
Residents as Helpers: Peer Counselling in a Long Term Care Facility

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Abstract

The program described in this paper demonstrates how peer counselling works in a long term care facility. The program was implemented at Oak Bay Lodge, a 300-bed long term care facility in Victoria, British Columbia, using training materials specifically developed for older people. This paper shows how the peer counselling program functions, and provides anecdotal comments from both participants and a staff member, along with an outline of the training components.

Résumé

Le programme décrit dans cet article démontre comment les conseillers par les pairs travaillent dans un centre de soins à long terme pour personnes âgées, au nombre de 300. Ce programme a été introduit au Oak Bay Lodge à Victoria, en Colombie Britannique, en utilisant du matériel spécialement développé pour les gens âgés. Cet article montre comment le programme de counseling par les pairs fonctionne, présente des commentaires anecdotiques provenant des participants et des membres de l'équipe, et, de plus, offre un profil des éléments qui composent le programme d'entraînement.

"The best way to help yourself is to help others." This is the motto of the Oak Bay Peer Support Project that has been servicing the residents of Oak Bay Lodge in Victoria, British Columbia, since July 9, 1986. Although peer counselling had been introduced to care facilities earlier, it had not been done with training materials designed exclusively for long term care facilities (France & Gallagher, 1984). In July of 1986, ten Oak Bay Lodge residents finished the twelve week peer counsellor training program and began the work of helping their fellow residents cope with everyday problems of life in a long term care facility. The popularity of the program, for providing both a service and learning environment, has prompted the residents and staff to continue the training.

The philosophy behind the program is that residents are a resource to be utilized and that doing so enhances independence. Residents want to be useful and be involved in their own care. Peer counselling is a method of empowering the residents and giving them more control over their lives. This reflects the idea that the best way to age is to maintain a high level of activity for as long as possible.

The Rationale for Peer Counselling in Long Term Care

Peer counselling has been widely used in a variety of settings including schools, community centres, churches, and nursing homes, but there has not been a systematic development of materials and implementation

procedures in a long term care facility. The goal of the project was to put in place a group of trained older people who could extend the helping service at the facility. Volunteering their time, they could help others in need within their social networks and could work in a supportive capacity with the assistance of the professional staff. The service was designed to use the peer counsellors in several functions. These included assisting in the orientation of newly admitted residents, and being a model for older people who are not active. The program also provided both the peer counsellors and other residents an opportunity for continued personal growth and development.

Training Components

The training consists of 11 one hour modules that focus on skill development and specific issues facing residents at the lodge. The training is experiential and uses an interactive learning approach. Each module includes the presentation of the skill; the modelling of the skill; practice of the skill; and homework. The following is a brief description of the training components (France, 1988):

The Helping Relationship component explores the basis of helping, including the two phases of the helping process and how to give feedback. Feedback is viewed not only as an important element of the training, but also an important skill of the peer counsellor.

Active Listening stresses the importance of listening not only to what is said but how it is said. Empathy is one of the skills that assists the peer counsellors to get below surface feelings. Empathy is defined as the process of reflecting feelings.

The Importance of Meaning considers meaning as an essential motivator in older people's lives. The process of exploring meaning through the skill of reflection of meaning is the focus of this component. Reflection of meaning "... is concerned with finding the deeply felt thoughts and feelings (meanings) underlying life experience (Ivey, 1983, p. 128)." This skill helps the peer counsellors go beyond feelings to exploring needs and values.

Self Disclosure focuses on how to use self disclosure to explore problems and issues. Self disclosure is viewed as a vital way for older people share the wisdom of their experiences. Self disclosure of the peer counsellors also helps equalize the helping process and demonstrates the comradeship of peer interaction.

Loneliness explores the origins and etymology of loneliness and how to help residents cope with it. The skills of empathy, reflection of meaning and self disclosure are reviewed as tools for working with lonely residents. In addition, this component explores aloneness and solitude as positive qualities that need to be respected.

Building Relationships explores the characteristics of social networks and how peer counsellors can help others to build relationships.

Learned Helplessness examines one of the major problems of long term care facilities. Peer counsellors develop strategies for building positive self esteem in others.

Emphasizing the Positive focuses on how to use the positive search to reinforce a positive self image. This strategy attempts to build on the strengths of others and is based on effective use of reflection of meaning. Empathy is emphasized because it allows peer counsellors to assist in the expression and acceptance of feelings that Rogers (1961) felt was essential if change is to take place.

Being Supportive teaches the peer counsellors how to build a supportive relationship. This component emphasizes how to be respectful and genuine as core elements in being supportive.

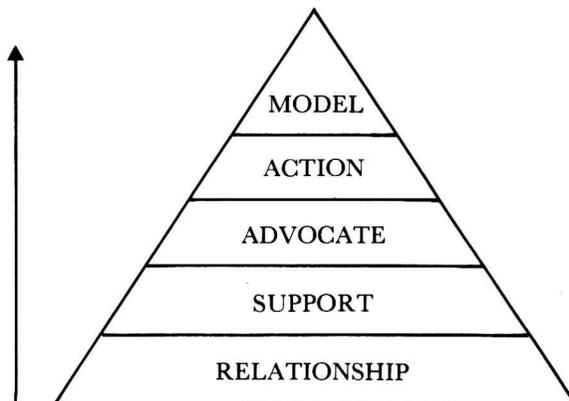
The Referral Network component explores ethical considerations, personal limitations, and how and when to refer others. Peer counsellors are encouraged to work with the social service professionals on the staff (e.g., nurses, social workers, etc.). As the peer counsellors become familiar with the referral process, there is a review of the primary skills.

The Support Group emphasized the importance of working together as a community in the long term care facility. This component focused on sharing problems and personal concerns of the residents and of each other. The framework of the support group served as a basis for future meetings.

The Everyday Workings of the Peer Counselling Program

A peer counsellor is someone who has gone through a training program focusing on communication skills and who wants to be helpful to others. As a helper, the peer counsellor can work with the nursing, support and

FIGURE 1
The Helping Pyramid



professional staff in a formal manner or work with friends and neighbours in an informal way. The helping pyramid, as depicted in Figure 1, demonstrates the important skills that the peer counsellor brings to the helping process.

The relationship between the peer counsellor and the individual being helped is primary. The peer counsellor learns to listen and provide an atmosphere of trust and care. If people need help in dealing with others, the peer counsellor provides a voice to air what they are unable to communicate for themselves. If action is necessary, the peer counsellor assists individuals in initiating it. Finally, the peer counsellor is a model for successful aging, because of the personal independence, positive attitude, and sense of care for others that is demonstrated in the peer counselling work.

Reactions of the Participants and Staff

The average age of the first group of trainees was 86. There were 5 men and 12 women. The following comments are from interviews with some peer counsellors who were involved in the first training course and from a social worker at the Lodge:

Webb G., age 92: "Our care homes are populated with old age folks who have problems and are lonely. A lot of other oldsters here have time on their hands and I felt that I could help. As a peer counsellor, it gives me much satisfaction to do something beneficial for my fellows, and helps me with any problems I might have. My fellow peer counsellors have much the same feelings; we are not too old to do something to help others. Although we have an outside volunteer helping us, we are doing most of the work ourselves. I feel that in years to come residents in care homes will really benefit from the efforts of peer counsellors if they are used, as residents appear to respond better to peer counsellors. I have met some interesting folks, made some new friends, and many of my problems seem so minor or disappear after dealing with the concerns of others. Doing this has given me a wonderful feeling of contentment."

Doris M., age 87: "I helped a woman who had lost her sister and was feeling lonely and unloved. After crying about it she said she felt better. I knew as a result of the training to let her cry. The experience gave me a wonderful sense of helping... it made me glow all over to help."

Jack G., age 89: "For me the training means knowing myself a little better. I've tried using empathy and believe me it works. People respond to it. When in doubt, I always empathize."

Mary B., age 89: "I see a lot of disappointment and resentment in people I see. I try to help them express it, rather than suppress it. Sometimes I help them express it to a nurse or someone who can help them with it."

Doreen B.: “As a social worker with the old-old, I see the peer counsellors working with new residents, who always feel a little lost and lonely when they come here. They also act as role models for others, because they are positive and active. There is a lot of stress in the families who admit a parent or relative and when they see the involvement of older people here at the Lodge, I think they feel their relatives are in good hands. Although the peer counsellors work with their friends and neighbours, they also let the head nurse know what they are doing. Believe me, peer counselling works!”

Uses and Advantages of Peer Counselling

To start a peer counselling program at a long-term care facility, a great deal of planning and effort is required. Once in place, however, there are many benefits of such a program. Several advantages of peer counselling have been noticed at Oak Bay Lodge.

Often, lonely residents would rather talk about problems with their peers, people who are approximately the same age as themselves and who may have experienced the same feelings and situations. It has in fact been found that peer counsellors can sometimes have greater success than professionals in difficult emotional cases, because of the bond of age and circumstances felt between the two. Residents feel more relaxed when they are talking with their peers, knowing that anything they say will be kept in confidence.

Some older people become withdrawn when they leave familiar surroundings and enter a medium or long term care residence. Peer counsellors visit newly admitted residents and try to make them feel welcome. Peer counsellors will try to find an interest of the new resident which can be stimulated, such as bridge, flower arranging or music, and accompany them to suitable activities or put them in touch with others who share their interests. When newcomers are taken under the wing of one of their peers, they more quickly feel part of the family. Sometimes strong bonds can be formed through mutual acquaintances and shared knowledge from other parts of the world. The training and work of the peer counsellors helps to bring these shared memories and experiences to light.

Peer counsellors do not give up easily, nor do they worry individuals with exaggerated solicitude. Some counsellors have found that it takes a long time before newcomers become really assimilated into the residence. They begin by greeting the individual; if there is not much response, they do not exert pressure, but slowly get to know him or her in a relaxed manner. Usually after a while, the incoming resident begins to respond and then is happier and feels more at home.

Finally, peer counselling also helps the counsellors. They derive a great deal of satisfaction from being of help to others. Their feeling of self

worth increases. Some elderly people are unhappy because they think their usefulness is at an end. If they become peer counsellors, their time can be fully occupied with worth-while activities and they need never feel lonely or unwanted.

Potential Problems of Peer Counselling

The major problem in having a peer counselling program in a long term care facility is the enthusiasm about helping others and doing the "right thing" by them. Therefore, over-zealousness has to be guarded against. For example, peer counsellors must be extremely sensitive to the feelings of others, recognizing when individuals do not want help and trying again later when they are ready to seek help. Some residents are inclined to resent what they may take to be interference. Some also may resent the peer counselling group, thinking they are setting themselves apart from the other residents.

Also in any voluntary work, care must be taken not to infringe on the work of the administration. It is easy for peer counsellors in their sincere efforts to help, to go beyond their function of listening, clarifying the problem, and discussing ways in which the situation may be improved, and to cause friction by interfering with the running of the larger unit. In this case, the administration would lose confidence in the volunteer group and unhappiness would result. This has not occurred at Oak Bay Lodge, but it is an occupational hazard that should be taken into consideration wherever volunteers are working.

Utilization of peer counsellors who are frail and quite elderly present unique problems. Many have poor hearing, sight and mobility (e.g., some use walkers and are wheel chair bound). Training must be geared to accommodate these problems, such as the use of a microphone to amplify instruction and large print training materials. Elderly peer counsellors can only be used as long as their health permits, so training must be on-going to ensure the availability of peer counsellors. At the Oak Bay Lodge, for example, two training groups have been completed and 19 peer counsellors trained, with three dropping out because of ill health. At the present time the third training group is being organized with 14 individuals accepted for training.

CONCLUSION

The purpose of the peer counselling program at Oak Bay Lodge was to put in place a group of trained older people from the facility who could extend the helping services by: volunteering their time to work with others in an informal manner (e.g., with friends and neighbours); working with others in a formal manner (e.g., making and receiving referrals); and assisting in the orientation of newly admitted residents. In addition, the program would provide: an opportunity for the volun-

teers' continued intellectual and personal growth; positive role models; and a vehicle for those who want to be useful.

The peer counselling service has been operating for over two years and three training groups have been completed. The positive reactions of the participants and the professional staff at the Oak Bay Lodge attest to the benefit of implementing peer counselling at a long term care facility. What makes peer counselling an attractive alternative is that residents are not passive, but are considered dynamic resources. Older people in a long term care facility "...offer sufficient proof that everything can be taken from a [person] but one thing: the last of the human freedoms — to choose one's attitude in any given set of circumstances, to choose one's own way" (Frankl, 1963, p. 104).

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