

## Chapter 1 : CHAPTER II: SELF HELP GROUPS

*Program Components: Peer-based violence prevention intervention for youth who were hospitalized with violence-related injuries; up to two hours meeting one-on-one, peer counselor with the injured youth, very soon after hospitalization or at home if the youth was released from the ER; ongoing, intensive follow-up for as much as one year with the.*

Looking at the Evidence of Effectiveness, a Literature Review Summary Some educators, funding officers and program planners may have had an uneasy belief that peer education or other types of peer involvement may not be helpful in planning, implementing or operating a program designed to change attitudes, norms and behaviors. Advocates for Youth requested a literature review to either refute or substantiate that belief. Extensive research, published in the last two decades, has shown definitely and beyond question that peer programs can have statistically significant effects on attitudes, norms, knowledge, behaviors, and health and achievement outcomes. This paper highlights 28 programs, either peer-led or peer-assisted. The published evaluations of these programs should put to rest any concern about peer programming. What Considerations Guided this Literature Review? An article published in sought to define peer education as something that could best be viewed as an umbrella term covering a range of different approaches. Although often focused on adolescents and young adults, peer programming has also been used with children and with adult men and women. Regardless of the age of the target population, peer programs have been designed to encourage attitudes, knowledge, behaviors and outcomes that the community considers desirable, to discourage attitudes, behaviors and outcomes that a community considers undesirable, or to accomplish some of each. Advocates for Youth asked for an assessment of peer programs “ programs that empower people to be agents for change among their peers. More specifically, Advocates wanted to know whether evidence existed to support the value of peer programming. Therefore, this literature review did not discriminate between peer education or helping, counseling, facilitating, etc. It was not limited to programs for youth and young adults or to programs focused on sexual health. Finally, the review did not discriminate between programs for which peer work was the only delivery mechanism or programs of which it was only one component. The important issues for this literature review were whether: The program included the work of the peers of the target audience. The program achieved some or all of its behavioral or outcome goals. The achievement of these goals could be attributed, at least in part, to the peer workers. In addition to the attributes listed above, the evaluations of programs included here were also required to meet the following criteria: Each was published in a peer reviewed journal. Each was either experimental or quasi-experimental in design. Each included experimental and control or comparison conditions, including reflexive comparison. Each assessed outcomes at a minimum of three months after the intervention. Careful review identified evaluations of 28 programs meeting all the criteria above. Seventeen of these programs had evaluations published since January Another 11 had evaluations published since January Since they provided formidable evidence of the value of peer programming, this literature review was limited to programs with evaluations published since January At a glance, the 28 programs highlighted later in this paper provided statistically significant evidence of the positive impacts of peer programming. The strongest, positive evidence for the impact of peers as agents for change has come from 28 programs that were well designed, properly implemented and successfully carried out. They are briefly described here, along with appropriate quotations from the evaluations regarding the contribution of the peer educators, helpers, counselors, etc. Peer providers were well trained, with especially strong emphasis on client confidentiality. Findings included increased use of contraception, increased use of health care, and reduced incidence of pregnancy. In addition, the full model benefited those born to adolescent mothers as well as a group of relatively low risk clients “ those who had, at most, one sexual partner in the previous six months. The fact that the full model was particularly effective for certain subgroups underscores the value of tailoring programs to the needs of different clients. Sponsored by community-based organizations in towns across Texas that also housed units of the Texas state prison system, Project Wall Talk recruited peer educators from among the prisoners. After receiving a five day, hour intensive training focused on HIV related

knowledge and skills as well as the importance of HIV testing, peer educators delivered sessions to other prisoners and also spoke informally about HIV and HIV testing with prisoners and their families, as asked. The Project was credited with doubling the incidence of HIV testing in prison units where peer educators worked. Evaluators also estimated that peer educators spoke informally regarding HIV as many as , times with other prisoners over a nine-month period. Their being asked for information so many times indicated that prisoners truly wanted the information and also trusted the peer educators as sources of accurate information. The student data offered striking confirmation of these patterns found for the peer educators Moreover, more than three-quarters of peer educators reported sending information or sharing it with family and friends on the outside. In this peer-led intervention, peer workers approached youth who had been brought to the emergency room for violence-related injuries. CIS were all youth from the same communities as the injured youth and had also been previously injured during a violent incident. Some CIS had been permanently injured; some had been imprisoned. The CIS related well to the injured youth and offered ongoing, intensive assistance, lasting up to one year. In the six months following their interactions with CIS, peer-assisted youth had an arrest rate that was 70 percent lower than among comparison youth who had also been injured in violent incidents. Other examples of effective peer programs that were well designed, implemented and evaluated follow. These peer leaders were responsible for delivery of 70 percent of the prevention program that significantly reduced use of diet pills, reduced the number of young women beginning diet pill use, improved diet and exercise, reduced the incidence of riding with a substance using driver, increased use of seat belts, and reduced the incidence of sports injuries. Sports teams are effective natural vehicles for gender-specific and peer-led curricula to promote healthy lifestyles and to deter disordered eating, athletic-enhancing substance use, and other health harming behaviors. Findings included significantly increased condom use and partner notification of diagnosed STIs females only , and use of physicians, and significantly reduced the incidence of STIs. Our findings provide strong, substantive evidence than an informal peer educational program Evaluators credited these changes to wide exposure to the program due to the strong peer education component The closely monitored peer education program reached a substantial proportion of adolescents. The peer educators worked with youth in discussion groups, one-on-one meetings and at sports and other gatherings. The evaluation showed several statistically significant findings including increased use of contraception and condoms. The evaluation of the ENJ peer education strategy contributes The peer leaders presented the program to seventh grade students and provided booster sessions again in the eighth grade. Evaluators attributed the statistically significant findings, including reduced incidence of smoking, marijuana use and alcohol use, to the peer leaders. It is clear from this data that the peer booster condition produced significantly better results in terms of tobacco, alcohol and marijuana use than the control condition and, in most cases, was superior to the other three intervention conditions teacher-led plus booster sessions, peer-led without booster, and teacher-led without booster In fact, the peer-led booster condition was not only more effective with respect to the mediating variables but was the only condition to produce significant behavioral results. Furthermore, the magnitude of these effects was substantial. High school youth were recruited and trained to deliver the curriculum using interactive and participatory methods. Findings included significantly reduced incidence of smoking, use of alcohol and use of marijuana. Overall, the findings provide strong empirical support for using social influence prevention programs [1. The fact that it worked in high and low minority schools from urban, suburban and rural areas, suggests that this approach can be used in widely diverse school environments. Youth were invited to participate; had to commit to program goals; and had to express willingness to provide positive support to their peers. Findings included statistically significant improvements in school grades, decreased truancy, and reduced drug use. Peer education and youth-developed and youth-targeted campaign messages were the heart of this program. Findings included significantly delayed initiation of sex, increased abstinence among sexually experienced youth, reduced numbers of sex partners and increased use of contraception and condoms. Evaluators credited peer workers with these changes. The data show that the intervention was extremely successful at reaching the target population The peer leaders made presentations throughout the community “ in schools, community organizations and health centers. They held discussion sessions in the homes of community youth, did door-to-door canvassing, made condoms available to their

peers, and created and placed radio and television public service announcements. Statistically significant findings, including delayed initiation of sex, reduced numbers of sex partners, and increased likelihood of carrying condoms, underscored the power of this peer-led program. In the intervention city, 75 percent of respondents responded positively to one or more of three questions during the follow-up interview that inquired about exposure to items posters, newsletter, condom kit, etc. Findings included significantly reduced onset of smoking and reduced use of alcohol and marijuana. The evaluation identified the peer leader component as absolutely essential to the success of this program among seventh grade students. The peer counselors were also Puerto Rican and had breastfed at least one of their own children. The program was successful, significantly increasing both the initiation and also the continuance of breastfeeding. Evaluators noted that, culturally competent peer counselors can significantly improve breastfeeding initiation rates and positively impact [continued] breastfeeding. The first was individualized HIV risk assessment and risk reduction counseling; the second was peer education in cooperation with social support group meetings. The evaluation attributed the statistically significant findings, in large part, to the opportunities for healthy socialization with peers in safe environments. It was successful in reducing the number of rapid, repeat adolescent births among participants. However, the evaluators were unable to identify any one of its components as being most important. It may well be that all three components are necessary for maximal effectiveness. Peer activities, developed and sponsored by the Teen Health Leadership Council, were one component of this successful project. Findings included significantly delayed initiation of sex and increased use of condoms among sexually experienced youth. Evaluators acknowledged that, important program components included the selection of influential peer leaders who developed and implemented community-wide activities. Entirely composed of peer outreach, the program successfully diffused HIV prevention messages throughout the target community and significantly reduced the incidence of unprotected sex among young gay men as well as sexual activity with women. We included as many young gay men as possible as sources of outreach. Every man who volunteered with the project in any capacity Findings showed significantly reduced levels of alcohol, tobacco and other drug use among children, ages six to nine, and among early adolescents, ages 10 through Peer mentoring was one component of the successful program. Evaluators said that the primary function of the peer mentors is to provide tutoring or homework help to individual students Peer mentors also actively engage youth in individualized projects that develop their In turn, increased success in the school setting provides a positive foundation for increased self-esteem, which is one of the major resiliency factors targeted by the program. The program included a peer intervention, relying on popular students who were trained to provide HIV prevention information, using the same IMB model. The program largely met its goals, including significantly improving HIV related behavioral skills among both sexually inexperienced and sexually experienced youth. The current results show that

### Chapter 2 : LGBTQ Peer Counseling, Group Support, and Therapy Referrals – Identity House

*Youth and Family Certified Peer Counselor Trainings* These trainings are focused on preparing youth and parents to be certified as peer counselors. The trainings cover the same material as the standard training, and the state test is required for both.

**Rationale** Belonging to a group of friends can be wonderful. Friends can give support and help during difficult times. However, at times, being part of a group of friends can be problematic. One negative aspect of being part of a group of friends is pressure to look or act in a certain way in order to continue to be part of the group. Belonging to a group often helps people feel more secure. The reality, however, is that their security should come from within rather than from others. In this activity participants will discuss the importance of belonging to a group of friends and understand how it is often OK not to go along with the crowd. **Materials** A copy of the We Belong Together handout for each pair of participants **Pencils or pens** **Procedure** Ask everyone to form pairs and then give each pair a copy of the We Belong Together handout. When they are done, begin a discussion about belonging. Ask participants what they belong to for example, sports teams, a church group, or a club. Ask participants what group of friends they belong to. Encourage them to talk about the benefits and problems that accompany having a specific group of friends. Ask participants the following questions: For example, you might not all play the same sport, ride the same bus, or like the same foods. When do you recall doing something with a group of friends that you did not want to do? Why do you think people sometimes do things that they do not want to do when they are around their friends? How do you think people act differently when they are around different groups of people? Why do you think it is difficult for people to say no to their friends? Where would you draw the line with your friends? In other words, what are some things you would not do? What are some things that friends sometimes pressure each other to do or to say? Why do you think people continue to be friends with people they are afraid of or who threaten to break off their friendship? How can you make some healthy choices about your friends when deciding what you are and are not willing to do? **Discussion Questions** What was the point of this group session? What do you think can be done to help people have healthy friendships with one another? How will you use what you have learned today? **Risky Business** **Rationale** When struggling with identity issues and creating a core concept of self, adolescents often engage in risky or dangerous behaviours. These behaviours are often choices that result in negative consequences. **Materials** Copy of any recipe card **Index cards** **Pencils or pens** **Procedure** Ask participants to define risky or dangerous behaviours and to determine what makes behaviour safe, as opposed to unsafe. Steer the discussion toward these behaviours, as they are undertaken in the context of relationships with girlfriends, boyfriends, family members and others. Show participants the recipe card. Explain to the participants how all the ingredients combined together create a specific product, such as a cake or cookies. Explain that if any ingredient or any step in the process is altered, the product will not turn out the way it should. Ask if anyone has ever left out an ingredient when cooking so that the finished product was less than desirable. Give each person two index cards and a pen or pencil. On one index card, they should create a recipe describing healthy, productive behaviours. The recipe should include actions and thoughts, necessary for promoting healthy behaviours. The results will help me be successful – every day. **Discussion Questions** Can you describe the choices you always have when deciding what risks to take? When you make an unwise decision, do you often learn from your mistake? **Walk Your Talk** Good decision making is difficult, especially during the teenage years. This Walk Your Talk activity will help teens focus on common problems encountered by those in their peer group and determine appropriate ways to deal with these problems.

*Peer counseling in youth groups by Joan Sturkie, , Youth Specialties edition, in English.*

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counseling service: A student facilitator program: Fifth graders helping primary-grade problem-behavior students: Peer facilitator programs for middle graders: Students helping each other grow up: School Counselor Vol 33 3 Jan , Students as peer helpers: Social Work in Education Vol 7 2 Win , Effects of an elementary school peer facilitator program on children with behavior problems:

### Chapter 4 : Counseling Center - Group Therapy - Hamilton College

*Peer Counseling in Youth Groups: Equipping Your Kids to Help Each Other (Youth Specialties) [Joan Sturkie, Siang-Yang Tan] on blog.quintoapp.com \*FREE\* shipping on qualifying offers. Bring the benefits of peer counseling into your youth ministry.*

Topic Areas Peer Mentoring Peer mentoring has long been a popular approach to providing mentoring to children and youth, one that also comes with the additional impact of providing leadership and development opportunities to the older or near-peer youth who serve in the mentoring role. These programs build on the long and rich tradition of peer leadership programs, peer counseling, and peer support groups, and often deliver their services in schools or afterschool settings. Peer mentoring can be delivered one-on-one or in group settings. Common models include high school students mentoring elementary students, pairing older students with incoming students in a school or campus environment, and out-of-school-time programs in which older youth lead their near-peers in recreational and developmental activities. What does the research say about peer mentoring? In , the National Mentoring Resource Center released a review of the research base related to cross-age peer mentoring for children and adolescents. This review examined research on the effectiveness for mentees and mentors, factors conditioning effectiveness, intervening processes that link cross-age peer mentoring to youth outcomes, and the success of efforts to reach and engage targeted youth and achieve high quality implementation. The review concluded that there is some preliminary evidence that: Cross-age peer mentoring, specifically as defined in this review, can accrue benefits to both children mentees and their teenage mentors. The strongest effects for mentees appear to be increases in school attitudes e. Involvement of parents in programs also seems to yield larger benefits, and securing support from school administrators and teachers can directly influence effectiveness. The means by which programs have positive effects on mentees appears to be largely through the consistent and affirming presence of mentors, and the clarity and predictability resulting from a clear program structure. The review is accompanied by recommendations for how practitioners could enhance their programmatic practices by taking into account available research. It was suggested that practitioners: Lay a strong foundation for the program by selecting the right coordinators and the right mentors. Select the right match activities to scaffold relationship building. Provide lots of training and supervision to peer mentors. Let the youth lead as much as possible. Beyond these highlights, this review offers a wealth of research-based information and actionable ideas for those looking to begin a cross-age peer mentoring program, or if they are already doing so, to strengthen existing practices. The chapter on cross-age peer mentoring in the Handbook on Youth Mentoring also offers several research-informed recommendations for practitioners hoping to maximize the results of peer mentoring programs. Making sure that peer mentors receive substantial training on how to implement the program and how to manage their behaviors to avoid negative role modeling. Providing strong adult support in planning and supervising activities. Discussing and even practicing closure so that all participants are prepared for the eventual dissolution of the relationship. What does the NMRC offer on peer mentoring? Read the review and the accompanying insights for practitioners. The Cross-Age Peer Mentoring Program engages high school students as one-to-one mentors for middle and elementary school students. The Woodrock Youth Development Program combines peer mentoring with other supports as a substance abuse prevention intervention for at-risk youth. Peer mentoring is a component of the SAM Solution, Action, Mentorship Program for Adolescent Girls, a school-based, substance-use-prevention program which uses solution-focused brief therapy and community and peer mentorship. Reviews of Relevant Practices As noted above, providing match support for mentors can be a relevant practice to ensure that peer mentors have the support and guidance they need to be successful. Check out the review of this practice and the accompanying insights for practitioners. This Research Alert on Web-Based Peer Support for New Fathers explores the potential of a text messaging intervention designed to provide mental health and parenting supports to new fathers mentored by peers in their own communities. Webinars This webinar, entitled Peer Mentoring: A Discussion with Experienced Practitioners , engages seasoned peer mentoring practitioners in a conversation about best

practices for this model. Implementation Resources The Peer Mentoring Handbook provides recommended practices for teens and young adults to mentor younger students or children. Supporting Students on the Autism Spectrum: Student Mentor Guidelines offers tips for student mentors engaged in peer mentoring relationships with students on the autism spectrum. Starting a Mentoring Club in your High School for Students with Disabilities is a how-to guide created by Autism Speaks, which walks high school students through the process of starting a peer mentoring club for students with disabilities at their school. Through this project, researchers from Loyola University Chicago are investigating the impact of cross-age mentoring for reducing negative outcomes related to exposure to community violence and delinquency and promoting resiliency and positive development among mentors and mentees from low-income, high crime, urban neighborhoods. Learn more by visiting the project page , or by reviewing this grantee spotlight on S. Select Additional Reading and Resources.



**Chapter 5 : Adolescent/Youth Counseling programs State of Connecticut, Connecticut**

*Building Self-Esteem of Female Youth in Group Counseling: A Review of Literature and Practice Maura L. Rouse*  
*Abstract: This paper reviews current research and practice of building self-esteem of female.*

Peer support specialist Peer support can occur within, outside or around traditional mental health services and programs, between two people or in groups. Peer support is a key concept in the recovery approach [28] and in consumer-operated services programs. In some cases, clinicians, psychiatrists, and other staff who do not necessarily have their own experiences of receiving psychiatric treatment are being trained, often by psychiatric survivors, in peer support as an approach to building relationships that are genuine, mutual, and non-coercive. These findings suggest that peer support interventions have the potential to be effective components of depression care, and they support the inclusion of peer support in recovery-oriented mental health treatment. Other programs have been designed for female victims of domestic violence [54] and for women in prison. A study of amputee survivors of war-related violence in six countries showed that nearly one hundred percent said they had benefited from peer support. A similar program in Rwanda works with survivors of the Rwandan genocide. The women in these groups appeared to give direct advice and to act as role models. In addition [edit] Twelve-step programs for overcoming substance misuse and other addiction recovery groups are often based on peer support. Support from peers can offer emotional, social, and practical assistance that helps people do the things they need to do to stay healthy. The Blinded Veterans Association has recently launched Operation Peer Support OPS, a program designed to support men and women returning to the US blinded or experiencing significant visual impairment in connection with their military service. Peer support has also benefited survivors of traumatic brain injury and their families. For veterans and their families [edit] Several programs exist that provide peer support for military veterans in the US [80] [81] [82] and Canada. Paraprofessional peers are defined as having a shared background as the target population and work closely with and supplement the services of the mental healthcare team. These peers are trained in certain interventions such as Psychological First Aid and are closely supervised by professional mental healthcare personnel. The peer support for recovery model focuses on improvement in overall health and wellness, and has long been successful in the treatment of SMI serious mental illness but is relatively new for PTSD. The program is funded through grants in support of new treatment approaches to serve veterans in rural, traditionally underserved areas. The peer support program has been operational since with over unique veterans seen between and The two peer support providers involved in the program are veterans of the Vietnam and Iraq wars, respectively, and after having recovered from their own mental health disorders utilize their experiences to help their fellow veterans. The two providers have been responsible for leading between 5 and 7 groups each week as well as conducting telephone outreach and one-on-one engagement visits [95] These services have successfully helped to augment the often overburdened mental health treatment teams at the central valley outpatient VA clinics. The peer support program has been described in several publications. A personal story of success was featured in Stanford Medicine magazine and the collaborative nature of the program was described in the recently published book, Partnerships for Mental Health. For sex workers [edit] Several peer based organisations exist for sex workers. The aim of these organisations is to support the health, rights and well being of sex workers and advocate on their behalf for law reform in order to make working safer. While sex trafficking does exist, not everyone who does sex work is doing so under duress. Peer support workers and peer educators are seen as best practice by the Sex Industry Network SIN when engaging with community members because peers can understand that someone could willingly choose to do sex work.

### Chapter 6 : Peer counseling in youth groups ( edition) | Open Library

*Advanced Peer Counseling in Youth Groups: Equipping Your Kids to Help Each Other With the Tough Issues [Joan Sturkie, Siang-Yang Tan] on blog.quintoapp.com \*FREE\* shipping on qualifying offers.*

Bereavement Parenting Besides serving people directly affected by a problem, support groups often welcome family members or friends of those experiencing illnesses or difficulties. Also, many independent support groups exist just for family members or friends: How do you create a peer support group? You might find it helpful to write vision and mission statements for your support group. Find out whether there are existing national, regional, or local groups your group can be involved with There are several benefits to setting up your support group under the auspices of a larger organization, if you can. A larger organization can often offer resources and assistance in setting up a new support group. The name recognition that comes with affiliating with a big, well-known organization can give your group more credibility. It can also make it easier for people who need your support group services to find you. Finally, working with a larger organization keeps you from having to "reinvent the wheel" in deciding how the group will operate - you can take advantage of a tried and true model. After carefully studying this section of the Community Tool Box, Yoshiko decided to find out whether the Muscular Dystrophy Association , a national organization, sponsored a support group in her town. Consider whether the group will meet for a specific period of time or for an indefinite period of time Support groups can be long-running, or they can be restricted for certain periods of time. For example, the local crisis center may offer a six-week support group twice yearly for people who have lost a family member to suicide, rather than a single, year-round group. This type of time-limited format is best suited to crisis situations, such as bereavement or divorce. A drawback of this format is that the group may not be available at a time that someone needs it. Problems that are more long-term in nature - a chronic disease, for example - are better served by ongoing, long-term support groups. Decide whether the group will be open or closed Open support groups are those in which new members are welcome to join at any time during the life of the group. This may also mean that anyone can join the group - friends, family members, etc. In closed groups, people are only allowed to join the group at certain times e. If you plan on working on a very specific issue and want the entire group to go through the process at the same time, you may want to consider having a closed group. However, open groups are best for most kinds of support groups. Usually, early evenings on weekdays are the best times for the most people. Picking a good location is far more crucial than you might think. You might find that a school, church, restaurant, library, or some other public building is better suited to your needs. Depending on the type of group, members may want to be discreet about their attendance, and may therefore be less likely to come if the group meets in some heavily-traveled place where they might be seen. A support group for former child molesters might want to be as nearly invisible as possible, for instance. First and foremost, the location should be easily accessible for the people who will be coming to the support group. Is the building in an easy place to find? Is it accessible to people who use wheelchairs, canes, or service dogs? Is there adequate parking nearby? The location should also be somewhere where people can feel comfortable enough to talk about their problems and able to offer each other support. While the location you decide on should be accessible and comfortable, it also needs to fit the type of group you want yours to be. Select a group leader or facilitator Picking the right person to lead your support group is of utmost importance. The group leader or facilitator opens and closes the meetings, sets the tone for the discussion, helps members learn how to listen and offer support to each other, and deals with any problems that come up during the meeting. The ideal facilitator will possess the following qualities: He should have enough time to perform the required tasks and commit to be there for every meeting. He should have a positive attitude, be in generally good health, and be able to work after hours if necessary. Ideally, he should have experience in facilitating such groups. He should also be responsible, articulate, fair, organized, and able to work well with others. Your facilitator needs to have access to needed resources to run the group a phone, a car, etc. The desire to do the job: He should have an interest in the topic or at least a commitment to helping others. It helps if the facilitator has some sort of affinity for the group and its topic. For example, if your

support group is for survivors of breast cancer, then a good facilitator might be someone who has survived breast cancer herself, has been close to someone who experienced it, or at least has had similar experience with other types of disease. You might try folks who have done a lot of volunteer work or have an interest in counseling, such as a graduate student in social work or counseling psychology. Decide on any remaining details. Going back to step one, think about what you want this group to be like. This can help you make up your mind about whatever other ins and outs of the group are left, such as: How often should we meet? Most support groups meet every week or two. How long should meetings last? Should we serve refreshments? Or perhaps someone knows a merchant or restaurant who has some connection to the purpose of the group, and would be willing to donate refreshments. Recruit members for your support group. Consider how large you want the support group to be before you start recruiting. As a rule, 5 to 15 people is a pretty good number; anything larger too easily becomes unmanageable and impersonal. There are many ways to get the word out about your group, and the most successful support groups usually use some combination of all of them. Use referrals. Network with other groups and professionals in your area. Let local clergy, doctors, administrators, agency directors, social workers, media personnel, nurses, and other such people know about your group, and encourage them to tell people about it. These can be posted at clubs, shops, hospitals, churches, libraries, schools, post offices - just about anywhere that you think interested people might see them. Press releases: Sending information about your support group to the local press might interest them in doing stories on your group, which can generate interest. Paid advertising: Ads in the local newspaper, as well as those in publications or newsletters put out by agencies or businesses that reach the same folks you want to are a good idea, if you can afford them. Letters to the editor: These can be used to tell the public about your group. The "people chain" happens when one person tells another person about a group, and then that person tells another, and so on. Tell everyone you can about the group, and ask them to tell others. When your group starts meeting, encourage members to tell others about the support group. Once you have enough members, contact them to let them know the date and time of the first meeting. How do you facilitate a peer support group? Prepare yourself for the meeting. Take a few minutes to think about possible topics for discussion. Go over any notes you took. This can help you remember to bring up things that members might want to revisit or give updates on. If you plan to make any announcements of community events or activities that may be of interest to the group, make sure you have them ready. Prepare the room for the meeting. Arrive 20 to 30 minutes early to arrange the room. Put the chairs in a circle large enough for latecomers to fit in, with enough room for folks who use wheelchairs to easily join. Have a pen and paper to take notes. Call the meeting to order on time, or at least within five minutes of the designated time. This encourages other members to be prompt. Give preliminary introductions and information. Introduce yourself briefly; if you have some experience with the group topic, be sure to mention it. Make any announcements and ask the group if they have anything to add. Opening the meeting, Yoshiko introduced herself: My name is Yoshiko Hatori and my sister Miho has been living with muscular dystrophy for over a year now. The most common ground rule for support groups is that everything discussed in the group must be kept confidential. Reminding the group of this from time to time is very important. Explain whether the group is open or closed and what that means. Be sure that everyone understands the rules. Have everyone introduce themselves, stating their names and a little bit about why they were interested in the group. Then begin the discussion, either by touching on something that was mentioned by one of the members or by bringing up a prepared topic. When introductions were finished, she began the discussion this way: Could you tell us more about your concerns? We were all worried about her, and it really made it hard to just enjoy being together as a family. Would anyone like to talk about what effect MD has had on their own family gatherings? Encourage members to listen to each other. Being a good listener - and acting as an example to group members in this regard - means being an active listener, one who is obviously listening and understanding what is being said. Demonstrate the active listening skills listed above while the member is speaking. Wait 10 seconds or so and then, if no other members have done so, offer support. Group members will usually pick up on this and start offering support themselves. For example, Yoshiko might say the following things in her group: Disclosure - the act of revealing personal information - gives other members a chance to offer support, ideas, and assistance. It also encourages other members to share their own experiences

and fosters an atmosphere of trust in the group. To maintain that trust, facilitators may find that they also need to disclose information from time to time. When a member discloses information, the facilitator may have to guide the discussion to make the member comfortable or encourage others to join the discussion. Asking open-ended questions - those which cannot be answered with a simple "yes" or "no" - is very useful at this point.

### Chapter 7 : Counseling - Youth Yellow Pages - TEEN LINE

*Identity House is a non-profit, all-volunteer organization that provides Peer Counseling, Group Support, and Therapy Referrals to members of the LGBTQ community who are struggling with issues of sexuality, gender identity, alienation, relationships, and family.*

### Chapter 8 : Peer Group Pressure - Activities and Games - Life Skiller

*Cross-age peer mentoring refers to programs in which an older youth (mentor) is matched with a younger student (mentee) for the purpose of guiding and supporting the mentee in many areas of her academic, social, and emotional development.*

### Chapter 9 : Peer Programs: Looking at the Evidence of Effectiveness, a Literature Review

*A quick Google search for "student peer-counseling" returns roughly one million results. There's a lot of information out there, and a lot of schools are already employing peer-counseling programs with successful results.*