

Part 1: Peer listening

Module 1: Defining disasters
Module 2: Listening skills



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SPECIAL THANKS

- The Prince William Sound Regional Citizens' Advisory Council
 - Joe Banta, Project Manager for Environmental Monitoring (retired)
- Dr. Steve Picou, University of South Alabama
- United States Department of Agriculture
- Alta Pointe Health Systems
- Auburn University
- Baldwin County Mental Health Center
- Coastal Family Health Center
- Mississippi-Alabama Sea Grant Consortium
- National Oceanic and Atmospheric Administration



GROUND RULES

- We will be using the chat box. Please restrict conversations to the subjects being discussed.
- You will need access to a web browser for the activities. Use a second screen or your phone when the time comes.
- When it's time for sharing, please raise your hand if you'd like to speak and we will unmute you. Otherwise simply chat your questions or comments.
- Please be ready to learn, engage, and share.



PURPOSE OF THIS PROGRAM

To provide information and help to community residents impacted by disasters to reconnect and improve their community social support networks, establish emotional balance, improve coping skills, and regain the strength necessary to move forward.



COVERED IN THESE MODULES

DEFINING DISASTERS

Definitions of disasters
Description of impacts
Therapeutic communities
Corrosive communities

BUILDING LISTENING SKILLS

Types of support
Levels of communication
Basic listening skills
Ways to respond



**MODULE ONE OF
MS-AL SEA GRANT
PEER LISTENING**

Understanding disasters and
mental health

DISASTERS DEFINED

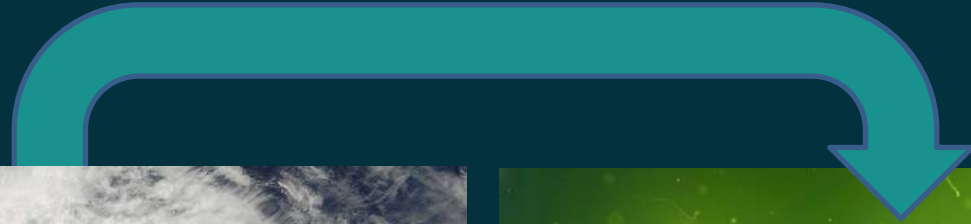
Disasters are large-scale events that are often unexpected; have definable beginnings; and cause death, trauma, and destruction of property.

GENERALLY SHARE THREE CHARACTERISTICS

- Threaten harm or death to large groups.
- Impact social processes, e.g., disruption of services, social networks, and community resources.
- Involve secondary consequences, like mental and physical health outcomes.



MULTIPLE TYPES OF DISASTER



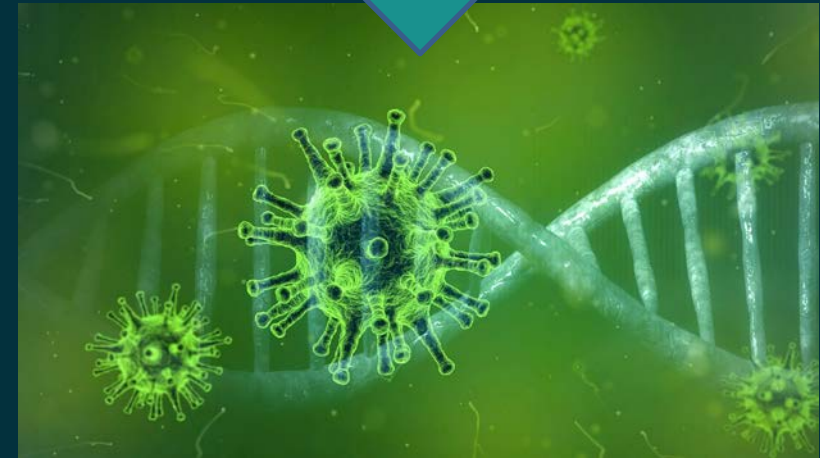
Technological

E.g., Oil spills, nuclear disasters



Natural

E.g., Hurricanes, volcanoes



Biological

E.g., Disease, insect infestation

A CLASSIFICATION OF DISASTERS

Cause	Technological	Natural	Biological
Non-Toxic	<ul style="list-style-type: none">• Dam collapse• Airplane crash• Explosion	<ul style="list-style-type: none">• Hurricane• Tornado• Flood• Earthquakes	<ul style="list-style-type: none">• Insect infestation• Rodents/vermin
Toxic	<ul style="list-style-type: none">• Oil spill• Chemical spill• Radiation leak• Toxic waste site	<ul style="list-style-type: none">• Radon• Gas	<ul style="list-style-type: none">• Harmful algal blooms• Disease epidemics

NATURAL DISASTERS

Generally lead to Therapeutic Communities

- “Nobody’s fault.”
- Pull together to restore community.
- Impacts typically short-lived.
- Repeated disasters for some, less uncertainty.



(U.S. Air National Guard)

THERAPEUTIC COMMUNITIES

- Characterized by outpouring of altruism.
- Sympathy from non-victims helps counter the stress/anxiety of impacted communities.
- Unexpected abundance of warmth and direct help.



TECHNOLOGICAL DISASTERS

Generally lead to Corrosive Communities

- Blame and competition.
- Anxiety and stress.
- Lack of social connectedness.
- Reduced healing.



CORROSIVE COMMUNITIES

- Characterized by
 - break down of social relationships,
 - fragmentation of community groups,
 - family conflict, and
 - use of self-isolation as a primary coping strategy.
- Lack of sympathy from non-victims leads to guilt and resentment.
- Declining support capabilities of local mental health programs limit treatment options.
- Pattern of continuing deterioration of culture and organization can compound issues.



IMPACTS OF EPIDEMICS ON MENTAL HEALTH

Ebola

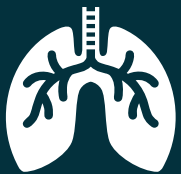


- Stigmatization of family/community.
- Depression and discrimination.

H1N1



- Increased fear/anxiety mirroring media coverage of cases/deaths.



SARS

- PTSD, depression, anxiety.
- Health workers/women > risk 1 year post-epidemic.



MERS

- Emotional distress.
- Fear of infection.

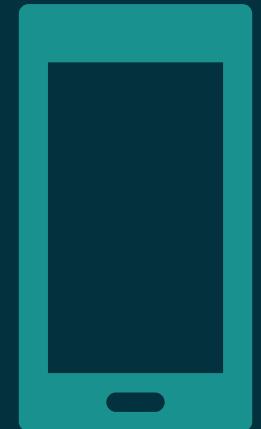
ACTIVITY: IDENTIFYING DISASTER IMPACTS

- 1) Use your phone or computer and go to sli.do.
- 2) Type in Event Code: **#44830**.
- 3) Type in your responses to the following question:



Poll 1: Drawing from your own experiences and observations, type in the impacts you think COVID19 has had on individuals.

Poll 2: Drawing from your own experiences and observations, type in the impacts you think COVID19 has had on communities.



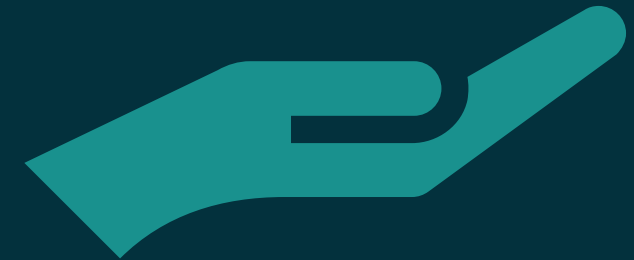
Please keep sli.do open but minimized, we will be using the same poll again!

**MODULE TWO OF
MS-AL SEA GRANT
PEER LISTENING**

Building peer listening skills

FORMAL SOURCES OF SUPPORT

- Formal support includes individuals and agencies in the community that are designed to provide support, such as churches and mental health agencies.
- Formal support services are rarely sought by disaster victim's who do not perceive themselves nor wish to be labeled as "mentally ill."
- In addition, in rural communities, formal support services are often very limited.
- Self-help groups can be another source of formal support for individuals in need.
- For chronic disaster impacts, **formal support systems may be overburdened** and professional staff experience burn out!



EXAMPLES OF FORMAL SUPPORT

Mental Health	Occupational/Financial
Individual Therapy	Loan Services
Group Therapy	Government Programs
Treatment Programs	Employment Services
Crisis Intervention	
Hospitalization	
Self-help Groups	

INFORMAL SUPPORT

A *Peer Listener Network* can serve as an **informal support service** for community members, particularly for those individuals who are reluctant to use formal support networks.



INFORMAL SUPPORT

- In natural disasters, people can have a strong desire to separate from others.
- In biological disasters, people are asked to isolate themselves from others.
- In both cases, overcoming the feelings that come with isolation takes discipline.



PEER LISTENERS

- Having someone to talk to is a key component of recovery from trauma.
- A peer listener is trained in communication skills.
- Peer listeners can serve as liaisons between disaster survivors and community resources.
- Peer listeners assure confidentiality and trust.



HOW TO BE A PEER LISTENER



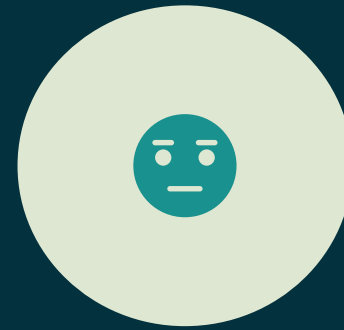
BE THERE FOR
OTHERS



LISTEN AND
WATCH



REVIEW YOUR
COMMUNICATION
SKILLS



NORMALIZE
FEELINGS
AND
BEHAVIORS



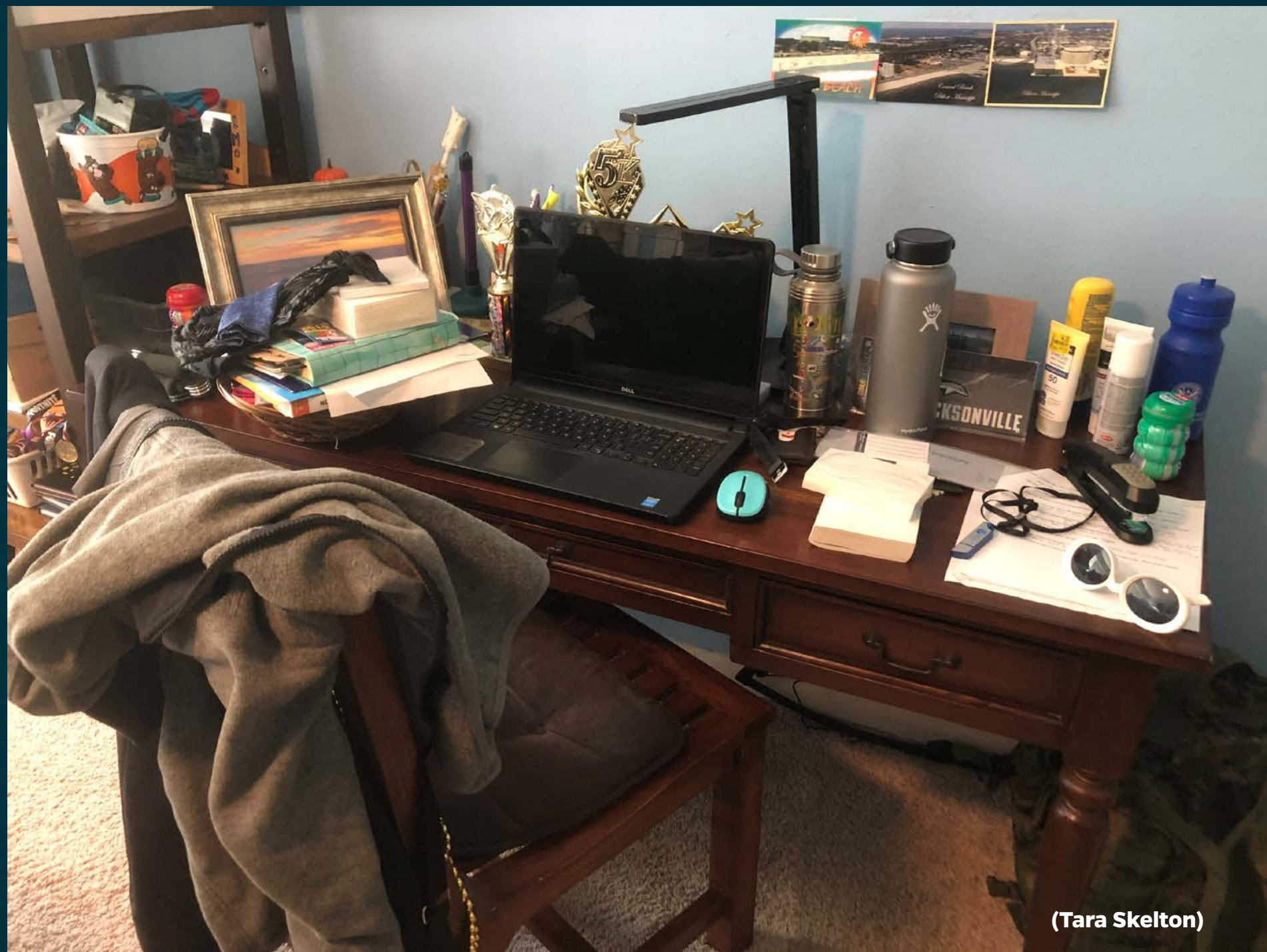
TAKE CARE OF
YOURSELF

NONVERBAL ISSUES

Physical
environment

Physical space

Negative or
distracting
body language



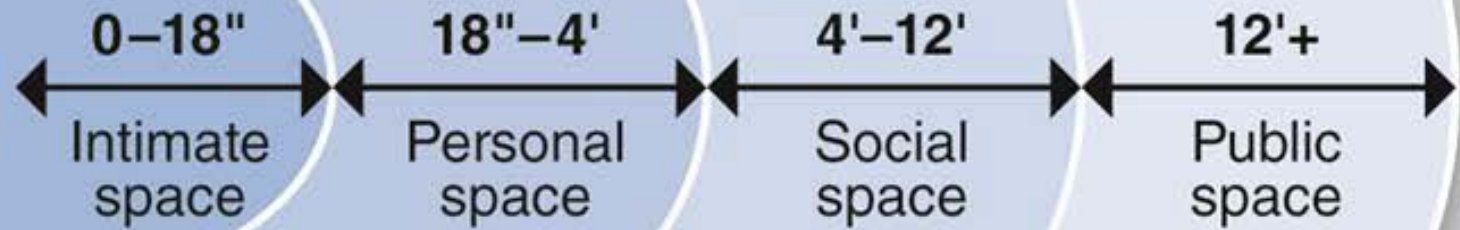
(Tara Skelton)

Friends,
Extended Family

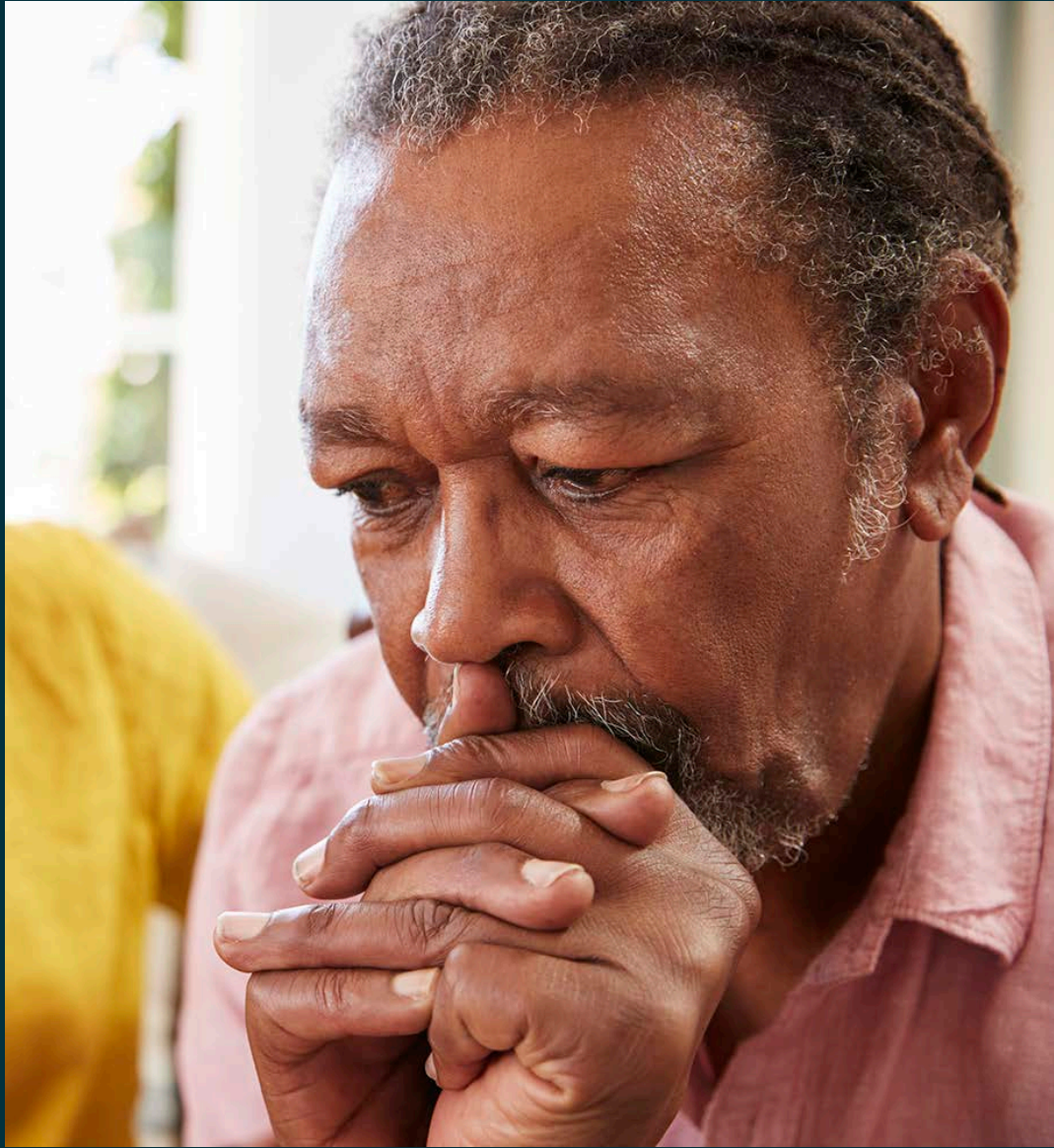
Acquaintances,
Colleagues

Passer-by,
Stranger

Partners,
Core Family



(Steven McCornack)



NONVERBAL INDICATORS OF EMOTION

Emotional Cue	Body Language	
Anxiety	Cold or clammy hands Perspiring Shallow breathing	Tightened muscles Altering interpersonal distance Side view
Anger or Opposition	Tightened jaw Arms folded across chest Intense eye contact	Tightened muscles Clenched fists Side view
Depression or Helplessness	Hunched shoulders	

NONVERBAL INDICATORS OF EMOTION

Emotional Cue	Body Language
Lack of Trust	Side view
Boredom	Foot jiggling, leg swinging, finger tapping, knuckle cracking Yawning, nodding off Eating, gum chewing, smoking Playing with objects, playing with hair Shifting positions Reading, watching TV
Distracted	Rummaging through things Playing with clothing, hair, other objects Scratching Interrupting Tapping fingers or pencil, clicking pens Eating, drinking, smoking

KNOWLEDGE CHECK

Name at least one nonverbal cue that could clue you in to someone exhibiting boredom.

Type your answers in the chat box.



RECOGNIZING AND RESPONDING TO PERSONALITY TRAITS

Use the chart to answer this question:

If someone is soft spoken, how should you respond to them as a peer listener?

Personality Trait	How to Recognize Trait	How to Respond to an Individual with Trait
Dominant	<ul style="list-style-type: none">• Assertive• Task-focused• Tell-oriented• Independent• Dominating	<ul style="list-style-type: none">• Get to business• Stay on topic• Focus on results
Analytical	<ul style="list-style-type: none">• Logical• Detail-oriented• Systematic• Indecisive• Detached from feelings	<ul style="list-style-type: none">• Be on time• Be prepared• Be factual and logical• Follow up in writing
Expressive	<ul style="list-style-type: none">• Spontaneous• Creative• Expresses emotions• Risk-oriented• Persuasive	<ul style="list-style-type: none">• Praise them• Paraphrase• Focus on big picture• Socialize
Amiable	<ul style="list-style-type: none">• Soft-spoken• Team-oriented• Emotional• Cooperative• Dependable	<ul style="list-style-type: none">• Be genuine• Be patient• Be relaxed• Invite conversation• Offer assurance

VERBAL PROMPTS

Levels of Communication

Level I: “Small talk,” informal conversation (“It sure has been cold lately”) serves purpose of breaking the ice, establishing a mutual interest on an equalizing topic.

Level II: Catharsis – venting feelings, sharing problems, frustrations; someone with an intense need or who is expressing emotions needs a listener with empathy who will “just listen” – nod, say “I see,” and not jump in with advice or criticism.

Level III: Exchange of information – provide information or “advice,” help solve a problem.

Level IV: Persuasion – trying to influence someone, alter their emotions or plan of action.



LISTENING SKILLS

Following Skills are used to break the ice (**Level 1**):

- Door openers.
- Minimal encouragers.
- Infrequent questions.
- Attentive silence.

“I see.”

“Uh-huh.”

“I know what you mean.”

**“Most people do not listen with the intent to understand; they listen with the intent to reply.”
-Stephen R. Covey**

LISTENING SKILLS

Reflecting and Prompting Questions are used to clarify and understand:

- Rephrase the message – “You seem very frustrated with ..”
- Use open questions – “How did that make you feel?”
- Avoid why questions and judgment – “Why didn’t you...?”

So you’re feeling...

It sounds like...

Can you say more about
that?

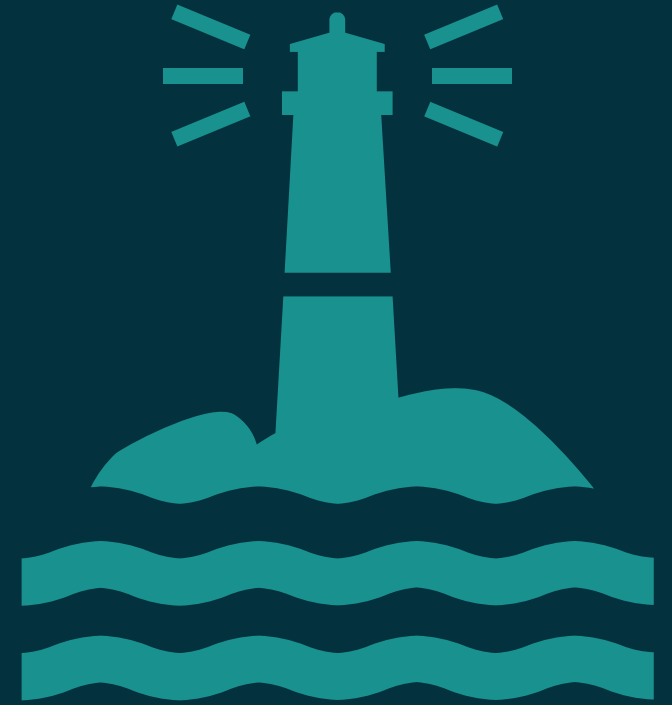
What have you already tried?

What options are you considering?

What would you like to happen here?

RESPONSE TYPES

- Evaluative – Not Recommended
- Interpretative
- Supportive
- Probing
- Understanding



EXAMPLES OF RESPONSE TYPES

Evaluative Responses (not recommended for peer listeners):

- What I think you should do is...
- You shouldn't get so upset about...
- You should learn to...

Can have a negative impact on listening session.

Can sound threatening and reinforce feelings of despair.

EXAMPLES OF RESPONSE TYPES

Interpretive Responses offer insight on feelings and behaviors:

- Your problem is...
- You believe that...
- The reason you're saying that is...
- You're thinking that way because...

These responses lead them towards finding their own interpretations rather than offering advice.

EXAMPLES OF RESPONSE TYPES

Supportive Responses let people know you are concerned about their feelings:

- I am here to help.
- Do not give up.
- Things will work out.

Be careful not to provide false reassurance. Help them to put things in perspective.

EXAMPLES OF RESPONSE TYPES

Probing Responses reflect a desire for more information:

- Why do you think that's so?
- What kind of a plan do you have to...?
- How do you feel when...?
- Can we come up with a plan?

EXAMPLES OF RESPONSE TYPES

Understanding Responses paraphrase what the person said in your own words:

- You're so upset about...
- Sometimes you're so angry you feel like...
- You're really frustrated.
- You feel happiest when...

KNOWLEDGE CHECK

- **True or False:** The most common response style peer listeners should use is evaluative responses.



WHAT NOT TO SAY

- I know how you feel.
- You shouldn't feel that way.
- It was God's will.
- You've got to get on with your life.
- You've got to be strong.
- You should be over that by now.
- You're so lucky to still have...



WHAT NOT TO SAY

- Good will come out of it.
- Do not worry.
- Time heals all wounds.
- You'll get over it.
- You shouldn't talk (think) about it.
- Why didn't you...?



SUMMARY SUGGESTIONS FOR COMMUNICATION



Stop talking.



Get rid of distractions.



Be interested and show it.



Tune in to the other person.



Concentrate on the message.

SUMMARY SUGGESTIONS FOR COMMUNICATION



Look for the
main ideas



Watch for
feelings



Look at the
other person



Notice non-
verbal
language



Hold your
fire

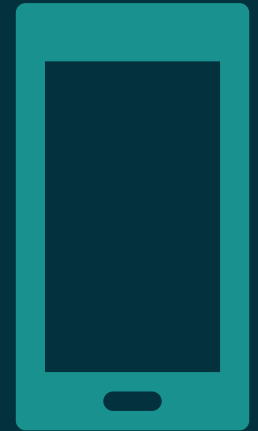


Attentive
silence

ACTIVITY: WHAT MAKES A GOOD PEER LISTENER

- 1) Use your phone or computer and go to sli.do.
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- 3) Type in your responses to the following question:

Poll 3: What qualities should a good peer listener possess?



Part 2: Peer listening



Module 3: Recognizing Common Symptoms
Module 4: Seeking and Providing Support

REFERENCES

- Erikson, K. (2010). A New Species of Trouble: Explorations in Disaster, Trauma and Community. *Europe's Journal of Psychology*, 175-179.
- Freudenburg, W. R., & Jones, T. R. (1991). Attitudes and stress in the presence of technological risk: A test of the Supreme Court hypothesis. *Social Forces*, 69(4), 1143-1168.
- James, P. B., Wardle, J., Steel, A., & Adams, J. (2019). Post-Ebola psychosocial experiences and coping mechanisms among Ebola survivors: a systematic review. *Tropical Medicine & International Health*, 24(6), 671–691.
- Jeong, H., Yim, H. W., Song, Y.-J., Ki, M., Min, J.-A., Cho, J., & Chae, J.-H. (2016). Mental health status of people isolated due to Middle East Respiratory Syndrome. *Epidemiology And Health*, 38.
- Lee, A. M., Wong, J. G. W. S., McAlonan, G. M., Cheung, V., Cheung, C., Sham, P. C., Chu, C.-M., Wong, P.-C., Tsang, K. W. T., & Chua, S. E. (2007). Stress and psychological distress among SARS survivors 1 year after the outbreak. *Canadian Journal Of Psychiatry-revue Canadienne De Psychiatrie*, 52(4), 233–240.
- Mak, I. W. C., Chu, C. M., Pan, P. C., Yiu, M. G. C., & Chan, V. L. (2009). Long-term psychiatric morbidities among SARS survivors. *General Hospital Psychiatry*, 31(4), 318–326.
- Wong, L. P., & Sam, I. C. (2010). Temporal changes in psychobehavioral responses during the 2009 H1N1 influenza pandemic. *Preventive Medicine*, 51(1), 92–93.



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