

Peer Counseling Basics

The Benefits of Peer Counseling

Peer counseling offers disabled women the empowering opportunity to acquire and share valuable mutual support skills to assist other women with disabilities in areas where they themselves may have experienced difficulties. Working as peer counselors can be important for disabled women because it counteracts the cultural notion that women with disabilities have little to offer. By drawing upon their own disability experiences, these women become effective and valuable resources for others. Training to become peer counselors also helps disabled women realize that they are contributing beyond personal help in working together to transform the situation for all people with disabilities.

Disabled Women Face Dual Discrimination

“My self-image and feelings of inadequacy about being a woman have been changed to the point where I have a more positive feeling about myself as a woman and as a person. Being able to share some long pent-up feelings and getting support helped.”

Being female and disabled in our society often means the overlap of two kinds of social and interpersonal mistreatment: sexism and disability discrimination. Since they seem to reinforce each other in the lives of individual women, sexism and disability stereotypes together can create a double measure of isolation and powerlessness. For example, sexism tends to typecast women as being weak, passive, dependent, overly emotional, and childish. Disability stereotypes tend to assign many of the same labels to disabled people: feeble, inactive, dependent, and childlike. The pressure to achieve cultural standards of appearance and normalcy hits disabled women particularly hard when their bodies may not easily conform to established standards of attractiveness.

Peer counseling can help a disabled woman realize that she is not alone in her feelings about her unique body and challenging life circumstances. She can meet and learn from others who have confronted similar experiences, and she can contribute her own ideas to changing perceptions about disabled women.

Disabled Women Face Various Barriers

A disabled woman faces many social and interpersonal barriers and confusions, from staring to avoidance, from pity to resentment, from saintliness to burden, or from vastly lowered expectations to awe and “inspiration.” Along with these attitudes, disabled women confront a variety of tangible barriers: architectural inaccessibility, lack of interpreter or captioning services for those with hearing loss, and lack of print alternative materials (Braille, large print, or computer file) for those with vision loss.

Compared to disabled men, disabled women confront a higher rate of discrimination in employment and education and are given less opportunities to fully participate in community life. Consequently, disabled women may often experience feelings of self-hate, hopelessness, isolation, unworthiness, or ugliness. These feelings may greatly undermine a disabled woman’s confidence in seeking relationships, whether friendships or social or romantic relationships.



Sexuality and Reproductive Health Issues

“I see more clearly now how some of the problems I have are rooted in the systematic discrimination that accompanies a disability.”

A major myth about disability is the notion that disabled people are asexual, either because they are incapable of sexual function, they could not or should not enter into sexual relationships, or else no one would want to enter into a sexual relationship with them. A disabled lesbian may be told that her choices of partners are a result of “not being able to get a man.” Disabled women are particularly hurt by many of the cultural assumptions regarding sexuality, such as sex needing to happen spontaneously, rather than being discussed or planned, and sexual intercourse and orgasm being necessary for sexual satisfaction. These social “rules” create interpersonal barriers for women with impairments that require adaptations, special planning, or assistance with sexual activity. Once individuals recognize that the cultural assumptions and beliefs about disability and sexuality are myths, they will realize that disability-related problems seem much less formidable and are amenable to creative solutions.

The implications of the myth of asexuality for health care are substantial. Providers may ignore disabled women’s sexual and reproductive health care needs on the assumption that disabled women won’t become sexually active or pregnant. Yet this oversight can result in significant

health disparities for disabled women. Disabled women must learn to advocate for their own reproductive health care.

Peer Counseling

Peer counseling is a process by which one person is helped by another who has had similar or related experiences. Professionals in a variety of helping fields recognize and utilize peer counseling as a very effective resource. A peer counselor is in a unique position to assist another disabled individual with dealing with life issues. Provision of peer counseling resources addresses the important need for individuals to have mentors and role models who have experienced similar challenges and life experiences. Peer counseling can greatly help fill the gaps left by overworked professionals who cannot offer an essential and empowering resource: spending time listening and sharing.

Peer Counseling in Independent Living Centers

”I’ve begun to see that it’s [my disability] not the end of the world. The group let me explore and examine life’s hurts, past and present. With the group’s help, I’ve begun the healing process and have begun to grow strong with self-respect and self-assurance.”

The mandate of Independent Living Centers is to train and assist severely disabled persons in attaining skills and resources needed to live in community-based settings, outside of institutions. Peer counseling can address many of the issues that disabled persons encounter who are involved in the Independent Living process. For example, the disabled peer counselor may assist a peer client in learning to hire, interview, and direct personal assistants who help the disabled individual with personal needs, such as bathing, dressing, meal preparation, and so on. Peer counselors help disabled individuals learn to handle aspects of disability bureaucracy, such as obtaining social security benefits from governmental agencies or locating accessible housing and transportation. The peer counselor can also be instrumental in helping an individual confront various emotional and social aspects of disability. The approach described here emphasizes the psycho-social aspects of disability. A key assumption is that an individual’s ability to function in the psycho-social sphere greatly determines her ability to handle the various aspects of dealing with a disability. These may include handling self-care procedures and negotiating interaction with family, friends, personal assistance providers, benefits bureaucracies, medical providers, and other community resources.

Peer Counseling Theory and Practice

“I feel much more proud and self-accepting. Much more.”

The theoretical basis for this peer counseling program is derived from the well-respected concepts of client-centered counseling. Simply stated, the counselor facilitates trust and genuine respect for individuals despite their confusions and difficulties. Within this framework, clients can talk about themselves and their lives and express feelings without fearing that the counselor will judge them. It is assumed that clearer thinking and action will result after clients have had the opportunity to reveal and explore fears, anger, resentment, and losses, and share detailed stories from their personal life situations. It is also assumed that growth occurs when responsibility for life decisions are made by the clients themselves. Thus the counselors do not

offer interpretation of anything clients share with them or tell clients how to lead their lives, though they may suggest community resources and referral to various services. Peer counselors need not undergo extensive psychological training, but must primarily learn the communication skills of good listening, explaining community resources, and offering useful feedback.



This counseling approach views the individual, even one in crisis, as a potentially resilient and resourceful person. These qualities may be compromised or occluded by current life stresses, but can eventually be regained if given adequate support and access to information and resources.

A basic assumption in this program is that people from all backgrounds are always presented with difficulties: losses, unmet basic needs, physical injuries and illness, frightening experiences, and mistreatment. These difficulties begin at an early age and continue throughout life. To handle these challenges, individuals must develop coping strategies. Sometimes these become defense mechanisms that create self-limiting behavior patterns. If provided with a chance to explore and express feelings and listen to others with similar as well as contrasting life

experiences, the individual can rethink self-limiting behaviors and try to develop new skills that will allow her to handle difficulties productively.

These concepts and skills are not difficult to learn for most people with disabilities, including people with mild to moderate cognitive impairments. Acquiring them in a counseling training group with peers who have had resonant life experiences creates a fun and compelling learning experience and a sense of shared goals for community change.

Clarifying Expectations about Peer Counseling

“I realize I am not alone in my experiences and feelings. I have been made more aware that there are others who face many of the same issues and frustrations that I do.”

Expectations of the peer counseling role must be made clear at the outset of the training. The nature and limitations of the peer counseling relationship need to be defined for the peer counselor-trainees. The peer counselor is *not* expected to solve another’s problems or attempt to meet another’s personal needs. Peer counselors are not junior psychotherapists. Peer counselors may need help determining the difference between life issues that are manageable in the peer counseling context and those which are not. They are not expected to handle someone’s severe emotional distress or life-threatening life crises, such as suicidal feelings or family violence. Peer counselors do need supervision and ready access to appropriate community referral sources if such needs arise.

Expectations of the training program must also be made clear. During the series of group training meetings, the peer counselor will be asked to attend regular training meetings, schedule regular practice sessions with another peer to reinforce listening skills, and learn to create a safe environment to share life stories, discuss ideas, express feelings, set goals, and report back on how they are doing.

Planning Peer Counseling

Screening Prospective Participants

A screening and selection process can identify disabled individuals who are able to benefit from and offer peer counseling. A face-to-face interview can generally assess the applicant's readiness to join the training program and, specifically, to:

- acquire and utilize peer counseling skills;
- form effective relationships with peers, and communicate appropriate caring and concern for others;
- follow through in attending group sessions and practice sessions; and
- utilize peer counseling skills in some capacity following the completion of the group training program.



Screening Questions

The following questions can be helpful in screening prospective peer counselor-trainees:

- Describe your interests in learning peer counseling skills. How would you like to use these skills?
- What challenging life experiences have contributed to your own personal growth?
- What difficulties, particularly disability--related, have you had where the assistance of friends and peer resources helped you?

Additional questions should address time availability, transportation, and access and accommodation needs to attend the training events.

Training Curriculum

The training format of the fifteen, two-hour weekly training sessions included the following:

- Lecture and discussion on weekly topics (approximately 30 minutes)
- Demonstrations and discussion of counseling approaches (30 minutes)
- Short practice sessions (5 to 10 minutes each way in listening pairs)
- Personal reflections on the learning process

Additional practice peer counseling sessions were held between pairs of group members, scheduled outside of group time. These served to reinforce skills learned and allowed each individual to take a turn as “counselor” and as “client.” A portion of every training group session was devoted to supervising practice counseling sessions.

A Fifteen-Week Curriculum

The following is the outline for the training curriculum for a fifteen-week training group. At each weekly training session, group leaders introduced and explored a counseling technique or approach, or a disability-related personal, social, or policy issue for discussion and practice, and reviewed the previous week’s topics.

Session 1

Introduction of members and overview of basic theory and techniques used in this peer counseling approach

Session 2

Active listening skills and the importance of peer support

Session 3

The intersection of disability discrimination and sexism in disabled women’s lives and health

Session 4

Telling life stories as they relate to health concerns

Session 5

Role-playing techniques with a focus on interacting with medical providers to maximize the encounter and the relationship

Session 6

Focus on appreciating and recognizing successes

Session 7

Disability discrimination and stereotyping and an introduction to the Americans with Disabilities Act

Continued focus on health services as public accommodations covered by the Americans with Disabilities Act

Session 9

Body image and loss related to disability and chronic illness

Session 10

Self-esteem issues for disabled women and assertiveness with health care providers

Session 11

Assessing access needs, goal setting for health concerns, and problem solving approaches

Session 12

Locating and evaluating access for community resources and helping disabled women assert their access needs

Session 13

Sexuality and reproductive health care issues for disabled women and appropriate reproductive health care services

Session 14

Final review techniques and topics

Session 15

Summary session and graduation celebration with distribution of certificates of completion

Summary

Significant components of the program that contributed to its success included:

1. effective screening of applicants to assess readiness for the program;
2. a workable counseling approach, easily acquired and utilized by beginners, with room for expansion of skills for more experienced peer counselors;
3. a training curriculum relevant to the needs of the participants with a focus on both personal growth and a community contribution;
4. strong peer leadership by persons willing to model the counselor role;
5. a channel for peer counselors' skills following the training which includes ongoing supervision and support.

With the increasing use of peer counseling in rehabilitation nationwide, the training allows participants to develop a marketable skill as a peer mentor and staff person for many disability services and advocacy programs.

The approach described here provided a valuable skill, effectively building the confidence and self-image of participants, counteracting feelings of isolation and powerlessness, and encouraging individuals to successfully set and attain personal goals. Peer counseling can assist individuals in gaining independence, handling potential difficulties of disability, such as managing personal assistance services, avoiding abuse, challenging discriminatory attitudes within one's own networks, setting and achieving vocational goals, and developing a positive self-image. By helping participants to recognize their human and legal rights, and by challenging culturally oppressive behaviors and attitudes, this program furthers the goals of the disability rights movement: full integration and the active citizenship and leadership of people with disabilities.

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