month period, with some reporting four or more such events. Personnel included not just doctors and nurses, but other clinical and non-clinical staff such as members of administrative, transport, security, and other teams.

### **Medical Error: the second victim. The doctor who makes the mistake needs help too**

By Albert W. Wu, MD

Physicians will always make mistakes. The decisive factor will be how we handle them. Patient safety and physician welfare will be well served if we can be more honest about our mistakes to our patients, our colleagues, and ourselves.

### **The Impact of Perioperative Catastrophes on Anesthesiologists: Results of a National Survey**

By Farnaz M. Gazoni, MD, Peter E. Amato, MD, Zahra M. Malik, MD, and Marcel E. Durieux, MD, PhD

This study examines the incidence of perioperative catastrophes and the impact of these outcomes on American anesthesiologists. A survey of more than 650 randomly selected anesthesiologists finds that a perioperative catastrophe may have a profound and lasting emotional impact on those involved and may affect his or her ability to provide patient care in the aftermath of such events.

### **The natural history of recovery for the healthcare provider “second victim” after adverse patient events**

By Susan D. Scott, PhD, RN, FAAN, Laura E. Hirschinger, RN, MSN, Karen R. Cox, PhD, RN, FACHE, FAAN, Myra McCoig, Julie Brandt, PhD, and Leslie W. Hall, MD, FACP

When patients experience unexpected events, some health professionals become “second victims”. These care givers feel as though they have failed the patient, second guessing clinical skills, knowledge base and career choice. Although some information exists, a complete understanding of this phenomenon is essential to design and test supportive interventions that achieve a healthy recovery.

**Trust: the 5 rights of the second victim**

By Charles R. Denham, MD

Historically, we have referred to “The Five Rights” when we consider medication safety. We deliver treatment to the right patient, with the right drug, at the right time, with the right dose, and use the right route. The purpose of this article is to propose five rights of our caregivers - five human rights that our health care leaders must consider as an integral part of a fair and just culture when patients are harmed during the process of care. They may be remembered by the acronym, TRUST (Treatment that is just, Respect, Understanding and compassion, Supportive Care, and Transparency and the opportunity to contribute to learning).

**What I Learned About Adverse Events From Captain Sully: It's Not What You Think**

By Marjorie Podraza Stiegler, MD

No one would have considered pulling Sully or Skiles or the flight crew members out of the river and asking them to head back to La Guardia and fly another leg. Yet in medicine, physicians are generally expected to continue caring for patients, sometimes without even a brief period of time to reflect or regroup.

## Additional resources

### Mental health helplines and support programs

[988 Suicide & Crisis Lifeline](#), U.S. Substance Abuse and Mental Health Services Administration and Vibrant Emotional Health

[The Emotional PPE Project](#)

[INTERFACE Referral Service](#), Williams James College

[Massachusetts Network of Care](#), Massachusetts Association for Mental Health

[Peer Assistance Program](#), The Massachusetts Nurses Association

[Physician Coach Support](#)

[Physician Health Services](#), Massachusetts Medical Society

[Riverside-Massachusetts Trauma Response Network](#), Riverside Trauma Center

[Support and self care for nurses](#), The Massachusetts Nurses Association

### Resources for managers

[Guide to managing stress in crisis response professions](#), Substance Abuse and Mental Health Services Administration

[Managing health care workers' stress due to COVID-19 virus outbreak](#), National Center for PTSD

[Supporting employees during traumatic events](#), Magellan Health

### Other resources

[Emergency responders: Tips for taking care of yourself](#), Centers for Disease Control and Prevention

[Building connections: Peer support as a powerful resource for resilience](#), Mindframe Consulting

[Tips for reducing anxiety and stress during the pandemic](#), video from the California Association of Family and Marriage Therapists (7 minutes)

[The art of stillness](#), TED Talk by Pico Iyer (15 minutes)

Virtual Hope Box on the [App Store](#) or [Google Play](#), National Center for Telehealth & Technology

[Coronavirus sanity guide](#), Ten Percent Happier

[Emotional wellness toolkit](#), National Institutes of Health