

Part 2: Peer listening

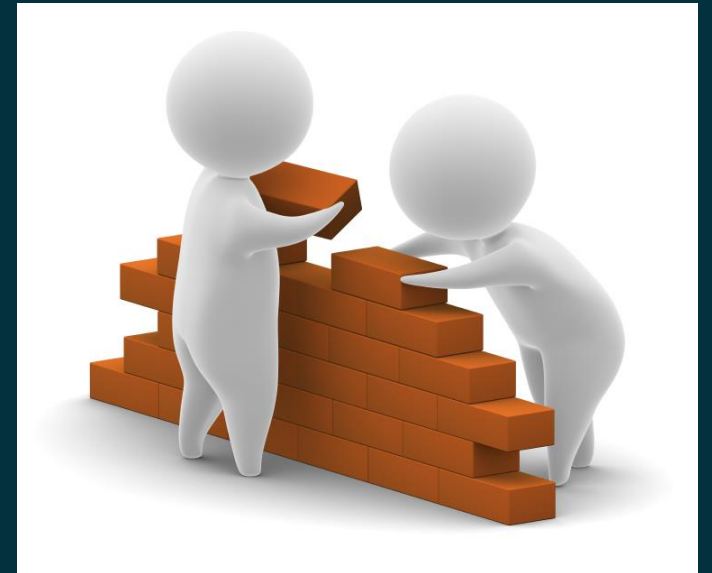


Module 3: Recognizing Common Symptoms
Module 4: Seeking and Providing Support

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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

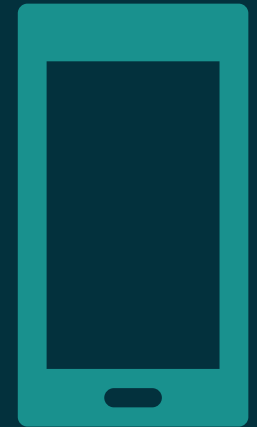
- Please restrict conversations in the chat box to the subjects being discussed or technical issues.
- You will need access to a web browser for the activities. Use a second screen or your phone when the time comes.
- When it's time for sharing, simply chat your questions or comments. Please chat to all panelists and attendees.
- Please be ready to learn, engage, and share.



ACTIVITY

Write down your responses to the icebreaker question(s):

- Where do you live (city or state)?
- Where do you work (city, state, agency, or program)?
- Where are you sitting right now while taking this training (city, state, or physical location)?



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

RECOGNIZING SYMPTOMS

Individuals/populations at risk
Anger, depression, PTSD, suicide
Substance abuse
Domestic violence
Ambiguous loss

PROVIDING SUPPORT

Referrals
Intervention
Coping skills/self-care
Review



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

**Recognizing Common
Symptoms**

AT-RISK POPULATIONS

Those who have

- A history of mental illness,
- Experienced acute trauma during the current disaster, or
- Suffered from one or more additional stressors.



AT-RISK POPULATIONS

Increased vulnerability for those who have

- Experienced frustration and uncertainty regarding economic impacts,
- A sense of ambiguous loss,
- Lost faith in political institutions,
- A history of past emotional problems, and/or
- Experiences with long-term corrosive social cycles.



POTENTIAL ISSUES FOR AT-RISK INDIVIDUALS

Anger

Depression

PTSD

Suicide

Abuse

**Ambiguous
loss**

ANGER AND DISASTERS

- Anger is one of the most common emotional reactions to disaster.
- Even in a natural disaster, some may blame others.
- Some may displace anger onto institutions and agencies in charge.
- Anger is a part of the grief response.



COSTS & BENEFITS OF ANGER

Positive aspects of anger

- Energizes and motivates
- Can enable efficient expression of feelings to others
- Can help alleviate tension
- Can give one a sense of control



COSTS & BENEFITS OF ANGER

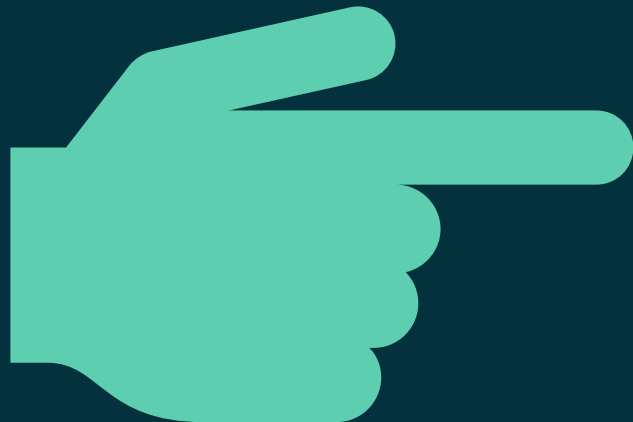
Negative Aspects of Anger

- Can disrupt thoughts and actions preventing clear thinking
- May prevent recognition of other's feelings
- May cause impulsive or aggressive behavior
- May mask true emotions when used as a defense mechanism



ANGER & BLAME

- Blaming is an effort to understand and control.
- Blaming a victim—attempt to justify bad things
- Blaming self—can lead to depression
- Blaming others can lead to anger, particularly when those to “blame” are out of reach.



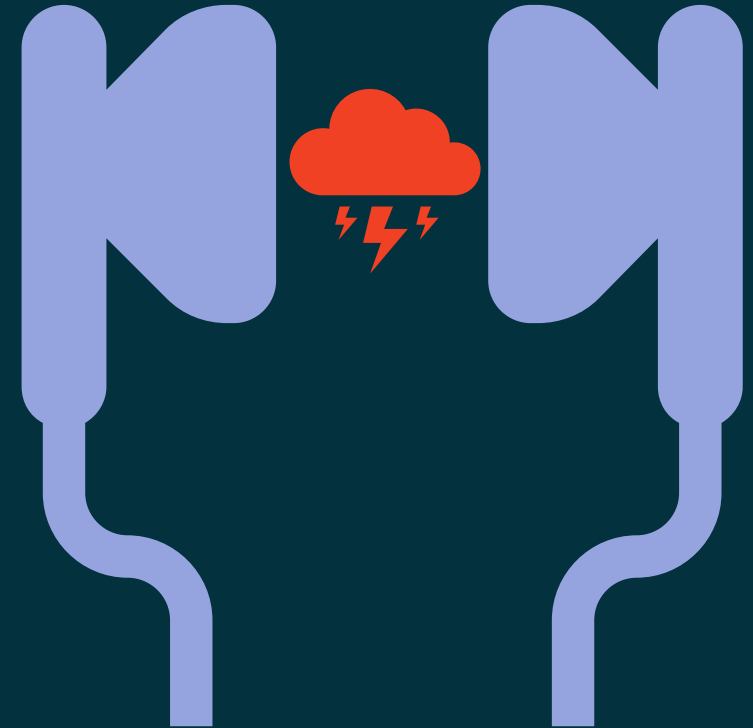
COMMON THOUGHT DISTORTIONS



- Overpersonalization—they are responsible for all bad
- Overgeneralization—they think their thoughts are true for all
- Awfulizing—they think of the worst
- Black/White—they live in the extremes
- Negative filtering—all they experience confirms their anger

LISTENING TO ANGER

- Use active listening.
- Show empathy.
- Allow for reflection.
- Summarize their feelings.
- Try to validate, not change, how they feel.



KNOWLEDGE CHECK

Think back on our discussion about anger.

What are some positive aspects of anger?
Choose all that apply.

We'll be using a poll; all answers are anonymous
by design.



DEPRESSION

SIGNS AND SYMPTOMS

Frequent depressed mood

Decreased interest in things

Crying

Change in appetite/weight

Sleep disturbance

Feeling slowed down

Loss of energy

Low self-esteem

Poor attention/memory

Hopelessness

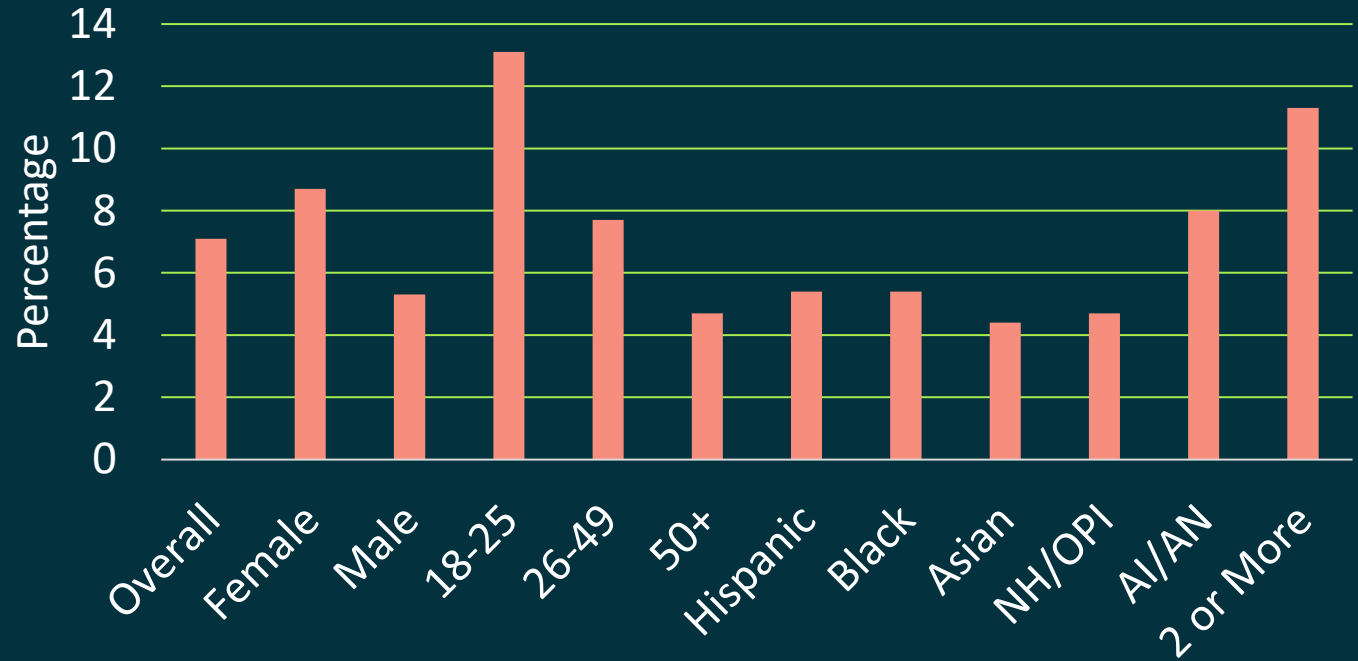
Thoughts of death/suicide

FACTS ABOUT DEPRESSION

- In 2017 >17 million adults (18+) had 1 or more major depressive episode (7.1% all U.S. adults)
- 8.7% of women; 5.3% of men
- 11.3% of multiracial individuals
- Prior depression increases risk for future depression
- Symptoms can last for years

Prevalence of Major Depressive Episode Among U.S. Adults (2017)

Data courtesy of SAMHSA



SEX	AGE	Race
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HELPING THE DEPRESSED PERSON



- Encourage participation in activities that once gave pleasure.
- Offer emotional support
- Engage in conversation and listen carefully.
- Use active listening; validate their feelings.
- Help the individual get appropriate diagnosis and treatment.

POST TRAUMATIC STRESS DISORDER (PTSD)

Caused by intense
fear of serious harm

May result from
chronic distress

Intense distress
when reminded of
the event

Flashbacks
and
nightmares

Recurrent,
intrusive
memories

Physically and
emotionally
disabling

PTSD SYMPTOMS

Arousal Symptoms

Sleeping difficulties

Irritability, anger

Difficulty concentrating

Hyper vigilance

Easily startled

Avoidance Symptoms

Avoids thinking about disaster/trauma

Avoids reminders of the disaster/trauma

Loss of memory around disaster/trauma

Decreased interest in activities

Feeling detached from others

Restricted feelings

Pessimistic outlook

SUPPORT FOR ANGER, DEPRESSION, & PTSD

LISTENING

- Do not give advice or make judgments.
- Share the joys of success.
- Share the pain and frustration of failure.

EMOTIONAL SUPPORT

- Offer unconditional support; we all need people willing to be on our side in a difficult situation.
- You do not have to be in total agreement with what they are doing.

PHYSICAL SUPPORT

- Help with childcare, eldercare, or pets
- Help with yardwork, housework, or chores

SUPPORT FOR ANGER, DEPRESSION & PTSD

Affirming Skills:

- Work skills—affirmations come from others in the same field
- Personal skills—affirmations come from those we trust

Providing Challenge:

- Challenging ourselves/others prevents stagnation.
- Pushing ourselves/others to do our best can help to overcome obstacles.

Playing:

- Having fun with others allows us to be ourselves.
- Humor and play can help provide new and fresh perspective for challenges.



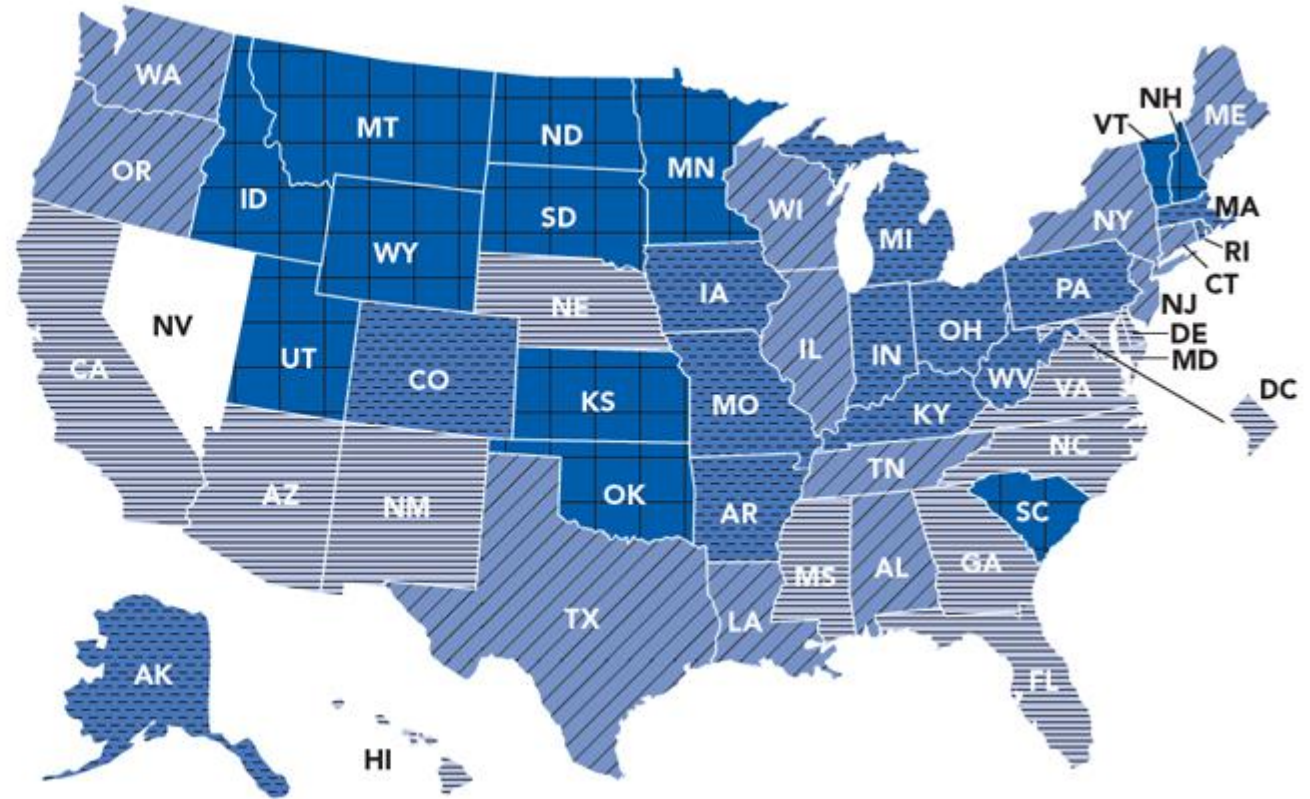
FACTS ABOUT SUICIDE

- A leading cause of death in the U.S.
 - >47,000 deaths by suicide in 2017
- >50% of suicides had no known mental health condition
 - 84% were male
- 80-95% of people who attempt and complete suicide give warning signs.
- Improvement in depression often precedes suicide.
- The rate of suicide among Native Americans is twice the national average.
- Rates have been increasing in nearly all states for 20+ years.



RATES OF SUCIDE INCREASING IN MOST STATES

Suicide rates rose across the US from 1999 to 2016.



SOURCE: CDC's National Vital Statistics System;
CDC Vital Signs, June 2018.

COMMON PREDICTORS OF SUICIDE

- Depression or other mental disorder
- Alcohol or other substance abuse
- Suicidal ideation, talk, preparation
- Prior suicide attempts
- Isolation, living alone, loss of support
- Hopelessness, cognitive rigidity



FACTORS CONTRIBUTING TO SUICIDE

Relationship
issues
42%

Recent crisis*
29%

Substance
abuse/misuse
28%

Physical health
problems
22%

Job/financial
problems
16%

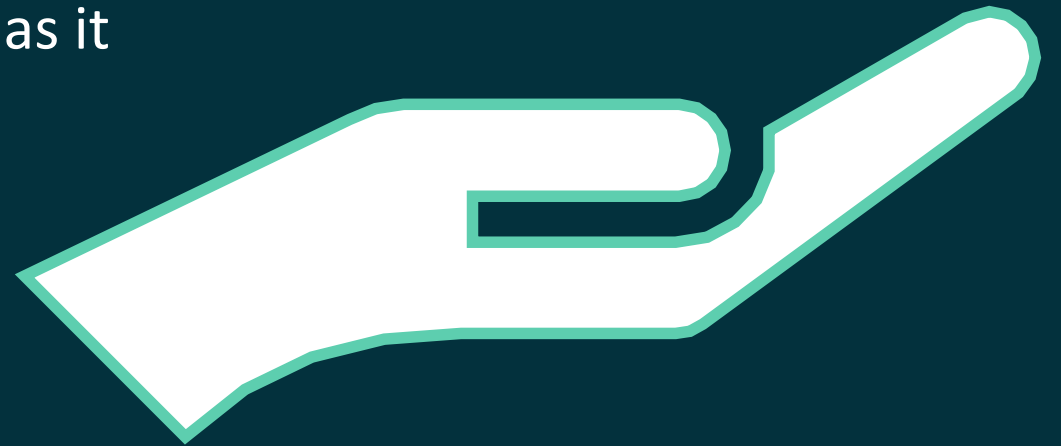
Criminal legal
problems
9%

Loss of
housing 4%

*two weeks in the past or future

ASKING ABOUT SUICIDAL THOUGHTS

- **Ask the person**—“Sometimes when people are having problems like yours, they think about hurting themselves. Is this happening with you?”
- Or “That’s quiet a load for one person to carry. Has it made you think about hurting yourself?”
- **Ask about plans**—
 - “Tell me what you would do.”
 - “What were you planning to do?”
- **Ask about means**—
 - “Do you have a gun/pills/poison (or whatever they would use)?”



HOW TO RESPOND TO SUICIDE RISK

- **“No Harm” agreement**—Ask them to commit to not harming themselves.
 - Have them say (and sign), “No matter what , I will not harm myself, by accident or on purpose.”
- **Referral for treatment**—
 - Low risk: provide resources then follow-up to gauge use/contact with resource.
 - High risk: refer **immediately** for treatment.
- **No confidentiality** – Serious concerns about suicide should not be kept confidential!

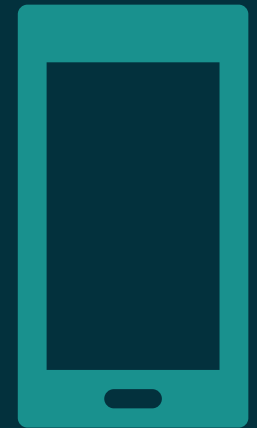


ACTIVITY

Write down your responses to the following scenario:

“Thinking about how to respond to suicidal cues.”

Potential scenario: A friend/colleague says "It doesn't even feel like life is worth living anymore." OR "My family would be better off without me." How might you react? What might you say?



ALCOHOL AND SUBSTANCE ABUSE

- 12.7% of adults in the U.S. have a problem with alcohol (1 in 8 American adults are alcoholics).
- Men develop alcohol dependency at a greater rate than women.
- Alcohol and other substance abuse are factors in many suicides, homicides, and crimes.
- Alcoholism is associated with domestic violence and child abuse.



WARNING SIGNS OF ALCOHOL ABUSE

- Overall pattern of increased use
- Morning drinking or secretive drinking
- Social or occupational impairment
- Drinking daily
- Tremors or shakes when not drinking



PATTERNS OF ALCOHOL ABUSE

- **Chronic drinking:** the individual drinks large amounts every day until intoxicated; plans his/her life around drinking and social and occupational impairment is evident.
- **Social alcoholic:** the individual drinks primarily evenings and/or weekends with minimal cravings and work is not usually affected.
- **Binge drinking:** the individual has periods of abstinence from alcohol followed by periodic binges. During a binge, they may be intoxicated for days.



TREATMENT FOR ALCOHOL & SUBSTANCE ABUSE

- **Alcoholics Anonymous (AA):** 12- step support group that encourages complete abstinence.
- **Detoxification:** A medically supervised withdrawal from alcohol; necessary to prevent Delirium Tremens (DTs) in heavy, chronic, or binge drinkers.
- **Inpatient treatment:** Generally follows AA model, with inclusion of relapse prevention, education, and medication, if necessary. Also includes a heavy emphasis on group support.
- **Outpatient treatment:** Programs generally are similar to inpatient care and can be as effective as inpatient if the individual has adequate support and can abstain in an unsupervised setting.

KNOWLEDGE CHECK

Which of the following is **NOT** a warning sign of alcohol abuse?

- Tremors and shaking when not drinking
- Overall pattern of increased use
- Social or occupational impairment
- Inconsistent explanations for injuries



DOMESTIC VIOLENCE

Types of Domestic Violence	Examples
Physical Violence	Acts designed to injure, hurt, endanger, or cause physical pain.
Emotional Abuse	Acts intended to shame, insult, ridicule, embarrass, demean, belittle, or mentally hurt another person.
Sexual Abuse	Acts meant to force someone to have sex when they don't want to, engage in sex acts they do not like, having sex with others or watch others, or making reproductive decisions against someone's wishes.
Reproductive Coercion	Acts that include refusing to use a condom or other type of birth control, or forcing the use of same, forcing an abortion, or preventing someone from getting one.
Financial Abuse	Acts that restrict someone's access to their accounts, reduce or limit access to employment, and/or the use or misuse of someone else's money/accounts.
Digital Abuse	Acts that include harassing someone on social media, text, or email.

DOMESTIC VIOLENCE

- On a typical day, domestic violence hotlines nationwide receive over 20,000 calls.
- In the United States, an average of 20 people experience intimate partner physical violence every minute.
- 1 in 4 women and 1 in 9 men experience severe intimate partner physical violence, sexual violence, and/or stalking.
- 1 in 10 women have been raped by an intimate partner.
(Data is unavailable on male victims)



Domestic violence is prevalent in every community.

DOMESTIC VIOLENCE

Unexplained
burns/bruises

Withdrawal &
signs of
depression

Low self esteem

Dependency

Chronic discipline
problems

Unwillingness to
go home

Severe
nightmares or
exaggerated fears

Note: There is no behavior that is totally indicative of abuse, nor does the absence of signs mean abuse has not occurred.

DOMESTIC VIOLENCE IN A COVID-19 WORLD

- 22% increase of minors contacted the National Sexual Assault Hotline to report abuse this March.
- 67% of minors identified their abuser as a family member and 79% said they were currently living with that abuser.
- Police have reported increased rates of domestic violence calls amid the stay-at-home order.



(Ulrike Mai, Pixabay)

KNOWLEDGE CHECK

True or False: Only women experience domestic violence.



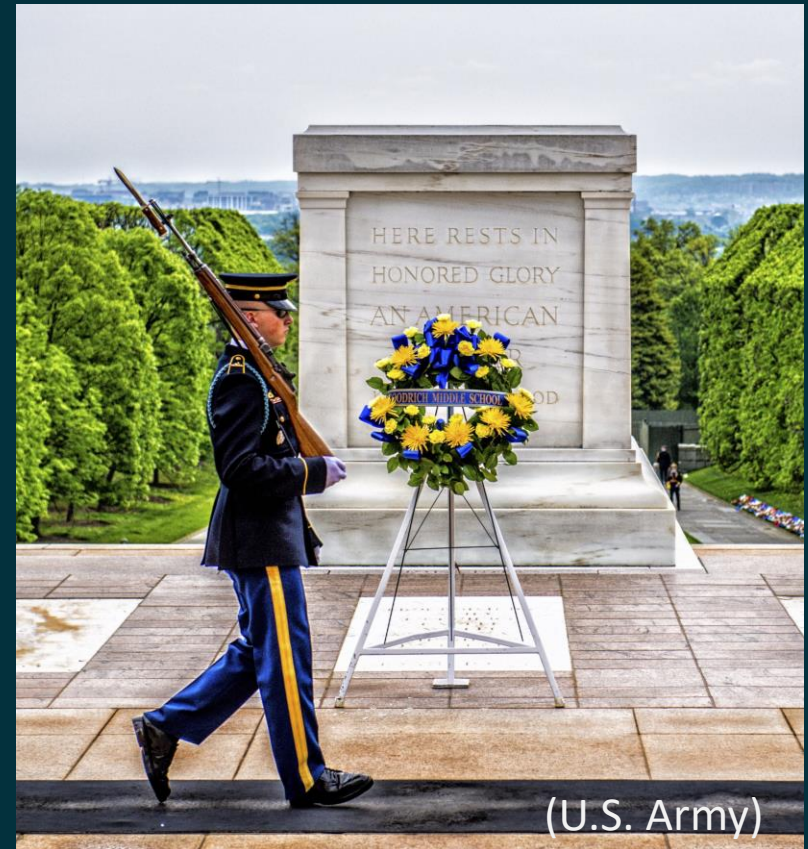
AMBIGUOUS LOSS

- Occurs without closure or clear understanding
- Leaves a person searching for answers
- Delays the grieving process
- Examples
 - infertility
 - disappearance of family member
 - death of an ex-spouse
 - family member with dementia or Alzheimer's
 - loss of dreams
 - cancelled events



TYPES OF AMBIGUOUS LOSS

- **Physical presence/psychological loss**—the person is still physically there but is psychologically absent
 - general lost feeling
 - confusion as to what has happened and why
- **Psychological presence/physical loss**—the body of a loved one is no longer around but they feel present
 - feel there's a chance they will come back
 - can happen across generations (families of victims of the Holocaust)
 - can cause post-traumatic stress disorder



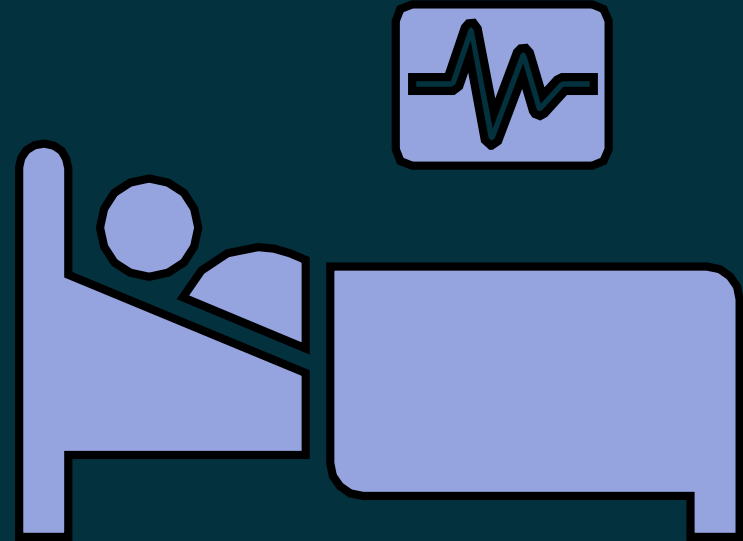
HELPING OVERCOME AMBIGUOUS LOSS

- This is a major challenge for peer listeners and therapists.
- Be collaborative partners for ambiguous loss.
- Encourage comfort or fun.
- Help to reconstruct hope.
- Encourage optimism. Optimism adds resilience.
- Encourage accepting what is unavoidable and the maintenance of spirituality.



AMBIGUOUS LOSS IN A COVID-19 WORLD

- Not being able to see a loved one in the hospital
- Canceled elected surgeries, such as reconstructions, leaving people with a feeling of not being “made whole”
- Not being able to attend a funeral
- Cancelled or postponed special event such as a wedding
- Cancelled sports seasons, proms, graduations
- Separation from family

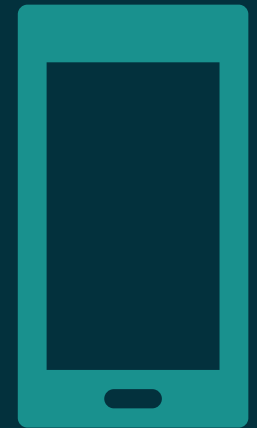


It's hard to talk about these silent losses because we fear that other people will find them insignificant and either dismiss them or expect us to “get over them” relatively quickly.

ACTIVITY

Write down your responses to the following questions:

- What examples of ambiguous loss have you heard about or experienced?
- How does it make you feel to listen to stories of loss?



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

Seeking and Providing Support

REFERRALS

- There will be times when your role as a peer listener is not enough and a referral is needed to help align your friend with a professional.
- A referral could be legal, financial, emotional, or spiritual help (or a support group or mental health specialist).
- Don't hesitate to admit you don't know how to solve the problem.
- Guide your friend in considering courses of action or resources for help.
- Be willing to help the person find someone who might be able to help if you cannot and make sure they know you care.

WHEN TO MAKE A REFERRAL

- When you're in over your head
- When you feel persistently uncomfortable
- When you believe that improvement is “impossible” or the situation is “hopeless”
- When the person you visit with says, "nothing is helping" or what you provide the person isn't helping
- When there is an obvious change in speech and/or appearance
- When the person continues to be so emotional he or she can't communicate
- When there is ongoing deterioration of life (social and physical)

WHEN TO MAKE A REFERRAL

- All the person discusses are physical complaints
- There is a sudden onset of memory confusion
- You see signs/know of substance abuse
- Hallucinations, delusions, or severe pathology
- Threats of self-harm or harm to others
- Aggression and abuse (verbal and physical)
- If the situation seems horrible or unbearable
- Most importantly, if you're unsure, then refer!



PREPARING FOR REFERRALS

- Plan a caring confrontation (free from rush or distraction)

“I am bringing this up because I care about you.”

“I’ve been worried about...”

- Protect Privacy

Private space

No interruptions

- Discuss specific behaviors

Have a list of the behaviors your friend is exhibiting
(withdrawal, anger, depression)



PREPARING FOR REFERRALS

Ask

Ask what they think or feel

- Being confronted about an emotionally painful problem is stressful.
- It may be hard for him/her to respond to your concerns.
- Check for understanding and support attempts they make to respond.

Listen

Listen to reasons for not seeking help (what barriers may exist)

- They are afraid to be labelled as mentally ill.
- They cannot afford the consultation fee.
- They do not know what to expect.
- They have personal fears about confronting the problem.

Locate

Locate community resources

- Offer to call a counselor or go to the first appointment.
- Leave the name and number of a good counselor with your friend.

Support

If rejected, continue to be supportive

- Don't be discouraged.
- It may take time.

INDEPENDENT INTERVENTION



- Contact agency and speak to the intake worker.
- Identify yourself and describe the relationship with the person.
- State your view of the problem and note how long it has existed.
- Ask what follow-up the agency will take and what you can do.

KNOWLEDGE CHECK

You need to refer your friend to a mental health specialist or therapist if:

- You think they may harm themselves or harm others.
- You are able to actively listen and they express feelings of relief.
- You feel continually uncomfortable with the conversation.
- They tell you their spouse is driving them crazy.

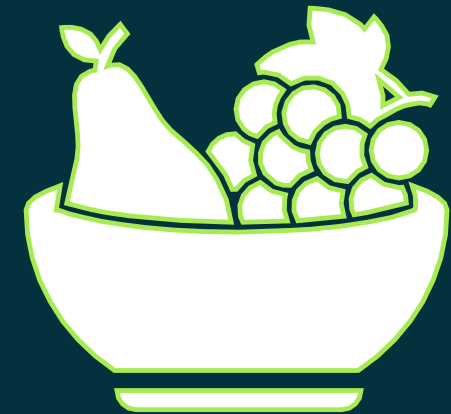


PUT THE OXYGEN MASK ON YOU FIRST,
THEN REMEMBER TO KEEP IT ON



COPING SKILLS

- Make time for physical exercise.
- Go outside.
- Eat healthy food.
- Stay connected with friends, family, colleagues.
- Get adequate sleep (plan for 7-8 hours).
- Seek opportunities for relaxation.
 - Use breathing exercises, stretching, yoga, meditation
- Plan and take vacations.
- Continue old or discover new hobbies.



Focus On What You Can Control



SELF-CARE TIPS FOR WORK

- Establish a routine.
- Set start and end times for work.
- Complete the most important tasks first and select a limited, realistic number to complete for the day.
- Manage your email inbox.
- Set deadlines.
- Take breaks and check in on yourself physically and mentally throughout day.
- Intentionally plan for time away from work.

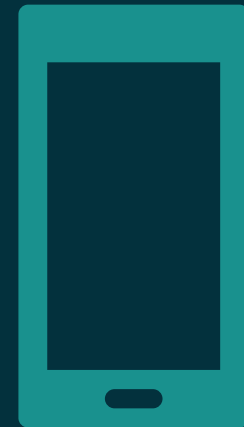


(Madison Inouye, Pexels)

ACTIVITY

Write down your responses to the following question:

- List an example of a coping skill that is important to a peer listener's self-care.



REVIEW: 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.
- Bloom in your own garden of relatives, friends, and neighbors.



PEER LISTENERS ARE...

- Genuine – real in their relationships, without façade or front
- Empathetic – understand and share the feelings of another
- Caring in a non-possessive way
- Accepting without imposing conditions or judgments
- Willing to let others have the responsibility for their own growth and change



PEER LISTENERS ARE...

- Aware of their own limitations- their strengths and weaknesses
- Willing to learn new skills to listen better and help more effectively
- Committed to their personal growth and the well-being of their own families
- Understand the importance of “connecting conversations” for a strong community



Simply being a friend
“I love my community.”
“I care about you.”
“I will help you.”



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