

CONTENTS

CHAPTER 7. PEER COUNSELING PROGRAM (PCP)

PARAGRAPH	PAGE
7.01 Purpose .....	7-1
7.02 Policy .....	7-1
7.03 Definition .....	7-1
7.04 Program Responsibility .....	7-1
7.05 The Peer Counselor (PC) .....	7-3
7.06 Referral Process .....	7-5
7.07 Supervision of a PC .....	7-6
7.08 Evaluation of a PC .....	7-7

January 27, 1994

M-2, Part XXIV  
Chapter 7

M-2, Part XXIV  
Chapter 7

January 27, 1994

RESCISSIONS

The following material is rescinded:

Circulars

10-88-90

CHAPTER 7. PEER COUNSELING PROGRAM (PCP)

7.01 PURPOSE

The purpose of the Spinal Cord Injury (SCI) PCP is to provide SCI veterans with a peer counselor who will assist the SCI veteran/family in:

- a. Adjusting to the injury,
- b. Understanding and coping with the rehabilitation process,
- c. Developing new social skills and relationships,
- d. The transition to community, home or other domicile, and
- e. Coping with new circumstances and conditions after return to community living.

7.02 POLICY

a. It is Veterans Health Administration (VHA) policy that a PCP will be established at all SCI centers.

c. Peer counseling programs may also be established by the SCI Coordinator at medical centers without an SCI center.

7.03 DEFINITION

SCI peer counseling is a process by which an individual patient is provided with a role model who will share learning experiences and practical suggestions regarding activities of daily living, listen to the concerns of the individual, and respond in such a way as to facilitate the rehabilitation process and enhance the quality of life.

7.04 PROGRAM RESPONSIBILITY

a. Chief, SCI Service. The Chief, SCI Service, is responsible for functioning, monitoring, and oversight of the SCI PCP.

b. Peer Counseling Committee

(1) An interdisciplinary Peer Counseling Committee will be designated for the development, implementation, monitoring, and evaluation of the program. This Committee will consist of the SCI Chief, or designee, and representatives from:

- (a) Social Work,
- (b) Nursing,
- (c) Psychology,
- (d) Rehabilitation Medicine,

January 27, 1994

M-2, Part XXIV  
Chapter 8

M-2, Part XXIV  
Chapter 8

January 27, 1994

(e) Chaplain,

- (f) Recreation,
- (g) Voluntary, and
- (h) Other appropriate services.

(2) The Peer Counseling Committee is responsible for the development, implementation, monitoring and evaluation of the program. The committee develops written policies and procedures for the operation of the program and provides support to the coordinator in the continuing operation of the program.

(3) If the Peer Counseling Committee at a facility consults with any individual who is not a VA employee, provisions of the Federal disclosure laws (e.g., the Privacy Act of 1974, set forth in 5 United States Code (U.S.C.) § 552a, the statute covering VA patient records, including name and address information, set forth in 38 U.S.C. § 5701, and the statute covering VA patient records concerning the diagnosis, prognosis or treatment of conditions connected with drug or alcohol abuse, human immunodeficiency virus (HIV) or sickle cell anemia, 38 U.S.C. § 7332) shall be completely adhered to in their entirety.

c. The Program Coordinator

(1) The coordinator will be the social worker, assigned to the PCP by the Chief, Social Work Service, in consultation with and the approval of the Chief, SCI Service.

(2) The primary role of the Program Coordinator is to maintain and ensure the day-to-day functioning of the SCI PCP in accordance with policies and procedures established by the Peer Counseling Committee. This may include:

(a) Assuring the recruitment and screening of SCI persons to serve as peer counselors.

(b) Assuring identification of SCI persons appropriate for participation in the program.

(c) Coordinating the assignment of approved SCI staff to supervise individual peer counselors.

(d) Monitoring the supervision of peer counselors.

(e) Developing, coordinating, and implementing a training program for peer counselors.

(f) Coordinating ongoing educational programs/events for peer counselors.

(g) Serving as liaison between peer counselors and Voluntary Service.

(h) Resolving problems/conflicts between peer counselors and individual SCI veterans and between peer counselor and supervisor.

January 27, 1994

M-2, Part XXIV  
Chapter 8

M-2, Part XXIV  
Chapter 8

January 27, 1994

(i) Implementing the evaluation of the program.

(j) Communicating program issues, problems, and/or developments to appropriate chiefs of service.

#### 7.05 THE PEER COUNSELOR (PC)

PC's are paralyzed persons who have adjusted well to their injury/disability as evidenced by effective interpersonal relationships, vocational/avocational pursuits consistent with abilities, and ability to maintain appropriate levels of independence in self-care and community living.

a. Recruitment of PC. Recruitment methods may vary according to SCI Center location and program needs using both formal and informal channels. The SCI Center staff may have personal knowledge of former patients who have the potential to be counselors. Announcements may be made at Paralyzed Veterans of America (PVA) and other veteran service organization (VSO) meetings or in VSO newsletters. Other organizations and agencies serving the disabled may also be good recruitment sources.

#### b. Selection of PC

(1) The factors utilized in the selection of a PC are critical to the success of the program. Time elapsed since the applicant's own injury may be important and is considered in line with the assessment of the individual's overall adjustment to the injury. Many factors may be utilized; however, the criteria listed below are considered essential to the selection process. The individual:

(a) Understands and is willing to share knowledge of personal SCI experiences as a part of role modeling.

(b) Expresses genuine interest in and commitment to the program.

(c) Has positive interpersonal skills which include inspiring trust and confidence (e.g., objective, active listener, flexible, supportive, communicative, respectful of self and others).

(d) Shows emotional stability (no recent/current psychological pathology or substance abuse), uses sound judgment and is able to engage in a give and take situation.

(e) Accepts supervision, provides feedback, and maintains appropriate confidentiality.

(f) Is independent in ADL (activities of daily living) (individually and/or by instructing others).

(g) Demonstrates reliability, is able to set limits, and establishes priorities in order to achieve goals.

(h) Is employed, demonstrates community involvement, or has established a meaningful daily routine.

(2) The PC should be enrolled as a volunteer and receive a specific assignment as PC volunteer. This procedure will ensure that the PC volunteer is a without compensation (WOC) employee and is within the purview of the Federal Tort Claims Act. They should receive credit for the actual hours

January 27, 1994

M-2, Part XXIV  
Chapter 8

M-2, Part XXIV  
Chapter 8

January 27, 1994

served. As volunteers they are eligible for a number of benefits associated with the Voluntary Service Program.

c. Role of a PC. The individual may serve in a variety of roles while functioning as a PC.

(1) Among the most important perhaps is acting as a positive role model with whom the patient can identify. While counseling efforts are targeted primarily toward the SCI veteran, the PC will often be in a position to provide emotional support to the patient's family as well. As a result of the PC's own experience in adjusting to a disability, the SCI veteran may be provided with information regarding the availability of specific resources (e.g., transportation, housing, etc.). The PC is a friend who acts as an advisor when such input would be beneficial and serves as an advocate while teaching the patient to become a self-advocate.

(2) A crucial role of the peer counselor is to serve as a "sounding board," utilizing active listening skills to facilitate ventilation of feelings and clarification of concerns. Both by example and verbal communication, the PC encourages the SCI veteran to socialize with others, thereby strengthening the patient's support system and minimizing unnecessary isolation. The PC is in a unique position, based on personal experience in adjusting to life with a disability, to identify gaps in the patient's understanding.

NOTE: The PC will under no circumstances give medical advice but will refer the patient to appropriate professional staff.

(3) The PC may serve as a consultant to the professional staff regarding the effectiveness of teaching methods, thus expediting the rehabilitation process.

d. Responsibilities of a PC. In providing this unique adjunctive service, the PC assumes a number of important responsibilities, both to the hospital and to the patients.

(1) The trained PC should be able to identify and address all problems and concerns, referring those which are beyond the scope of the PC's expertise to the supervisor, or other appropriate clinical staff member. Similarly, obtaining consultation with professional staff on an ongoing basis provides the PC with an opportunity to maintain clarity of roles, improve the effectiveness of counseling, and exchange information.

(2) As in most "helping relationships," the PC will both respect the confidential nature of the patient's communication and understand the limits of confidentiality (e.g., threat of harm to oneself or to others).

(3) As an adjunct to the rehabilitation team, the PC is responsible for adhering to the guidelines of the program and VA policies, and providing periodic progress reports to the supervisor.

e. Training

(1) PC's will receive an orientation to the program with relevant training by a designated member of the interdisciplinary team. It is important that PC's are familiar with the resources available from the program committee members and other medical center staff, as well as within the community. The orientation includes, but is not limited to:

January 27, 1994

M-2, Part XXIV  
Chapter 8

M-2, Part XXIV  
Chapter 8

January 27, 1994

(a) An overview of the program,

(b) Definition of a PC,

- (c) Roles and responsibilities of the PC,
  - (d) Use of supervision,
  - (e) Relevant hospital policies and regulations to include the Privacy Act and confidentiality,
  - (f) Recreational resources, and
  - (g) Other specific community resources needed by the patient.
- (2) Training will be provided in:
- (a) Communication and problem-solving skills,
  - (b) Identification of emotional and behavioral characteristics,
  - (c) Sustaining a positive relationship, and
  - (d) A variety of intervention techniques including how to establish and terminate the PC relationship.
- (3) Training may be accomplished through group or individual presentations in one or more sessions. The training methods may include:
- (a) Lectures,
  - (b) Didactic information,
  - (c) Role playing,
  - (d) Discussions,
  - (e) Readings and research, and
  - (f) Use of other developed instruments or exercises.

NOTE: Although they are on WOC status, PC's should receive the training provided by Voluntary Service and report hours worked.

- (4) A periodic inservice plan for continuing education is recommended.

#### 7.06 REFERRAL PROCESS

a. Any member of the treatment team may refer a patient to the PC Coordinator for consideration. While most patients may benefit from peer counseling, it has been especially helpful with newly injured patients and those who continue to have difficulty in accepting and coping with the restrictions of a spinal cord injury.

- (1) The SCI program coordinator will interview the patient and explain the program.

January 27, 1994

M-2, Part XXIV  
Chapter 8

M-2, Part XXIV  
Chapter 8

January 27, 1994

(2) If the patient wants to be a part of the program, the coordinator will consult with the PCP Committee members to select the PC.

b. A variety of factors are considered when matching a patient with a PC. Survey findings reflect that the severely impaired PC may motivate a less-impaired patient; older, successfully rehabilitated PC's relate well to younger patients; and older patients may not benefit as much from counseling by a younger PC. Ultimately, flexibility is critical to the matching process. Preliminary surveys of SCI Peer Counseling Programs suggest that the following considerations may be relevant to the matching process:

- (1) Level of injury,
- (2) Age, and
- (3) Background (e.g., education, socioeconomic status, marital status, religion, interests, etc.).

c. After the PC is identified, a treatment team member is designated to supervise the PC. The supervisor notifies the PC and provides a briefing on the patient's needs and situation.

#### 7.06 SUPERVISION OF A PC

a. Any member of the treatment team may supervise a PC. Supervisors are chosen based on their interest, abilities to supervise and specific needs of the individual patient.

b. The Peer Counseling Committee will recommend potential supervisors for PC's to the Chief, SCI Service, for his approval. Supervisory assignments for individual PC's will be made from the approved list.

c. Monitoring of contacts and relationships between patients and counselors requires the support, guidance, and direction of skilled and knowledgeable supervisors. Supervision may be offered on an individual and/or group basis. The frequency of supervisory sessions should be determined by the individual needs of the PC and the needs of the patient, as well as the needs and goals of the program. It is important to have oral and/or written means of reporting to the supervisor in order to be able to evaluate the effectiveness of the PC relationship and the overall contribution of the program.

d. The number of patients assigned to a PC at any one time will depend upon the demonstrated abilities and availability of the PC. Use of supervision may be included in the PC's annual performance evaluation.

e. The supervisor will ensure that the PC functions according to the established PCP guidelines and medical center policies and procedures. The supervisor, in consultation with the PC and the Peer Counseling Committee, may terminate peer counseling for the patient or designate a different PC for the patient.

f. The PC will routinely report information pertinent to the treatment of the patient to the assigned supervisor in either oral or written form. However, any information that may be considered of an emergent nature will be reported immediately to the supervisor or other appropriate staff members. The supervisor is responsible for pertinent information being documented in

January 27, 1994

M-2, Part XXIV  
Chapter 8

M-2, Part XXIV  
Chapter 8

January 27, 1994

the medical chart. The frequency and content of recording are determined by the supervisor and program policy. Other forms of documentation include a record of the PC's attendance and time spent with patients.

January 27, 1994

M-2, Part XXIV  
Chapter 8

M-2, Part XXIV  
Chapter 8

January 27, 1994

7.07 EVALUATION

a. The major areas of evaluation for a PCP are:

- (1) Quality and outcomes of peer counseling,
- (2) Training,
- (2) Supervision,
- (3) Patient satisfaction, and
- (4) Other areas, as appropriate.

b. PCP evaluation will be conducted in accordance with the medical center quality improvement policies.