Peer Counseling at College of Charleston

Acknowledgments:

We wish to thank the following students who proposed Peer Counseling at College of Charleston and conducted months of research.

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Peer Counseling at College of Charleston

Philosophy

Peer Counseling is a strictly confidential, free service available to College of Charleston students. We provide attentive and supportive listening (without offering advice) because we believe that it helps to be heard. Without judgment or criticism, we offer a safe place and a caring person to discuss anything that is on a Peer’s mind. We also provide information about campus and community resources for coping with life.
Thank You.

We wish to thank the Peer Counselors. We recognize your valuable contributions to the well-being of your fellow students. We appreciate the time and energy you will spend in training, listening to peers, staff meetings, developing your skills, and program maintenance and development. We hope you will let your assigned advisor know of any ways we can be of assistance to you.

Sincerely,

The Peer Counseling Advisors
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Overview

The following information will serve to outline the roles and responsibilities of peer counselors. Our hope is to provide you with a greater understanding of the therapeutic process as well as to dispel any preconceived notions that you may hold in regards to what is necessary to provide students at the CofC with counseling support.

Mission Statement

Peer Counseling is a service for College of Charleston students offered by College of Charleston students. Peer Counselors provide therapeutic listening, help with decision making, and referrals for various campus and local services and activities. All of this is offered in a confidential, non-judgmental environment. The program is supported by CofC’s Counseling and Substance Abuse Services and other CofC faculty and staff. Peer counselors also provide and participate in health education initiatives.

Objectives

As a result of participating in Peer Counseling at College of Charleston, Peers will report:

1. Increased confidence in facing stressors
2. Improved interpersonal functioning
3. Experiencing of support and respect from Peer Counselors
4. Increased effectiveness in decision making processes

Increased insight into their feelings and concerns

5. Increased self-awareness
6. As a result of participating in Peer Counseling at College of Charleston, Peer Counselors will report:
7. Support from advisors
8. Preparedness to provide peer Counseling Services
9. Improved interpersonal communication skills
10. Increased confidence in their ability to help peers
11. Increased utilization of coping skills
12. Improved listening skills
13. Improved objectivity when listening
Counselor Characteristics

Carl Rogers (1961) postulated that three conditions are "necessary and sufficient" for therapeutic change to occur.

First, the counselor must be genuine. Synonyms for this concept include congruent, authentic, transparent, and nonexploitive. Being genuine implies that the counselor must be aware of his or her own feelings and not be afraid to allow the client to see them.

The second condition, unconditional positive regard, is also known as therapist warmth, liking, prizing, or agapé. This nonpossessive, nonerotic love must also be nonjudgmental; that is, the counselor must have high regard for the client regardless of what is said or done.

The third condition is empathic understanding, also referred to as sensitivity or simply empathy. Of the three conditions, this is perhaps the most crucial. It implies the ability to see the world through the client's eyes, to recognize fully and accurately the client's feelings, and to convey to the client that he or she is, in fact, being understood (Horan, 1979).

Characteristics of a successful peer counselor:

- Effective interpersonal communication skills
- Active listening skills
- Tolerance
- Empathy, genuineness, and respect for others
- Commitment to helping others
- The ability to interact with a variety of people
- Willingness to accept and uphold standards of ethical conduct such as confidentiality of information
- Willingness and ability to work within the philosophy and goals of the program
The Eight Commandments of Peer Counseling
D’Andrea & Salovey, 1983)

Whether you are simply listening to another person’s problems, actively helping someone make a critical decision, or counseling someone during a crisis, there are eight important rules to keep in mind.

1) Be nonjudgmental.
2) Be empathic (not a brick wall).
3) Don’t give personal advice.
4) Don’t ask questions that begin with “Why.”
5) Don’t take responsibility for the other person’s problems.
6) Don’t interpret (when a paraphrase will do).
7) Stick with the here and now.
8) Deal with feelings first.
Training Components

In accordance with the mission statement and objectives noted above, Peer Counselor training will focus on the acquisition of basic counseling skills including but not limited to, active listening techniques, reflective listening techniques, decision making models, crisis intervention, and ethical models and considerations.

Basic Counseling : Key Concepts

What is genuineness?
• Patients find it difficult to be genuine if therapists are not
• Honesty, Sincerity, Congruence
• Say and do what is comfortable and natural
• Does not mean: instant intimacy
• Spontaneity - comments real vs. rehearsed
• Self Disclosure: Cautions 1) moderate level 2) concisely 3) parallel client message

What is Empathy?
• Putting self in client shoes
• Sensitivity to meaning of what client says
• Recognize what thoughts/feelings signify
• Listening with the 3rd ear
• Mistakes: Fail to listen attentively; excessive focus on content vs. meaning
• Avoid overuse of direct empathy (“that must be difficult”)

What is positive regard?
• Unconditional acceptance
• Suspend judgment and criticism
• Listen with an open mind
• Respond in neutral manner
• Powerful for client experiencing shame
• Use enhancing statements
• Demonstrate commitment
• Immediacy - as it happens; Use “I”
What is a working alliance?

- Mutual understanding of goals
- Shared commitment to treatment tasks
- Attachment needed to weather strains
- Stronger the alliance, more likely to stay and benefit
- Must be skilled in techniques needed to help with problem

Ethics

- Responsibility
- Competence
- Moral Standards and Values
- Public Statements and Competence
- Confidentiality
- Welfare of Client and Power
- Professional Relationships and Intimacy

What is Warmth?

- Atmosphere: Relaxed; feel appreciated for who they are; person’s dignity preserved; autonomous; safe; secure
- When Peers feel genuinely cared about, want to work on self more
- Does not mean: sympathy; passivity
- Does mean: friendly; compassionate; receptive; non-controlling; non-judging

Basic Counseling Skills

Minimal Attending

- Eye Contact
- Look at the person most of the time.
- Communicate caring: “I am with you. I’m listening.”

Body Posture

- Be comfortable, be relaxed, and lean forward slightly.
- Be aware of personal distance.
- Avoid distracting gestures or fidgeting.
Facial Expressions

- Don’t be a brick wall!
- Display appropriate empathy.

Following the Person’s Lead

- Don’t interrupt; don’t change the subject.
- Listen, don’t talk.
- Don’t share experiences (“Oh, I’ve been there…”).

(D’Andrea & Salovey, 1983)

Applying the Core Conditions

1) Empathy: The helper responds with accuracy to the helpee’s deeper, as well as, surface feelings. For empathy to exist as a core condition, this understanding must be communicated to and be understood by the helpee. See his/her point of view. / Check your understanding.

2) Respect: The helper cares deeply for the human potential of the helpee and communicates a commitment to enabling the helpee to actualize his/her potential. Treat the helpee with the utmost respect.

3) Concreteness: The helper involves the helpee in discussion of specific feelings, situations, and events regarding his/her emotional content; the helper facilitates a direct expression of all personally relevant feelings and experiences in concrete and specific terms. Respond specifically.

4) Genuineness: The helper is completely spontaneous with his/her interaction and open to experiences of all types, both pleasant and hurtful; and in the event of hurtful material, the helper’s comments are employed constructively to open further areas of exploration. The helper is being him/herself and employing genuine responses constructively. Your words, tone and behavior should all portray the same message. Be congruent.

5) Self-Disclosure: The helper gives the impression of holding nothing back and of disclosing feelings and ideas fully and completely to the helpee. This is NOT intended as an opportunity for the helper to process his/her own issues. To prevent the discussion from focusing on the helper, it is wise to disclose feelings and not facts surrounding the content.

6) Confrontation: The helper highlights the helpee’s discrepancies in a sensitive and perceptive manner. Discrepancies occur at both the verbal and nonverbal level and are a signal of conflicting emotions. Confrontation brings the conflict to a conscious level.

7) Immediacy: The most difficult of the facilitative Core Conditions to operationalize, yet it can be best described as the helper’s direct and explicit manner of relating the helpee’s expressions of himself in the “here and now.” This is illustrated in two ways: a) the helpee discussing a past event is obviously living in the past. An “immediate counselor understands this and addresses the current aspects of the past issues, and b) the helper takes every opportunity to refer to the helper-helpee relationship as a model of the helpee’s manner of establishing and maintaining relationships.
Techniques for Active Listening

The term active listening refers to **everything that someone might do in order to be not only listening to a person, but also letting that person know that he or she is being listened to.**

We all use certain cues to let people know we are listening to them. Examples are: nodding our heads in agreement, saying “Mm hmmm,” opening our eyes in shared disbelief at something, etc. The following examples are specific verbal behaviors that carry that process even further, indicating that we are not only listening, but that we are also thinking actively about what is being said (or shown to us), regardless of whether we agree or disagree with it.

All of these techniques can be learned and practiced, polished, in fact, into a high art. They range in complexity from simple restating what a person says (actually not so simple) to reflecting feelings, validating a perception, or confronting an inconsistency.

1. **Restating:** Repeating what a person says using slightly different wording. You can emphasize one part of a message over another, using specific word choices and/or vocal tone and emphasis.

2. **Asking questions:** Getting more information, clarifying details. This usually ensures that you understand what you’ve been told, but can also direct attention to unconsidered issues.

3. **Focusing:** Stepping back and clarifying exactly what the conversation is about. This method helps regain perspective about how it all fits together.

4. **Reflection of Feelings:** Identifying what you perceive as the feelings underlying what a person is talking about, or in some cases, what they are talking around. This can alter the intensity of the conversation.

5. **Validating:** Legitimizing a person’s statements or stance by indicating that it makes sense to you, given what you see as the underlying feelings the person seems to have.

6. **Confronting:** Identifying some inconsistency or incongruity between what a person says and how he or she is acting or between different statements he or she has made. (This must be done gently and supportively)
**Reflective Listening**

<table>
<thead>
<tr>
<th>Speaker’s Comments</th>
<th>Negative Response</th>
<th>Reflective Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Crying) Sam and I just broke up.</td>
<td>Well, good riddance.</td>
<td>You seem to be in a lot of pain.</td>
</tr>
<tr>
<td>I’m so sick of hearing my folks fight. I could just scream.</td>
<td>Do you think they’ll split up?</td>
<td>I can see that you are hurt by their fighting</td>
</tr>
<tr>
<td>I finally got an “A”! (blah, blah, blah)</td>
<td>Oh, yeah, well once I …</td>
<td>Yeah! You’re really happy about that “A.”</td>
</tr>
<tr>
<td>I’m the only one who didn’t get invited to lunch.</td>
<td>That’s no big deal.</td>
<td>And sometimes being left out hurts.</td>
</tr>
<tr>
<td>I didn’t get Friday off.</td>
<td>We don’t always get what we want.</td>
<td>You seem frustrated.</td>
</tr>
<tr>
<td>Work is impossible!</td>
<td>Why don’t you just tell your boss (blah, blah, blah).</td>
<td>Are you feeling bummed out with work?</td>
</tr>
<tr>
<td>I am really mad that you talk so meanly to me.</td>
<td>Oh, so I’m mean, huh?!?</td>
<td>I see that you’re angry with me. You think I talk meanly to you.</td>
</tr>
<tr>
<td>I don’t know what I’ll do now that my friends have moved away.</td>
<td>Get out and meet people.</td>
<td>Are you feeling lonely?</td>
</tr>
</tbody>
</table>
The following material is adapted from *Peer Counseling: Skills and Perspectives* (D'Andrea & Salovey, 1983):

**Paraphrasing**

A PARAPHRASE is a brief, tentative statement that reflects the essence of what the person has just said.

**A good paraphrase:**

- Captures the essence of what the person said; leaves out the details
- Conveys the same meaning but usually uses different words
- Is briefer than what the person said
- Is clear and concise
- Is tentative

**Reasons for using paraphrase include:**

- **To check perceptions:** When you paraphrase what you think people have said, they can react to your paraphrase and tell you whether it is accurate or inaccurate.
- **To clarify:** Hearing an accurate paraphrase helps clients clarify what they are thinking and feeling. Often a paraphrase will bring up new thoughts and feelings.
- **To give accurate empathy:** An accurate paraphrase demonstrates that you are listening and that you understand. In effect, a good paraphrase says, “I am with you.”

**DO:**

- Keep it brief and keep it tentative!
- Use openings such as:
  - “Let me see if I’ve got it right…”
  - “Sounds like…”
  - “I think I hear you saying…”
  - “So, in other words…”
Summarizing

A summary is a cumulative paraphrase.

It captures the essence of what the person said. Like a paraphrase, it is brief and tentative.

Summarizing serves many of the same purposes as paraphrasing:

- It serves as a perception check.
- It demonstrates accurate empathy.
- It clarifies for you and the client.

A summary is not a sequential recounting of what the person said. A good summary organizes what has been said into a logical, usable form. It mentions both thoughts and feelings and ties them together. A summary helps people see where they’ve gone and where they are going.

Review of Listening Skills

Minimal Attending

- Making eye contact
- Relaxing your body posture
- Using a concerned facial expression and tone
- Using verbal following
- Responding with minimal verbal encouragers
- Using nonverbal encouragers

Asking Open Questions

- Beginning with “how” or “what”
- Encouraging expression rather than yes/no answers
- Clarifying, elaborating, working with feelings, and solving problems
- Staying clear and simple
- Avoiding “why” questions or leading questions

**Paraphrasing**

- Capturing the essence of what the person said
- Staying brief and tentative
- Checking perceptions
- Clarifying for the client
- Giving accurate empathy

**Working with Feelings**

- Identifying feelings
- Asking feelings questions and getting feelings answers
- Paraphrasing spoken feelings and reflecting unspoken feelings

**Defining and clarifying feelings**

- Having the client acknowledge and take responsibility for feelings
- Dealing with feelings

**Summarizing**

- Capturing the essence of what has been said, cumulatively, and putting it into a logical and usable order
- Being brief and tentative: “Is that right?”
- Creating closure or shifting modes

**Integrating Skills**

- Using open questions to encourage talking or to direct the conversation
- Using paraphrase to slow down the conversational flow and focus the conversation
- Exploring feelings before solving problems
- Summarizing to help wrap things up

(D'Andrea & Salovey, 1983)
Avoid Giving Advice

**Advice is typically given because** Peer Counselor:

- Is over-involved emotionally/personalizing
- Feels impatient with client progress
- Values fixing problem over patient learning
- Is not skilled or practiced at inquiry that stimulates client-generated answers

**The impact of Peer Counselor as “The Expert”**

- Disembowels - client depends on therapist
- Sends message: “You aren’t capable.”

**Advice - giving “Uh oh” Clues**

**Catch yourself making statements such as:**

- You need/ought to…
- I think that you should…
- It might be better to…
- What you might want to try is…

**Catch yourself when you are talking for longer periods than the client.**
Peer counselors do not have duty to protect/warn
Peer counselors have a responsibility to recognize signs, situations, etc. which may signal or precipitate suicide or self-harm and intervene appropriately to prevent such action.
★ Must take “cry for help” seriously, client and counselor are in clinical, ethical, and legal danger if suicidal crises are ignored or if appropriate action is not taken.

Essential Framework for Gathering Information Concerning Suicide
(Not an exhaustive listing of necessary information)

Is there a specific plan for suicide/self harm?
What is the lethality of plan?
What is the availability of method(s) to kill/harm self?
What is the proximity of helping resources?

Even veiled threats of suicide should be taken seriously and discussed in a clear and explicit manner. (Wobbling 1996):

- Are you thinking about killing yourself?
- Have you attempted suicide in the past?
- Do you have a plan?
- Do you have a means available to you?
- Will you make a no-suicide agreement to stay alive?
- Is there anyone close to you who could prevent you from killing yourself and to whom you could speak if you feel suicidal?

*20 factors associated with an increased risk of suicide to aid in assessment*

(Pope and Vasquez, as cited in Koocher & Keith-Spiegel, 1998, p. 17)

1. A direct verbal statement of intent
2. A plan of action
3. A history of past attempts
4. Indirect statements or behavioral signs such as giving away prized possessions
5. Depression
6. Feelings of hopelessness
7. Alcohol use
8. Certain clinical syndromes
9. Male gender
10. Older age, especially over 65 years
11. Caucasian ethnicity
12. Protestant religious affiliation
13. Living alone
14. Experiencing bereavement
15. Unemployment
16. Poor health
17. Impulsivity
18. Rigid thinking
19. Environmental stressors
20. Recent hospitalization
Crises:
1. Threat of harm to self or others.

2. Psychotic symptoms (out of touch with reality as evidenced by):

   1. Hallucinations (e.g. hearing voices, seeing things that others cannot see)
   2. Delusions (very unusual beliefs: e.g. paranoia, grandiosity)
   3. Grossly disorganized thinking or behavior

1. Threat of harm to self or others:

   1. Ask the person to clarify any statements that led you to your concerns
   2. Inquire about risk of harm and history of harm
   3. Ask for their name, telephone number, and residence
   4. Explore the Peer’s feelings and situation and hear the person out
   5. Stay with the person and remain calm
   6. Take the person seriously
   7. Attempt a “Safety Contract”
   8. Decide if the person is in crisis
   9. Make the peer aware of your concerns and of your commitment to their well-being

2. Psychotic Symptoms:

   1. Ask the person to clarify any statements that led you to your concerns
   2. Inquire about risk of harm and history of harm
   3. Ask for their name, telephone number, and residence
   4. Make the peer aware of your concerns and of your commitment to their well-being
   5. Decide if the person is in crisis
   6. Utilize College of Charleston’s safety procedure.

Crisis Procedure

If the Peer is suicidal, homicidal, or ambivalent about the Safety Contract, Utilize College of Charleston’s Crisis Procedure.

Call Public Safety (953-5611) from your cell phone
Public safety will page the On-Call CASAS counselor
The On-Call Counselor will consult Public Safety, Peer Counselor, and/or Peer via telephone
Risk Assessment Tool

<table>
<thead>
<tr>
<th>LOW</th>
<th>MEDIUM</th>
<th>HIGH</th>
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Where on the continuum is the person at risk at THIS time?

PLAN

- How long and to what extent do they think about it?
- Have they made or thought out a plan?
- How specific is the plan? What is the timeframe?
- Do they have access to the means? Have they touched it, held it, etc?
- How lethal is the means and plan?
- Have they “said goodbye”, given things away, or made any final arrangements?

HISTORY

- Have they ever tried suicide before? (How lethal was the attempt?)
- Is there any family history? Or close friends who have killed themselves?
- Is there any history of mental illness or psychiatric hospitalization?

LOSSES/STRESSORS

- What’s going on in their lives?
- How do they see or experience their situation?
- What degree of “hopelessness” is perceived?
- How do they see suicide as “helping”?

SUPPORT

- How alone does the person feel?
- What resources/strengths can be identified?

OTHER RISK FACTORS

- Is there current or recent drug or alcohol abuse?
- Are they intoxicated?
- Behavior changes? Eating, sleeping, involvement with others?
- How constricted is their thinking (tunnel vision)?
- Can they consider other options?
- Is there any talk of the future?
- Are they willing to get help?
- Are they willing to “contract for safety”?
Reminders for Helping People in Crisis…..

- **Crisis is very personally defined.**

  What’s crisis to me may not be crisis to you. How people view a situation, their past experiences and their beliefs can determine how they respond or experience an event. Respect and acceptance are critical.

- **People in crisis are not at their best. They are not always clear, nice, or easy to deal with!**

  The very nature of crisis is one of emotional upset. People can become very self-centered, panicky, and short tempered. Practice patience!

- **Respect and compassion are conveyed in our words and very strongly through our TONE of VOICE!**

  We must work to keep a calm, caring attitude – or our own irritation or reactions will come through and feed negatively into the situation.

- **Repeating or restating their question or concern lets them know you heard them, conveys understanding and allows you to be sure you got what they are expressing.**

  Understanding and good listening often helps ease anxiety and diffuse a crisis situation. Clarification helps avoid miscommunication.

- **Questions often express more than just a request for information – listen for the feelings.**

  They may need to talk, or may have something they are afraid to say or ask. People sometimes just need to be heard. Trust your gut and intuition. Invite them to share, refer when necessary.

- **Acknowledging or connecting with feelings conveys concern and compassion faster than anything else…..and it only takes a second.**

  “Sounds like you feel…” or “I hear how…you feel”
Peer Counselor Roles and Responsibilities

Examples of issues Peer Counselors may hear

1. Low self-esteem
2. Stress related to academic performance
3. Loneliness
4. Relationships
5. Personal substance abuse
6. Substance abuse among friends and family
7. Death of a parent, relative, friend or pet
8. Domestic violence, safety issues
9. Family/peer problems
10. Body image/disordered eating
11. Depression
12. Anxiety

Location: The Robert Scott Small Building, Third Floor
Health Education Office, Waiting Area, graduate Assistant Office and Classroom 319.

Help Line: 953-7411, located in Health Education, Graduate Assistant Office

Opening the Peer Counseling shift:

☐ Peer counselors will arrive at 5:00 p.m.

Peer Counselors on duty will ensure that the following are removed from the peer counseling office.

☐ Sound machines: Place on floor (and turn on) outside of office and classroom entrance.
☐ Brochures: Available in waiting area, directly outside health education office.
☐ Intake forms Place clipboard in office
☐ Schedule Display in office
☐ Communications book Display in office
☐ Open classroom and office for peer Counseling Sessions

- 1 Peer Counselor will begin as Host (from office) while the other peer counselor prepares to see peers from classroom. The Host will act as helpline operator as well.

- When the first Peer Counseling session has ended, that Peer Counselor will take over as Host,… Peer Counselors will rotate the Host position

- Peer Counselors will carefully avoid engaging in activities and or discussions that might lead Peers to feel that they are “interrupting”.

- All Peer Counselors will have cell phones on hand with Public Safety’s telephone number programmed 953-5611.
Host Responsibilities:

- Actively watch for Peers who are looking for Peer Counseling
- Warmly greet Peers and ask them to have a seat on the couch and complete the intake sheet
- Make 10 minute rounds to each room for safety checks
- Knock on Peer Counseling room doors after 45 minutes into each session (5 minute notice to wrap-up)

When not counseling Peers, Peer Counselors on duty will:

- Review Training Manual
- Review Crisis procedures
- Plan low-cost marketing strategies
- Note input and suggestions into the Peer Counseling Communications book
- Maintain e-mail account, respond to inquiries and enter into e-mail log.

Closing:

All Peer Counselors on duty will ensure that the following are locked in the peer counseling office
- Sound machines
- Intake forms
- Schedule
- Communications book
- Peer counselors will return key to first floor front desk

Staff meetings
We will meet every two weeks in the Counseling Center Classroom. The day and time are to be determined at the initial mandatory training.

Please be prepared to discuss observations, trends, program needs, and cases where you need may input. Do not mention any Peer’s name during this or any other time.

Trainings
Trainings will be offered throughout the semester and announced via e-mail. Peer counselors must attend 3 trainings.
Peer Counselor Participation

Weekly commitment

Peer counselors have committed to six hours of service weekly in connection with the peer counseling program. Not all of these hours will be completed during a designated peer counseling shift. The remaining hours may be completed by participating in marketing and development of the program, attendance to meetings and trainings, and participation in health education outreach.

The Point System

The point system was instituted in 2008 to provide peer counselors with a systematic way of reporting and keeping track of participation. Some of you may not be able to attend and/or participate in every peer counseling meeting, training or even outreach event, so the point system serves as a framework for promoting equal participation from all peer counselors.

Peer counselors are required to complete a total of 9 participation points each semester. The following outlines points associated with different activities:

Meeting attendance: 1 point
Advertising/marketing: 1 point
Training attendance: 1 point
Additional counseling shift: 1 point
Outreach and Education: 1 point

Peer counselors will be apprised of all opportunities to receive points, with as much advanced notice as possible. Points will be tracked by the appointed peer counseling coordinator. Peer counselors who are not in compliance with the point system will be placed on probation until point requirements are fulfilled.
Policies

View these policies in conjunction with your code of ethics

1. Refrain from any personal sharing or story-telling, focus on the Peer.
2. If a Peer turn out to be someone you know, or their concerns include someone you know… Inform Peer that there is a conflict and supportively assure them of confidentiality and your professionalism. Tell them you are committed to getting them great service -- by having them see another Peer Counselor.
3. Meet with Peers only during Peer Counseling hours, at the Peer Counseling center. Do not form outside relationships with Peers.
4. Use Peer Counseling session for all communication with peers (no calls, or e-mail to follow up)
5. Peer counselors do not report illegal acts.
6. The only possible exception to confidentiality is that you will do your best to intervene in any way if Peer is suicidal or intent on harming specific others.
7. There are no limits to the number of sessions a peer can attend. If you perceive a problem, discuss it in the weekly meeting.
8. Sessions are limited to 45 minutes.
9. Having a Peer request a specific Peer Counselor is unfeasible and may contribute to dependant behavior.
10. If you are ill or have an emergency, immediately contact your assigned advisor and use the Peer Counselors’ contact list to arrange shift-coverage.
11. Weekly meetings are mandatory.
12. Return all Peer Counseling correspondence promptly.
13. Your commitment is for 6 hours each week.
   Peer Counseling shift: 4 hours
   Marketing/development: 1 hour
   Meetings/Trainings: 1 hour
14. Last Peer Counselor is accepted at 8:15p. Close-up is 9p… for now
15. 1st come, 1st served, no appointments.
16. Do not attempt to counsel intoxicated peers. Try to arrange for their safe passage home. Invite them to return another day.
17. Dress code?
18. Depending on your comfort, you may counsel couples. This is tricky! We can offer training on this if desired.
19. Your assigned Peer Counseling Advisor (Dr. White, Elizabeth, Lindsey or Rachael) will be available to you throughout the semester. Be in touch with them about needs or concerns not covered in the weekly meetings. We will also contact you periodically to see how you are doing and to provide support.
CODE OF ETHICS: Peer Counseling at College of Charleston

Mission: Peer Counseling is a service for College of Charleston students offered by College of Charleston students. The program is supported by CofC’s Counseling and Substance Abuse Services and other CofC faculty. Peer Counselors provide therapeutic listening, help with decision making, and referrals for various local services and activities. All of this is offered in a confidential, non-judgment environment.

The success of the Peer Counseling program depends on you. It is important that you take your commitment and ethical responsibilities very seriously. To ensure that this experience is beneficial for both you and your peers, the following code of ethics must be followed at all times. _____ (Initial)

All information related to Peers is CONFIDENTIAL. Do not release information unless the Peer and/or a third party are in a life-threatening situation. Do not provide notes/excuses to instructors or others. Get permission from Peer Counseling advisors before using any Peer Counseling-related material in research, class work, or any purpose. Never discuss information related to fellow Peer Counselors. _____ (Initial)

Maintain INTEGRITY and OBJECTIVITY. High standards of personal conduct should be used at all times. All Peers should be treated with fairness, good faith and respect. _____ (Initial)

Be RESPONSIBLE for working in the best interest of the Peer and for providing the best level of service. Make skill effectiveness a priority – use practice, feedback and review. Respect that Peers have the right and responsibility to direct their own lives. Avoid offering advice and personal experiences. _____ (Initial)

DO THE SAFEST THING. If a Peer is engaging in life threatening behaviors, you will employ any method appropriate to preserve that Peer’s life. _____ (Initial)

Act with a RESPECTFUL and NON-JUDGMENTAL attitude. Be courteous and attentive. Recognize the Peer’s opinions and show concern for their feelings and situations regardless of cultural, sexual, and economic backgrounds. _____ (Initial)

Be OPEN-MINDED and HONEST about feelings, concerns, and any level of discomfort that you, the Peers, or fellow Peer Counselors may be experiencing. Be open to learning and receiving support from others. Offer your opinions and concerns so we can improve the program. _____ (Initial)

Be AWARE of your own well-being to the extent that you’re able to withdraw from Peer Counseling activities when your own personal problems could potentially interfere with your ability to conduct Peer Counseling. Make self-care a priority! _____ (Initial)

Be COMPETENT. Maintain active listening skills, knowledge of referrals, and crisis intervention skills and follow all policies and procedures. Recognize the boundaries of your training and skill level. Avoid misrepresentation of your qualifications. Do not offer services that are not part of Peer Counseling. _____ (Initial)

Maintain a PROFESSIONAL manner. As an ambassador for Peer Counseling, represent the service responsibly and accurately. Do not enter into or maintain a personal relationship with a Peer, either while actively involved with Peer Counseling or after your involvement ends. Never meet a Peer outside of the Peer counseling setting. _____ (Initial)

Signature __________________________________________
Date: ____/____/2007 (Adapted from 211 Hotline -- 6/13/06)
Resources

Peer Counseling at College of Charleston
Referral Information

Campus Resources

Counseling and Substance Abuse Services - 953-5640
Top Floor of Robert Scott Small Building, 175 Calhoun Street
CASAS can also offer detailed info on off-campus therapy referrals

Student Health Services - 953-5520
181 Calhoun Street

Public Safety
Located in the new garage on St. Philip Street between Calhoun & Vanderhorst Streets

Center for Student Learning – 953-5635
1st floor of Addlestone Library

Academic Advising and Planning Center – 953-5981
2nd floor Lightsey

Career Services – 953-5692
2nd floor Lightsey

CDS/SNAP Services – 953-1431
1st floor Lightsey

Community Resources

2-1-1 Hotline - Dial 211 (for cell phones – 744-help)
Hotline and multiple community resources!

People Against Rape 24 hour hotline at 745-0144

Alcoholics Anonymous (843) 723-9633
See website for schedules: http://www.area62.org/

Narcotics Anonymous 1-336-273-4204
See website for schedules: http://www.crna.org/

Emergencies: See manual. Remember to attempt to call Public Safety before dialing 911

http://www.cofc.edu/peercounseling/
List of peer counseling websites.
www.rci.rutgers.edu/~rccc/peer.html

http://www.drexel.edu/studentlife/ch/Peer_Main.html

www.columbia.edu/cu/nightline/

www.fas.harvard.edu/~casah/Services.html

http://www-leland.stanford.edu/group/bridge/

http://www.rci.rutgers.edu/~rccc/peer.html

http://students.adelphi.edu/sa/scc/pcc.php

http://su.wustl.edu/~unclejoe/

http://www.utexas.edu/student/cmhc/clearinghouse/PT011.html

http://hcs.harvard.edu/~room13/

http://news.ufl.edu/1999/12/27/peers/

http://jewel.morgan.edu/~peers/

http://cf.villanova.edu/undergraduate/csapd_peeroverview.htm

Recommended reading:
Peer Counseling
Skills, Ethics and Perspective
Second Edition, new and revised
edited by Vincent J. D'Andrea and Peter Salovey

ISBN 0-8314-0064-1
References


Appendices

Appendix A
Counselor characteristics and focus

Research on counselor effectiveness finds that the counselor’s personal characteristics may be the primary determinates of successful outcomes (Herman, 1993).

“Master Therapists” were found to have the following personal characteristics:

- Voracious learners
- Use accumulated experiences as resources
- Value complexity and ambiguity in humans
- Emotional receptivity
- Mentally healthy
- Aware of how emotional health affects their work
- Possess strong relationship skills
- Foundation for change is a strong working alliance
- Experts at using their exceptional relationship skills

(Jennings and Skoholt, 1999)

Other findings show that successful counselors posses these 10 characteristics:

1. Good will
2. Ability to be present for others
3. Recognition & acceptance of one’s personal power
4. Personal counseling style
5. Willingness to be vulnerable and open
6. Self respect
7. Willingness to serve as models for others
8. Willingness to risk and admit mistakes
9. Growth orientation
10. Sense of humor

(Corey et al., 1988)
Peer Counselor Focus

Effective counselors focus on the client’s **affective (emotional) states**.

(Bohart, 1993; Mahoney, 1991; Neimeyer, 1993; Safran & Greenberg, 1991; Teasdale, 1993)

Attention to **affect** is a critical route to change

(Greenberg & Korman, 1993).

The state of **affective involvement** is closely linked with clients’ perception of productive movement.

(Hill et al., 1998)

**Emotional experiencing** is connected to positive therapeutic impact.

(Castonguay et al, 1996)

There is a strong relationship between **emotional experiencing and therapeutic gain**

(Klein, Mathieu-Coughlan, & Keisler, 1986; Orlinsky & Howard, 1986)

Effective counselors focus on and promote clients’ **Emotional experiencing**

(Hill et al., 1988)
Appendix B

Ethics

Professional Ethics: Key Terminology

(Corey, Corey, & Callanan, 1998)

**Values**: pertain to what is good and desirable

**Ethics**: pertain to what is right and correct; moral principles adopted by an individual or group to provide rules for right conduct

**Morality**: involves an evaluation of actions on the basis of some broader cultural context or religious standard

**Professionalism**: related to ethical behavior, yet one can be unprofessional without being unethical

★ Basic purpose of practicing ethically is to **PROTECT THE WELFARE OF THE PEER**.

Unethical behavior is typically inadvertent and not a gross violation of established codes. Ethical violations are hard to detect, and difficult to enforce. Best if practitioners monitor their own ethics.

**Core Ethical Principles**

1. Doing no harm (nonmaleficences)
2. Respecting autonomy
3. Benefiting others
4. Being just
5. Being faithful
6. According dignity
7. Treating others with caring and compassion
8. Pursuit of excellence
9. Accepting accountability

**Who is unethical?**

- Stereotype of a seedy, unscrupulous character may fit in only rare cases.
- Decent, intelligent people may become caught up in circumstances that have not been evaluated or responded to appropriately
Characteristics of those who engage in questionable, unethical, or unprofessional behavior:

1. Unaware or misinformed
2. Incompetent
3. Insensitive
4. Exploitative
5. Irresponsible
6. Vengeful
7. Fearful
8. Rationalizing
9. Ethical “Slips

✿ IGNORANCE OF ETHICAL CODES IS NO EXCUSE


1. Determine that the matter is an ethical one.
2. Consult the guidelines already available that might apply to a specific identification and possible mechanism for resolution.
3. Consider, as best as possible, all sources that might influence the kind of decision you will make.
4. Locate an advisor with whom you can consult.
5. Evaluate the rights, responsibilities, and vulnerability of all affected parties.
6. Generate alternative decisions.
7. Enumerate the consequences of making each decision.
8. Make the decision.
9. Implement the decision.
Appendix C
Peer Counselor application

College of Charleston Peer Counselor application

Program Description

The Counseling and Substance Abuse Services office at the College of Charleston offers a peer counseling program focused on first year freshman and transfer students. Students will be able to connect with a peer counselor who understands some of the complexities of navigating the system of accommodations, as well as receiving suggestions on how to make the most of the resources available through the CASAS office. The peer counselors are seniors and graduate students with many different interests, talents, and experiences who will connect with freshman and transfer students and act as a resource, role model, and a sounding board for peer’s questions, concerns, and frustrations.

Overview of the Peer Counseling Program

The purpose of the CASAS peer counseling program is to provide peers with information on student support services, academic skills such as time management, organization, critical thinking skills, self-advocacy, and student life. Peer counselors also help students to identify their goals and how to develop the skills needed to make those goals a reality. The role of the peer counselor is to guide, rather than to instruct; provide resources, rather than supply the answers, and encourage improvement, rather than criticize poor choices. Counselors are not expected to be “miracle workers” or to have all of the answers, but counselors are expected to utilize information obtained from training sessions, and consult with the Coordinator and Counselors of Counseling and Substance Abuse Services. Counseling sessions are NOT tutoring sessions. Counselors provide peers with the resources, study skills, and problem-solving abilities they will need to handle future situations.

Goals of the Peer Counseling Program

- Provide academic, personal, and social support for students
- Assist students in the navigation of the college environment
- Build relationships between students, staff, and faculty
- Foster individual development of self-reliance and self-advocacy

Confidentiality

Student information disclosed to the Counseling and Substance Abuse Services department at College of Charleston is protected by the Family Educational Rights and Privacy Act (FERPA) of 1974.
**Academic Ethics**

Mentors (peer counselors) and peers must adhere to the Student Code of Conduct policy on Academic Dishonesty as described in the University catalog.

**Suggested Tips for Peer Success**

- Ask for help
- Speak to your professors during office hours
- Set clear goals for each class
- Get organized and schedule your time appropriately
- Find a quiet place to study/eliminate distractions
- Seek professional assistance when needed/utilize resources
- Be honest with yourself
- Work hard and never give up
- Break down requirements into series of smaller tasks
- Read syllabi carefully and periodically during the semester
- Know what accommodations are appropriate for you

**Skills and Qualities Desired in a Peer Counselor**

- Possess the ability to communicate effectively with a diverse group of people
- Exhibit leadership potential and eagerness to continuously improve
- Display a high degree of maturity, responsibility, professionalism, flexibility, motivation, integrity, and initiative
- Possess the ability to manage time and multitask efficiently

**Duties of a Peer Counselor**

- Act as a resource to peers by sharing information about a variety of aspects regarding the College of Charleston community
- Work with CASAS staff to facilitate the success of all aspects of the Peer Counseling Program
- Positively represent the College of Charleston

Before submitting an application, please attend an Information Session and be completely familiar with the FAQ info on the Peer Counseling website.

**APPLICATION DEADLINE: June 4, 2010.**

All Application materials must be turned in to Counseling and Substance Abuse Services.
Location: Top Floor of Robert Scott Small Building
TIME COMMITMENT: Minimum Six hours per week for the academic year 2011-2012.

Peer Counseling shift: 4 hours
Marketing/development/outreach: 1 hour
Meetings/Trainings: 1 hour
Tentative Meeting time: Tuesday at 4:00 pm

ACADEMIC REQUIREMENTS: Minimum GPA of 3.0
Minimum Earned Credit Hours: 30

MISSION:
Peer Counseling is a service for College of Charleston students offered by College of Charleston students. The program is supported by CofC’s Counseling and Substance Abuse Services and other CofC faculty and staff. Peer Counselors provide therapeutic listening, help with decision making, and referrals for various campus and local services and activities. All of this is offered in a confidential, non-judgment environment.

JOB DESCRIPTION:
- Provide therapeutic listening skills to College of Charleston students
- Market the services of the Peer Counseling Program.
- Participate in biweekly meetings/supervision sessions
- Participate in campus outreach related to health education initiatives

TRAINING
- Therapeutic listening skills
- Assisting with decision making processes
- Referrals to campus and community services

NOTE: The 2 recommendation forms must be completed by instructors, advisors, or supervisors from your current or previous place of employment. All recommendations must be signed by recommender on the seal of the envelope.

Mail or bring all application materials (in one envelope) to:
Peer Counseling
Counseling and Substance Abuse Services
175 Calhoun Street
College of Charleston
29414
College of Charleston Peer Counseling Application

Name _______________________________________ Date ____________

Male _____ Female _____ Student ID#______________

Date of Birth ______________
Email Address ________________________________________________

Local Address ____________________________________________________________
Permanent Address _______________________________________________________________

Home phone ___________________ Cellular _______________________

Major _________________________ G.P.A. (Min: 3.0) __________
* If grade point average falls below a 3.0 after being accepted or during participation in the Peer Counseling Program, acceptance will be reconsidered.

Class: Sophomore _____ Junior _____ Senior _____ Grad Student_____

Expected date of graduation _______________

Expected semester course load for the Fall and Spring semesters ______

Total credits earned at a college or university (Min: 30) ________

Will you be working during this academic year? YES_____ NO_____

If yes: Number of hours? ________

List all languages you speak fluently: ________________________________

Have you ever been involved in a college judicial sanction? YES__ NO__
If yes, please explain:

________________________________________________________________________________
________________________________________________________________________________

____________________________________
College of Charleston Peer Counseling Application

Have you ever been arrested? YES__ NO__
If yes, please explain: ______________________________________________________________

Have you ever been hospitalized for a mental health issue? YES__ NO__
If yes, please explain: ______________________________________________________________

Are you experiencing any mental health concerns that are not successfully treated and managed?
YES__ NO__
If yes, please explain: ______________________________________________________________

List any impediments you might have to effectively delivering Peer Counseling services.
__________________________________________________________________________________
__________________________________________________________________________________

List College of Charleston and or community activities; positions held and level of commitment:
__________________________________________________________________________________
__________________________________________________________________________________

List all organizations and service opportunities in which you are currently active; including offices you hold.
1. __________________
2. __________________
3. __________________
4. __________________
5. __________________
6. __________________

List previous leadership experiences you have had:
__________________________________________________________________________________
__________________________________________________________________________________

Do you have any experience working with and/or speaking to students with disabilities?
__________________________________________________________________________________
__________________________________________________________________________________
I agree, if accepted as a peer counselor, to:

✓ Attend bi-weekly meetings
✓ Participate in one counseling shift per week
✓ Commit for an entire academic year
✓ Participate in marketing/ advertising activities at least twice per month
✓ To be an active member of group

Signature of Applicant: ________________________________

Date: ______________
College of Charleston Peer Counseling

SELF EVALUATION AND ESSAY STATEMENT

Name: _______________________________________________________________

1. Please evaluate yourself on the following characteristics. Keep in mind that we will be looking for evidence in your application and references to support your rating. Questions pertaining to your rating may be asked during an interview process.

<table>
<thead>
<tr>
<th>Needs improvement</th>
<th>Outstanding</th>
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<tbody>
<tr>
<td>Organization skills</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>Communication skills</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>Ability to work as part of a team</td>
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<td>Initiative</td>
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<tr>
<td>Follow through on commitments</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>Maturity</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>Accepts responsibility</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>Uses good judgment</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Creativity</td>
<td>1 2 3 4 5 6 7</td>
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</tbody>
</table>

2. Essay Statement: On a separate sheet of paper, please attach a typed essay (1-2 pages) responding to both (a) and (b).

a. Describe why you want to be in the College of Charleston’s Peer Counseling Program.

b. From the list of characteristics above, state which two (2) qualities you feel are most important to being a Peer Counselor and describe prior experiences in which you have demonstrated these characteristics.
PEER Counseling PROGRAM Recommendation Form

Candidate’s Name: ________________________________________________________

A small, select group of College of Charleston students are trained to providing Peer Counseling to College of Charleston students. Training consists of therapeutic listening skills, decision making processes, and referrals.

Students most likely to experience success in the program possess strong leadership and social skills, assertiveness, good judgment, creativity, initiative, follow-through, and commitment.

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<tr>
<td>Creativity</td>
<td>1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

2. How long have you known the candidate?

3. Please describe your working relationship with the candidate:

4. Briefly describe the candidate’s strengths:

5. Briefly describe the candidate’s area(s) for growth:

6. Overall, do you:
   _____Highly recommend this candidate
   _____Recommend
   _____Recommend with reservations
   _____Not recommend this candidate

Signature of recommender______________________________________ Date________________
Name________________________________________________________Title_____________________

Be sure to sign the seal of the envelope.
PEER Counseling PROGRAM Recommendation Form

Candidate’s Name: ________________________________________________________
A small, select group of College of Charleston students are trained to providing Peer Counseling to College of Charleston students. Training consists of therapeutic listening skills, decision making processes, and referrals.
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   _____Highly recommend this candidate
   _____Recommend
   _____Recommend with reservations
   _____Not recommend this candidate

Signature of recommender__________________________________________ Date____________________
Name______________________________________________________________Title________________________

Be sure to sign the seal of the envelope.
Appendix D
Peer Counselor Contact Sheet

Peer Counselor’s Contact Sheet
(To be completed after each session and/or helpline call)

Date: ____ /____ /2008

Peer Counselor: ____________________________

Time counseling began: ________ PM
Time counseling ended: ________ PM

Counseling topics:
☐ Academic concerns
☐ Relationships
☐ Family
☐ Stress
☐ Anxiety
☐ Sadness
☐ Need to change a habit
☐ Improve social life
☐ Decision making
☐ Other: ____________________________

Peer gender: ☐ Male ☐ Female

Peer Class: ☐ Freshman ☐ Sophomore ☐ Junior
☐ Senior ☐ Graduate Student

Referral info provided:
☐ None
☐ Hotline
☐ P.A.R.
☐ C.A.R.E
☐ C.A.S.A.S.
☐ Student Activities
☐ Center for Student Learning
☐ Other _______________