Library Worker Support Network

Training Manual for Peer Leaders

The Library Worker Support Network is a partnership between the New York Library Association and Urban Librarians Unite.

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Community Agreements (expanded version):

We create an open, safe, and supportive environment for library workers to access the benefits of peer support. This environment is inclusive, welcoming, and as physically and emotionally safe as possible. If at any time, you are made to feel unsafe, or spaces aren't meeting your needs, we welcome your feedback and will work with you to find a resolution.

We understand that the experience of trauma and adverse events varies based on the identity and positionality of the person experiencing them. As library workers, we experience many challenges, including harassment, violence, discrimination, microaggressions, among others. We acknowledge and respect your unique identities, including gender, gender identity, gender expression, sexual orientation, disability, physical appearance, body size, race, age, religion, faith, national origin, source of income, and language preference.

We will ensure that all voices are heard. We honor each other by being mindful of how we communicate and respecting each other's boundaries. We offer multiple ways to engage and communicate and support your needs as they change over time. No justification is required when advocating for your needs.

We are open to growth and the growth of others. We are committed to not replicating societal inequalities and we simultaneously recognize that we carry these power imbalances with us. Therefore, we actively work together to dismantle these inequalities, and embrace the discomfort that comes along with this process.

We recognize that our words and actions can impact others in negative ways that we do not intend. When harm occurs, we work together to engage in restorative practices.

What is Peer Support?

Peer support is a peer lead, person-centered, trauma informed, type of support group. It operates separately or outside of a medical setting by and for individuals who have experienced similar experiences, which in our case is any of the stress, confusion, trauma, anger and joy of working in library settings. These shared experiences and understanding allows for us to build mutuality, and trust, rooted in empowerment, the sharing of power, shared knowledge and experiences, and social and/or practical assistance given to support others with similar lived experiences.

Peer support is focused on relationships, not only between the leader and participants but the group as a whole, in order to create a safe space for sharing, discussion, and growth. We do not claim to know the best way for individuals to handle things, but offer support as they learn to handle them, acknowledging that we are all experts in our own lives and experiences. As such, we operate from a strengths-based approach, focusing on what individuals are able to do and have accomplished, rather than focusing on the deficit or errors of the individual. Ultimately, the goal is a safe space, where people can be encouraged and find connection.

We acknowledge that peer support is just one part of healing, and that as individuals we are not responsible for and cannot heal everything, but we can create a safe, welcoming space.

For more on this please read our literature review!

What a Peer Support Leader Does

Does	Doesn't
Listen unconditionally and validate the individual's experience. Can offer resources and connections if asked.	Does not offer help/resources/solutions unless asked. We have to put aside our library worker hats a bit. But keep those resources ready for when asked!
Can talk and repeat back what has been told to verify if you are hearing them correctly.	Does not diagnose individuals - allow them to name their experience and feelings (ex. Depression, vicarious trauma, etc.)
Serve as a role model of someone who has been/is dealing with similar things.	A peer leader is not a therapist or sponsor, your responsibilities only exist within the peer support space.
A peer leader is an expert in their own lived experience.	Peer leader is not a medical professional.

The most important part a peer leader plays is that of a colleague, a shoulder to lean on, and a peer - it is not important to have all the answers, or to hold emotions in - you are allowed to share and rely on the group too. You are not a mental health professional who needs to keep distance (only what you need to feel safe). By you being there you are creating a space that allows for the sharing of mutual experiences (and those not mutually shared). You being there and holding space is enough. You are enough. :)

Peer Leader Roles

Each group will be held on zoom and consist of approx 10 participants. Two Peer Leaders will run each group session. One Peer Leader will serve as the Facilitator, and one will serve as the Moderator throughout the entire session. The Facilitator is responsible for orienting/welcoming participants to the support group, engaging participants in group discussion, and closing the session. The Moderator is responsible for all the background work required to keep the group running smoothly, such as monitoring the chat and waiting rooms, assisting participants with tech support, and privately addressing concerns with participants as they arise. Please see below for more details about each role.

Role of the Facilitator

1. Meets 15 minutes before the meeting with the potential moderator to decide who is going to take the facilitator vs the moderator role.
2. Check technology and links to make sure they work before the meeting.
3. Begins the group meeting by reading the welcome script
    a. Identifies roles
    b. Reads Code of Ethics
    c. Trigger Warning
    d. Double-dipping discouraged
    e. Raising hands
    f. Encourages participants to refer to the chat for resources, links, and survey.
4. Starts the discussion by making appropriate space for open-ended sharing.
    a. Let the conversation flow.
    b. Uses open-ended prompts to guide conversation.
5. Wraps up the conversation.
6. Invite those who want to participate in a breathing exercise.
7. Reminds everyone of available resources and the survey in the chat.
8. Debrief with Moderator.

Role of the Moderator

1. Meets 15 minutes before the meeting starts with the potential facilitator to decide who is going to take the facilitator vs the moderator role.
2. Check technology and links to ensure they work before the meeting with the facilitator.
3. Admit participants from Zoom waiting room muted and with video/cams off.
4. Drops the necessary links in the chat at the beginning of the meeting
5. Responsible for checking the waiting room for latecomers; answering chat questions; helping with tech issues; checking for raised hands
6. Responsible for monitoring the conversation
    a. Offer private chat script if needed
    b. Announce if there are waiting hands
    c. Troubleshoot
    d. Monitor chat
    e. Drop relevant links in the chat throughout the meeting
    f. Gently but firmly hold up standards
7. Put the survey and resources in the chat.
8. Debrief with the Facilitator

Running a Meeting: The Basics

Meetings will take place via Zoom and last approximately 1 hour and 15 minutes from log-on time until after the debrief time.

Meeting Flow

Time	Activity
-00:15m	***15 minutes prior to scheduled start time*** The two facilitators (Leader and Moderator) log-in and meet to decide roles and check tech, links, and mental health.
00:00m	***Scheduled Start Time*** **Moderator:** Admits participants from Zoom waiting room muted and with video/cams off (using video/cams is optional for everyone except the Leader)
+00:05m	***5 minutes after start time*** **Leader:** Begin group with welcome; identify roles; use provided welcome script to set expectations (community agreement, trigger warning, double-dipping discouraged, raise hand, etc), refer to chat for resources and links and survey. **Moderator:** Drop the community agreement link and resources in the chat, along with the survey.
+00:10	***(10 minutes after start time)*** **Leader:** Makes appropriate space for open-ended sharing. **Moderator:** Monitors waiting room, chat, raised hands, and helps with tech issues.
During Meeting	***45 minutes allotted for group discussion*** **Leader:** The Conversation **Moderator:** Monitors for red flags, offers private chat script if there are red flags; gently but firmly hold up standards
+00:55m	***55 minutes after start time*** **Leader:** Use provided wrap up script; wind down conversation, breathing exercise, a reminder of resources, and survey in chat **Moderator:** Put resources and survey in the chat
+01:00h	***At scheduled end time*** END ON TIME

+ 01:15h	***15 minutes after end time*** **Leader** and **Moderator** debrief between facilitators: what worked, what didn't follow-up work needed, red flags, concerns, mental health check-in, breathing exercise if wanted. Both **Leader** and **Moderator** will complete survey to provide feedback

Welcome Script

Welcome to today's peer group. The purpose of this group is to _____ for library workers.

My name is _____ and I will lead our group today. My colleague _____ will be the moderator for our group.

Please note that you control how you participate in this group, however, we ask that everyone follows our community agreement.. We are dropping a link to these guidelines in the chat.

While in the group, you may choose to turn your video on, however, no one is required to do so. You will notice that you are muted upon entry from the waiting room. You may unmute yourself at any time. If you do not feel comfortable breaking into the conversation or would like us to open space for you please use the "Raise hand" function and our moderator will open space for you.

Our moderator will also be monitoring the chat, helping me keep time, and can assist with troubleshooting tech issues if needed. This group meeting will not be recorded.

While participating please keep in mind that discussions will include triggers for some of us. Please feel free to step away if needed, and return to the conversation at any time. We do have a list of resources available and we will drop the link to those in the chat as well.

In addition, we would like to allow as much room for sharing as possible. Please be mindful of the time allowed and keep space for others as needed. Either I or the moderator may make space for others when appropriate (i.e. someone Raises their hand).

We will keep the last 5 minutes of our group for time to wrap up and ground ourselves before we end our time together. If you have time, please consider filling out our brief survey after our group today. That link is also in the chat.

Thank you for allowing me time to make sure we all know what to expect from our group today. Let's begin with a general check-in. How are we today?

Wrap Up Script

We are now coming to the last 5 minutes of our time today.

> (The moderator uses one of the breathing exercises, mindfulness activity, or grounding techniques for the last few minutes of the meeting).

As a reminder, there are several links available in the chat. Please bookmark the resource link, it may be helpful to have on hand. The survey is available as well.

Thank you for taking the time to gather today. We look forward to seeing you again.

Links for Moderator to Drop in Chat

- Expanded version of community agreements:
- Survey for participants: https://docs.google.com/forms/d/e/1FAIpQLSc86Ji_z3L23JhPYezN7BLD3EZReW8VXZA_DJ40YitWbynsfw/viewform
- Further resources for participants:
    - Mental health support: https://mhanational.org/get-help

After the Meeting

Peer Leaders debrief together

- ☐ What worked?
- ☐ What didn't?
- ☐ Follow-up needs? Check-in
- ☐ Report/red flags?
- ☐ Complete feedback survey: https://docs.google.com/forms/d/e/1FAIpQLSdFRUrMt0fNVeiOi8OJ4_EK0gZx9GTcJZhsUwEumqwbz6th_w/viewform

Collecting Feedback on Peer Group Process

- Facilitator/Moderator survey
- Group Participants survey

Peer Leader Knowledge and Skills

As a Peer Leader, you are providing space for participants. to share their experiences and engage in mutual support as library workers. The goal of these groups is to create space for library workers to come together and gain mutual support through acknowledgment of their shared experiences. This section of the manual will walk you through essential knowledge and skills to facilitate peer support groups.

Active Listening

Things to Think about:

- Holding space
- Validating emotions
- Shared experience
- Silence
- Oversharing/taking up too much time
- What to do when you don't know what to say/how to respond
- Be careful about offering resources, as library workers it is often our default, but this is a space for listening rather than "solving."

What does it mean to actively listen and why is it important for peer support groups?

- "Listening to understand instead of reply"
- Active listening validates a person's need to be acknowledged, heard, and understood
    - What does it mean to feel heard? Very different from problem solving/advice giving
- "...trust that it is useful for clients to explore their own experiences and perceptions" [4].
    - This is the goal of our Peer Support groups - to create a space where we value library workers exploring their own experiences and perceptions.
- Active listening builds trust, forms connection, and emphasizes the value of human relationships
    - All of these things are helpful for wellbeing, particularly when people have felt isolated and unsupported
- Listening can help the person sharing process their emotions, feel less alone, and create space for them to acknowledge their feelings
- It can help the listener gain new perspectives, insight, and create a shared understanding/experience
- Sometimes the act of listening itself is the needed response/support for the individual sharing
- "Taking an accepting attitude involves respecting clients [peers] as separate human beings with rights to their own thoughts and feelings" [5].

- It's paramount to remove judgment of participants' "goodness" or "badness" and instead recognize their full humanity
    - Facilitators will have to cultivate a level of awareness about their own reactions/judgments to what is being shared

How to/Active Listening in Practice

- Taking a non-judgemental approach
    - Things will come up that cause a personal reaction or that we don't agree with. When listening to someone sharing their perspective/experience, the more open we can be, the more likely participants will feel safe sharing.
- Being comfortable with silence
    - Allows for reflection, collection of one's own thoughts, space to engage in internal thoughts/emotions without input from others, time to process
    - Can also be brought to the surface as something to explore within the group. (Ex: "It seems like there's a lot of silence around this topic. What are the group's thoughts about why that is?")
- Asking open-ended questions
    - Creates opportunities for exploration and processing
- Reflecting/summarizing
    - Expressing what you've observed the themes of the conversation to be, or sharing in your own words what participants have communicated
- Engaging in verbal and non-verbal communication that expresses interest to prompt the speaker to continue sharing
    - Important to think about what this looks like in a virtual conversation. May not be able to add the verbal gestures while participants are sharing, but how can our non-verbal communication show that we are engaged and actively listening, while also feeling comfortable in our bodies? Think about why you are crossing your arms? Are you uncomfortable? Can you open up your body language?
- Being okay with not having the answers
    - We aren't tasked with "fixing" or "solving", instead, we are tasked with holding space and creating a container for library workers to put their thoughts/feelings in
- Validating/normalizing emotional reactions to library work
    - "It makes sense that _____ would make you feel _____"
    - Validating an emotion does not mean we condone the behavior/expression of that emotion. Ex: a participant could be describing an experience at work that demonstrates room for growth based on the actions they took. Their actions shouldn't be the focus of discussion - instead, the focus should be on how the participant was feeling in that moment, what they wish would have been different, any thoughts they have reflecting on the experience, etc.

Barriers to Active Listening/Things to Avoid

- Commanding
- Warning
- Lecturing
- Judging
- Blaming
- Shaming
- Giving suggestions/solutions

Please see the Resource section of this manual for additional information to explore.

Common Group Dynamics

Read the article below that gives some tips for supporting group leaders in leading group discussions.

Highlights:

1. Define positive group dynamics
2. Understand factors that contribute to challenging group dynamics
3. Develop a structure that supports positive group dynamics
4. Intervene to meet specific challenges

Resources:
Tending to group dynamics four steps to success for support group leaders - AdoptUSKids for professionals - Google Docs

Mindful De-boarding

Quick Mindfulness (Beginning and/or end of session)

(Minute 1) The facilitator or Moderator asks participants to close their eyes and focus on the question "How am I doing right now?" Focus on the feelings, thoughts, and sensations that arise.
(Minute 2) Breathe slowly for one minute.
(Minute 3) Focus on the effects of breathing on the body and slowly become aware of your surroundings.

PLEASE NOTE: Minutes 2 & 3 can be used in conjunction with a visual calming video/slides with or without music.

Other Resources:

Links for visual/auditory mindfulness to end a meeting

- https://virtualcalmingroom.net/visual-relaxation

- https://explore.org/livecams

Two Mindfulness pdfs in folder:

1. Bookmarks with the 5 senses technique
2. A pdf from The Anti-Burnout Club

Use one of the mindfulness activities from the Anti-Burnout Club for the last five minutes of each meeting. Below is an example of a simple mindfulness activity found on page 4 of the Free-Mindfulness Activities Guide linked above.

Trauma 101

Trauma can broadly be defined as "When something happens to the body that is too fast, or too soon, it overwhelms the body and can create trauma" [2]. The body in this, not only describes physical things but mental as well, seeing the body as whole. Another definition that may be helpful is how the Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma which is that it is a common human response to harmful situations—or those perceived as harmful—that can be either physical and/or emotional, and that leaves lasting effects on a person's ability to function, as well as on their social, emotional, physical, and/or spiritual well-being.

There are a few different categories trauma may fall into that can be useful to know:

Category	Examples
Community/National	Mass shooting, terrorism, police violence
Generational/Historical	Enslavement of Black people, Native American genocide, the Holocaust
Sexual and Gender	Sexual assault, gender violence, lgbtqia2s+ violence
Racial	Racism, microaggressions, police brutality, abuse
Disaster/Conflict	Loss of a loved one, war, displacement, loss of home
Health/Healthcare	Lack of healthcare, compounding illness, lack of gender affirming healthcare

Trauma and traumatic experiences can manifest in the body in different ways, this does not always happen right away and can occur sometime later.

Some of the potential indications of trauma are as follows:

- **Physical**
  - High blood pressure
  - Heart Racing
  - Breathing fast or not being able to catch your breath
  - Sweating
  - Too much or too little saliva
  - Dizziness
- **Reactions**
  - Exaggerated or lessened reactions to stimuli
  - Lower resilience to issues

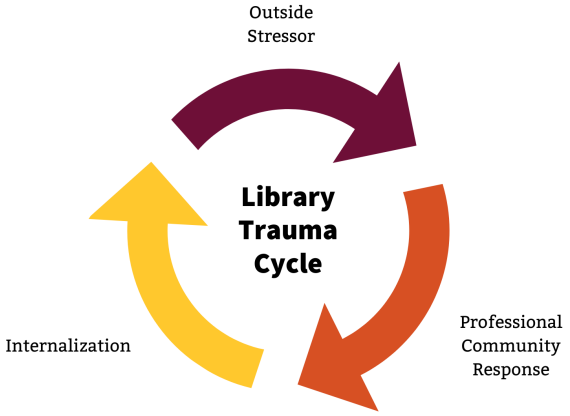
    - Increased health problems, addiction, mental illness, and poverty
    - Dissociation
- **Mental Health**
    - Anxiety, Anger, numbness, depression
    - Reduced decision making abilities
    - Difficulty concentrating
    - Memory loss/gaps/problems
    - Withdrawal
    - Denial

Library Trauma Cycle

In 2022 ULU published a study that looked at trauma in urban, public libraries, that is what the peer support network was born out of. In this study, the primary finding validated that trauma does happen in libraries. From that, ULU built the trauma cycle, which may be helpful in helping people figure out where they are in the cycle, so then they can see how they can disrupt it.

The Library Trauma Cycle has three stages:

1. Outside stressor - An adverse event external to the staff member. This can be a variety of types of event, including, but not limited to, assault, sexual harassment verbal abuse, racialized abuse, witnessing violence, workplace bullying, witnessing or assisting with a health incident, and secondary trauma like being faced w/patrons who have intense needs the staff member is unable to meet.



Library Trauma Cycle from the 2022 Urban Library Trauma Study

2. Professional Community Response - The response or lack of response from your coworkers, supervisor, administration, and professional community.

3. Internalization - Without support, many library workers begin to feel as though the events are their own fault, or that they are alone in their experiences. They then hold on to the stress and bring it into their next patron or coworker interactions.

The cycle can be broken at any point if there are interventions to support the individual from internalizing the incident. If the cycle is not broken, then that internalized trauma goes on to affect the next interaction. This model highlights that the creation of trauma in public libraries goes beyond the individual and is the responsibility of both the library worker, the library institution and staff, and the community that the library serves.

Trauma-Informed Care and Library Work

Trauma-informed care considers an individual's lived experiences and trauma when looking at the individual, their situation, reactions, and mental health. It attempts to shift the discussion from "what is wrong with you?" to "what happened to you?" In this, it recognizes the person allowing space for care, community, and understanding.

The following is copied from Leah Dudak's Library Journal article on this topic:

According to SAMHSA, the trauma-informed four main assumptions: realization, recognition, response, and resisting re-traumatization.

- Realization is about understanding, on an individual and organizational level, what trauma is and how it can affect individuals and communities. Trauma happens not only in the context of health, but affects all parts of an individual's life and the organizations they interact with.
- Recognition requires spotting the signs of trauma, in the communities we serve as well as in ourselves and others. These signs may include a quick temper, a disassociated affect, difficulty planning, difficulty following directions, poor self-management, mental health or substance abuse problems, physical symptoms, and more.
- Response is how the organization and the individual react to those who have experienced trauma.
- Finally, resisting re-traumatization actively works to prevent further harm or perpetuation of the original trauma.

SAMHSA defines the six key principles of a trauma-informed approach as safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and recognizing cultural, historical, and gender issues.

- Safety encompasses both physical and psychological well-being.
- Trustworthiness and transparency build on the assurance that comes with safety.
- Peer support focuses on creating spaces for people to connect, learn, and find compassion.
- Collaboration and mutuality encompass the interpersonal elements of organizations. It is important to consider and try to level power differences when possible.
- Empowerment, voice, and choice. Folks should feel empowered to advocate for their needs and see their needs being considered.
- Cultural, historical, and gender issues—the intersection of identity and life experiences, and how this can contribute to both trauma and resiliency—must also be considered when working with or discussing trauma and creating trauma-informed spaces.

Self-care/Vicarious Trauma

Overview of Vicarious Trauma, Compassion Fatigue, and Secondary Traumatic Stress

- Not the same as burnout - separate but related concept that you can learn more about here
- Definitions [6]:
    - Compassion Fatigue - a combination of physical, emotional, and spiritual depletion associated with caring for others who are in significant emotional pain and physical distress.
    - Secondary Traumatic Stress - natural consequent behaviors and emotions that often result from knowing about a traumatizing event experienced by another and the stress resulting from helping, or wanting to help, a traumatized or suffering person. Its symptoms can mimic those of posttraumatic stress disorder.
    - Vicarious Trauma - negative reaction to trauma exposure and includes a range of psychosocial symptoms that providers and responders may experience through their intervention with those who are experiencing or have experienced trauma. It can include disruptions in thinking and changes in beliefs about one's sense of self, one's safety in the world, and the goodness and trustworthiness of others; as well as shifts in spiritual beliefs. Individuals may also exhibit symptoms that can have detrimental effects, both professionally and personally.

Ways this shows up in our lives/work

Anyone working with survivors of trauma and violence is at risk of experiencing vicarious trauma. Factors that may make someone more vulnerable to this risk are called Risk Factors. Factors that mitigate this risk, and thus, reduce likelihood of vicarious trauma, are called Protective Factors. While these are important to know as a peer leader, these are also things our participants may experience.

Risk Factors and Protective Factors for Vicarious Trauma

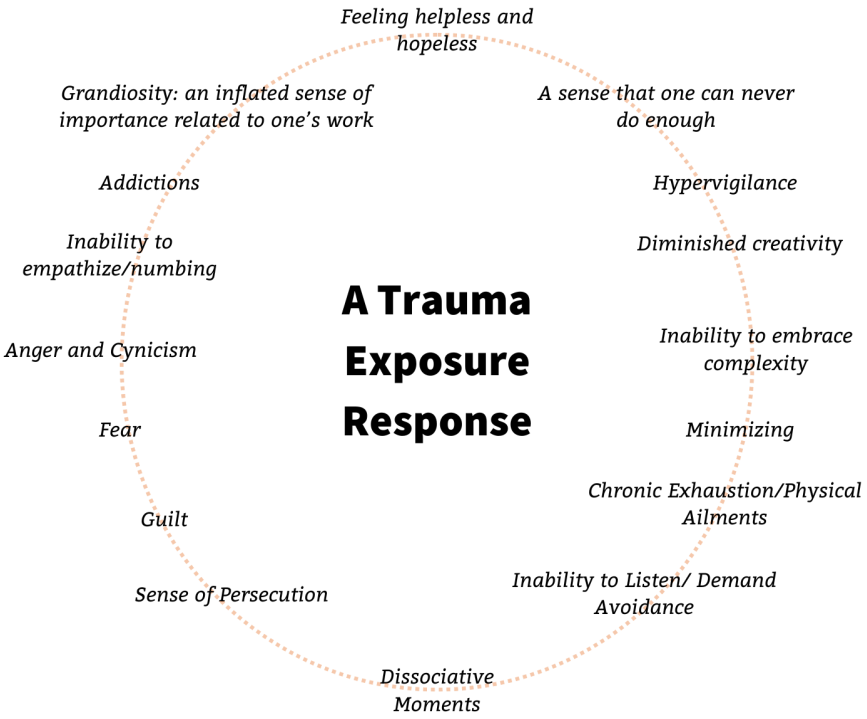
Risk Factors [6] *Factors that increase risk for experiencing Vicarious Trauma*	**Protective Factors** [1] *Factors that mitigate risk of experiencing Vicarious Trauma*
Trauma history	Recognition of the importance of self-care; Engaging in proactive self-care strategies (can be physical, mental, emotional, spiritual, social)
Tendency to avoid feelings, withdraw, or assign blame to others in stressful situations	Recognition and understanding of the impact of this work on health and well-being
Difficulty expressing feelings	Knowledge of what to do and where to access support if needed
Lack of orientation, training, and supervision in their job	Belief that this work contributes to positive change
Being a newer employee, or having less experience within their role	Awareness of the early warning signs/symptoms of vicarious trauma
Constant and intense exposure to trauma with little or no variation in work tasks	Having and practicing adaptive coping mechanisms
Lack of effective and supportive process for discussing traumatic content of the work	Support from colleagues and organization
Engaging in maladaptive coping strategies without awareness or without incorporating adaptive coping strategies	Planning for space and time between exposure to traumatic material

Impact of Vicarious Trauma

Whether or not an adverse experience leads to trauma is different for everyone. Similarly, symptoms of vicarious trauma also differ across individuals. More common signs of vicarious trauma include [6]:

- difficulty managing emotions;
- feeling emotionally numb or shut down;
- fatigue, sleepiness, or difficulty falling asleep;
- loss of a sense of meaning in life and/or feeling hopeless about the future;
- feeling vulnerable or worrying excessively about potential dangers in the world and loved ones' safety;
- increased irritability; aggressive, explosive, or violent outbursts and behavior;
- avoiding work and interactions with clients or constituents

The picture below shows the ways that vicarious trauma, defined here as a trauma exposure response, can manifest in individuals [7]. You may recognize some of these in yourself and/or colleagues.



Ways to respond to Vicarious Trauma

- Things to Consider
    - By doing this work, we are directly contributing to strengthening the wellbeing of fellow library workers. Peer Support Groups have the potential to serve as protective factors for library workers, and for ourselves.
    - Just as we are able to identify what is challenging/difficult about this work as facilitators, are we also able to recognize and identify strengths in ourselves, peers, colleagues, etc.? Can we hold both at the same time?
    - How do you define "success" in the context of library worker peer support groups and your role as a facilitator?
        - If success is thought of as participants leaving the group no longer struggling to navigate the mental/emotional toll of library work, or as participants no longer having to face situations at work in which they feel hurt, scared, disrespected, undervalued, overworked, etc, - that will increase your risk of burnout and compassion fatigue. Those are important and necessary outcomes to work towards - but those problems cannot be solved by peer support groups alone.
        - Question whether you're putting pressure on yourself to "fix", and, instead, consider what it would be like to define success as: participants feeling heard and valued, creating a space for library workers to talk about the challenges that come up in their work, and facilitating a community that helps library workers feel less alone.
- Setting and maintaining professional boundaries
    - Ex: "working hours" vs "non-working hours"
    - Being honest about what you can and cannot take on, both with yourself and others
    - Keeping yourself engaged in the preventative strategies that work for you (ex: taking breaks, engaging in an activity to decompress after facilitating a group, taking time to talk to another peer leader about this work, etc)
    - Boundaries about your role as a peer facilitator/moderator (what are the limits of your role, how do you communicate this)
- Adaptive vs. maladaptive coping strategies
    - Coping strategies are techniques we use to help manage anxiety, stress, and uncomfortable emotions. Many of us have developed both adaptive and maladaptive coping strategies.
        - Adaptive coping strategies attempt to reduce the overall impact of stress. These are things like talking with a trusted friend/family member, engaging in physical activity, deep breathing, laughter/use of humor, expressing thoughts/feelings in a safe way, listening to music, etc.
        - Maladaptive coping strategies are used in the moment for instant gratification, but can ultimately pose a (varied) risk for increased stress long term. The risk for increased stress caused by maladaptive coping can be dependent on the person. For example, doom scrolling, isolating, impulse spending beyond our means, and procrastination can lead to less than ideal

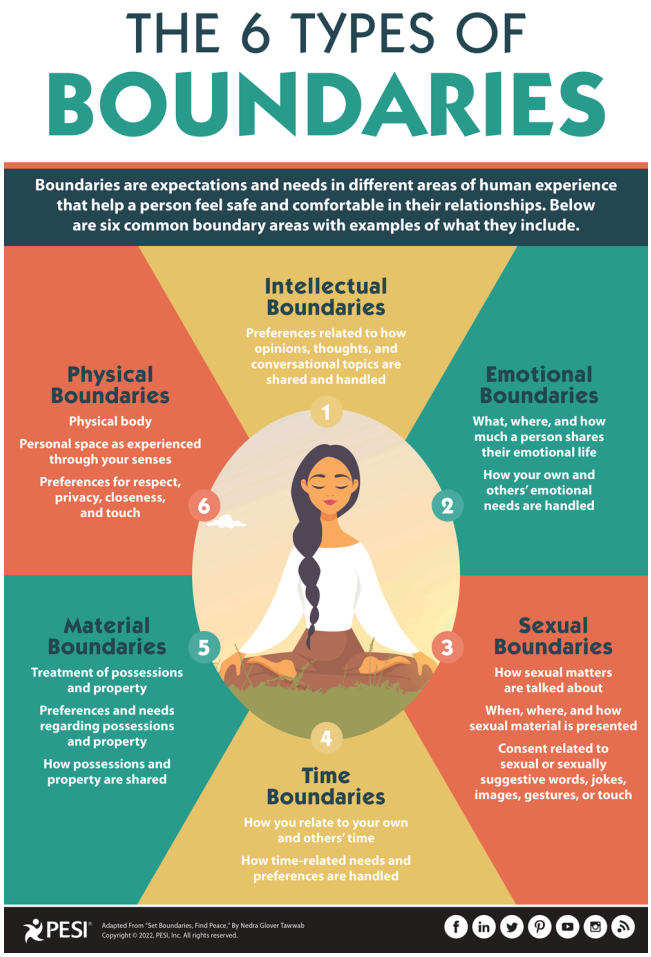
outcomes but don't necessarily threaten our well-being. However, misusing substances, harming ourselves or others in attempts to express emotions, and engaging in risk taking behavior can threaten our wellbeing.
    - It is human to have maladaptive coping skills, it doesn't make us "bad". Even when we engage in maladaptive coping strategies, it's a way we are trying to get our needs met. **Practicing self compassion is a form of self-care.**
    - What are ways we can increase adaptive coping skills (that are actually relevant/work for us)?
- Self care
    - "Managing the well-being of a support group starts with managing the wellbeing of its facilitator" [3].
    - Self care is important, but it alone doesn't "solve" vicarious trauma (this requires systemic support). However, it is usually the area where we have the most autonomy
    - There is A LOT of noise around "self-care" - self care is not care if it's another item on your list about which you judge/stress about/feel inadequate
- Just as experiences of trauma are individualized, so are the strategies that will be right for you. Some questions to consider for yourself are:
    - What signs do I recognize in myself that indicate it's time to pause and engage in care?
    - What am I already doing that works well for me?
    - What is a manageable thing I can implement for myself?
    - What supports do I need from others? What ways can I communicate this?
    - What internal and external resources are available to me that create more opportunities for self care?
    - What are some external factors that are contributing to my stress? Are there opportunities for me to change these factors, or change my relationship to these factors?
    - What is helpful as preventative vs. reactionary/recovery (when I'm already over capacity)?
    - Do I want to develop a buddy system to check in about my self-care/support needs and my experience implementing them?

The picture below depicts a framework, called The 5 Directions, for thinking about self-care and mitigating the impact of vicarious trauma [7]. Please see the Resource section at the end of this manual for additional information to explore.

Boundary Setting

Setting boundaries can be challenging. This difficulty stems from the way that human brains operate. When you feel threatened, a phenomenon known as "amygdala hijack" can occur. The amygdala is the part of your brain that responds to threats through the fight, flight, fawn, and freeze responses. When the amygdala activates in response to a threat, the part of the brain responsible for verbal processing and logic is no longer in control. As a result, you may respond to a threat in a manner that you normally would not if you were in a calm, relaxed state.

While you can't turn off your amygdala, there are proactive steps you can take to make setting boundaries easier. One technique for doing so is called coping ahead. Coping ahead involves practicing how you will respond to a stressful situation in advance. As a result, you can lower your stress response and avoid amygdala hijack. The following activity can help you prepare for situations that you may need to respond to by setting a boundary while leading a peer support session.



From "Set Boundaries, Find Peace" by Nedra Glover Tawab.

Boundary Practice Activity

Read through each of the following scenarios. Then, plan how you would like to respond to these situations if they were to happen to you in real life. Consider the emotions that might arise and challenges that you may encounter, such as pushback from a participant. When thinking through your responses, consider your values and individual needs. For example, if you value creating a safe environment for yourself and others, that can guide how you respond to a boundary violation.

The method in which you chose to practice your response may vary. You can practice your response through visualization, journaling, or by role playing them with a trusted friend, colleague, or fellow peer leader. When you're finished, end your practice session with a relaxation exercise or grounding activity.

Practice scenarios		
	Scenario	**Sample boundary script**
1	A participant repeatedly interrupts other participants to interject their thoughts.	"In order to respect everyone's time and voice, please do not interrupt and allow speakers to finish before you add to the discussion."
2	A participant with whom you have not shared your contact information emails you via your work email address to seek support about an incident they experienced at work that day.	"I care about you and want you to get the support that you need. I am also trying to create healthy boundaries between my paid work and my role as a peer leader. In the future, please contact the ULU Peer Support email instead of reaching out to me directly."
3	A participant who lives in your area asks you out on a date via chat during a peer support session.	"Asking me out on a date was inappropriate; I keep my personal life and work separate as a peer leader. Please keep messages focused on what is being discussed during our meeting."

Boundary Setting Frameworks

To help practice and remember boundary-setting, there are several acronyms you can use like BOUNDARIES, DEAR MAN, and FAST.

The C.A.R.E Bears Boundary acronym emphasizes the importance of clear communication, self-respect, and adaptability for maintaining healthy boundaries in both professional and personal contexts.

C- Communicate your boundaries in a straightforward manner to ensure understanding

A- Ask for what you want since most of us can't read minds

R- Reinforce when others respect your boundaries to create a positive environment.

E- Express your feelings and opinions about a situation

B- Be True to yourself and your values

E- Evaluate your boundaries periodically to ensure they are still serving you

A- Assert Your Needs without feeling guilty or apologetic

R- Remember to consistently maintain your boundaries while respecting the boundaries of others

S - Stay Strong especially when faced with pressure to compromise your boundaries

Resource Guide

Books

- *Set Boundaries, Find Peace: A Guide to Reclaiming Yourself* by Nedra by Nedra Glover Tawwab
- *The Set Boundaries Workbook: Practical Exercises for Understanding Your Needs and Setting Healthy Limits* by Nedra Glover Tawwab
- *Not Nice: Stop People Pleasing, Staying Silent, & Feeling Guilty... And Start Speaking Up, Saying No, Asking Boldly, And Unapologetically Being Yourself* by Dr Aziz Gazipuraby
- *Badass Habits: Cultivate the Awareness, Boundaries, and Daily Upgrades You Need to Make Them Stick* by Jen Sincero
- *Say the Thing: Boundary-Setting Scripts & Phrases to Communicate Directly & Speak Up with Kindness* by Kami Orange
- *The Book of Boundaries: Set the Limits That Will Set You Free* by Melissa Urban
- *Burnout: The Secret to Unlocking the Stress Cycle* by Emily Nagoski PhD and Amelia Nagoski DMA
- *The Better Boundaries Workbook: A CBT-Based Program to Help You Set Limits, Express Your Needs, and Create Healthy Relationships* by Sharon Martin MSW LCSW

Videos

- Webinar on Boundaries for Library Workers
- Assertiveness Is Not Mean

Blogs Posts

- The Comprehensive Guide to Resisting Overcommitment by Katrina Spencer
- For Us By Us: The Best Books on Boundaries by Black Women by Kish
- 7 Things You Must Know About Boundaries, According To Nedra Glover Tawwab
- Supporting Autonomy while Setting Clear Boundaries by by Jean Badalamenti, MSW
- Set-and-Forget-it Boundaries & Self-Care By Collette Jakubowicz / Reflections, What Worked
- Making a Habit of Setting Boundaries & Self-Care By Collette Jakubowicz / Reflections, What Worked
- Setting Boundaries at Work for Personal and Team Wellbeing by Bobbi L. Newman
- Top 10 Helpful Resources for Setting Boundaries by Jordan Kadish

Guides

- Boundary Setting Toolkit
- Setting Boundaries: Info and Practice worksheet

Podcasts

- ReThinking with Adam: How to set boundaries with therapist Nedra Glover Tawwab
- Building Better Boundaries with Chrystal Evans Hurst
- The Art of Being Well Podcast with Dr. Will Cole
- Boundaries Queen by Victoria Priy

Emotional Intelligence Resources

According to the Oxford dictionary, emotional intelligence is the perceptiveness and skill in dealing with emotions and interpersonal relationships. This means the ability to identify and manage one's own emotions as well as the emotions of others. While this can be a broad topic and more research and studying is currently underway, there are at least three parts of emotional intelligence that peer leaders should focus on to get started.

1. Emotional awareness or the ability to identify and name one's own emotions. This is very important when facilitating groups. Often a leader who is more aware of their emotional state may have the capacity and be able to handle or at least be aware of the varying emotional states of others. Then, they may be able to make needed adjustments.
2. The ability to harness those emotions and apply them to tasks like thinking and problem solving.
3. Managing emotions which includes both regulating one's own emotions when necessary and helping others to do the same. This is a very important skill to master in order to be more effective when having or facilitating conversations. Emotional regulation and the development of empathy can help to shape behavior which is hugely important in a group setting.

While it is important to identify the emotions for yourself and others, it is also important to learn how to respond in a productive manner. Emotional Intelligence is a soft skill that can and should be continuously worked on in order to be a more effective leader, colleague, and team member.

There are resources below to begin the process of learning about emotional intelligence.

Video: Emotional Intelligence with Anat Samid - YouTube

6 Steps to Improve Your Emotional Intelligence| Ramona Hacker
http://www.youtube.com/watch?v=D6_J7FfgWVc

Podcast & Transcript: 126. Emotional Intelligence in Library Leadership with Jennifer Nelson – Library Leadership Podcast

Blog Post: How To Improve Emotional Intelligence (simplypsychology.org

De-Escalation Techniques

Remember Our Shared Mission

- In spite of our different experiences and roles within our organizations, we've come together with the shared goal of providing visibility to our unique challenges and experiences

Remember that we are only responsible for ourselves

- In both our personal and professional lives, the only control that we have is over our own reactions
- With this in mind, be cautious not to attempt to influence the opinions and actions of others
- Keep in mind that there may be times when a pause is necessary, and that you we always have the option to excuse ourselves from the group, whether through a breakout room, or excusing ourselves from the conversation altogether

Remember that help is always available to you

- The aim of peer support is to create an environment where we express ourselves amongst others with similar circumstances and needs
- If ever the need arises for additional support or resources, please consider relying upon our leader and assistant for guidance via chat or other means

Remember that nothing is obligatory

- Our only obligation to remain respectful of others and ourselves
- Please feel free to remove yourself from any group or conversation that is not in alignment with your needs and goals

Remember that feelings are subjective

- Sometimes we have an impact on others that is very different from what we intend
- In the event that a peer expresses that something has occurred during the session that is distressing or disruptive for them, it is important that these sentiments are acknowledged and not dismissed

Remember to practice active listening

- There may be moments during our sessions when our peers may become angry or experience heightened emotions
- Rather than being quick to match anger with anger or respond quickly, let's be careful to create space for our peers to express themselves and their emotions

Remember that an apology is always an option

- There may be times when an apology is in order, please don't hesitate to provide one

Buddy Tips for Peer Leaders

The first step in establishing a buddy support system for yourself within the peer leader network will be to reach out to two to three other peer leaders you feel comfortable sharing with. Having one buddy is okay, but sometimes that individual may not be available to you when you need buddy support. Asking two or three people is advised for this reason.

- Ask permission of the peer leaders you are interested in having as your buddy
- Buddies should exchange contact information they are comfortable giving, such as cell phone numbers and email addresses
- When you need support and reach out to your buddy, ask permission again:
    - "Can you hold space for me?" and then be specific about timeframes
        - 1) right now
        - 2)after my session
        - 3)later today or at an agreed upon time, etc
- Be clear about your needs to your buddy
    - Identify whether you need someone to simply listen, you need advice, or both
- Sometimes it's hard to ask for help when we need it. It's okay to offer support or check in with another peer leader if you think they might not be okay or need a helping hand.
- Accept and be comfortable with saying and hearing no if:
    - A peer leader is not ready to be your buddy
    - Your buddy is unable to hold space
    - You are unable to hold space for your buddy
    - A peer leader or buddy declines an offer of support

Group Support Aside from the Buddy System:

- If you feel like posting in the group chat when you have a problem in which specific expertise may be helpful, others may be able to help out who have similar experience. You may get more robust support and assistance for more complex issues this way.
- Post in the group chat about support needed for participants who are in-process for a ban or for restoration so that other peer leaders can assist you.
- If you are struggling and about to hold a session, rely on the emergency substitute process. Life will continue to happen and we need to help lift each other up when in need.

Addressing Urgent Circumstances

Facilitators and moderators need to be aware that crisis situations may occur during a meeting. Practicing and having a plan for common problems that occur in group dynamics is useful but we cannot predict every situation. We need to act quickly in crisis situations and be ready with resources to provide assistance from professionals who are available. Below is a list of resources that can be used during a crisis situation.

It is important to understand that hotlines provide immediate emergency support or counseling to people in crisis and are generally available around the clock. Most will be able to facilitate additional care or intervention if necessary.

Warm-lines also provide these services, but on a non-emergency basis. They typically have set days/hours of operation.

In the event of an emergency, facilitators should refer to hotlines, as a warm-line may not provide an immediate response. Both of these services are usually operated by trained volunteers. Other organizations, such as Mental Health America, are also available to direct facilitators and group members to the appropriate resource(s).

Crisis Support Resources

This list of resources below has been adapted from Mental Health America and the updated list can be viewed at https://mhanational.org/

988 Suicide & Crisis Lifeline
Call or text 988 or chat 988lifeline.org. The 988 Suicide & Crisis Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.
Learn More

Mental Health Resources During Global Conflict
People across the world may find they struggle with their mental health during times of global conflict. This does not affect only those in active combat — these are humanitarian crises, impacting an entire community or region and beyond. These resources address how your mental health might be affected by major conflict events like war, terrorism, geopolitical tension, territorial disputes, and political instability.
Get Global Conflict Mental Health Resources

Disaster Distress Helpline
The national Disaster Distress Helpline is available for anyone experiencing emotional distress related to natural or human-caused disasters. Call or text 1-800-985-5990 to be connected to a trained, caring counselor, 24/7/365. disasterdistress.samhsa.gov
Learn More

Crisis Text Line
Text MHA to 741741 and you'll be connected to a trained Crisis Counselor. Crisis Text Line provides free, text-based support 24/7.
Learn More

The Trevor Project
Call 1-866-488-7386 or text START to 678678. A national 24-hour, toll free confidential suicide hotline for LGBTQ youth.
Learn More

Trans Lifeline
Dial 877-565-8860 for the US and 877-330-6366 for Canada. Trans Lifeline's Hotline is a peer support service run by trans people, for trans and questioning callers.
Learn More

Dial 2-1-1
If you need assistance finding food, paying for housing bills, accessing free childcare, or other essential services, visit 211.org or dial 211 to speak to someone who can help. Run by the United Way.
Learn More

National Domestic Violence Hotline
For any victims and survivors who need support, call 1-800-799-7233 or 1-800-799-7233 for TTY, or if you're unable to speak safely, you can log onto thehotline.org or text LOVEIS to 22522.
Learn More

StrongHearts Native Helpline
Call 1-844-762-8483. The StrongHearts Native Helpline is a confidential and anonymous culturally-appropriate domestic violence and dating violence helpline for Native Americans, available every day from 7 a.m. to 10 p.m. CT.
Learn More

The National Sexual Assault Telephone Hotline
Call 800.656.HOPE (4673) to be connected with a trained staff member from a sexual assault service provider in your area.
Learn More

Caregiver Help Desk
Contact Caregiver Action Network's Care Support Team by dialing 855-227-3640. Staffed by caregiving experts, the Help Desk helps you find the right information you need to help you navigate your complex caregiving challenges. Caregiving experts are available 8:00 AM – 7:00 PM ET.
Learn More

The Partnership For Drug-Free Kids Helpline
Call 1-855-378-4373 if you are having difficulty accessing support for your family, or a loved one struggling with addiction faces care or treatment challenges resulting from COVID-19 circumstances, the Partnership for Drug-free Kids' specialists can guide you. Support is available in English and Spanish, from 9:00 am -midnight ET weekdays and noon-5:00 pm ET on weekends.
Learn More

Resources

Additional Peer Support Group Facilitation Guides

- Depression and Bipolar Support Alliance (DBSA) Support Group Facilitation Guide
- Scottish Recovery Network: Peer Support Group Facilitation
- Mental Health America Center for Peer Support: Support Group Facilitation Guide
- New England MIRECC Peer Education Center: Group Facilitation Skills, Dealing with Challenges in Groups

Active Listening

- Brene Brown - empathy vs sympathy https://www.youtube.com/watch?v=1Evwgu369Jw
- International Critical Incident Stress Foundation - basic communication techniques: https://icisf.org/crisis-resource-library/product/basic-communication-techniques/

Mindful De-boarding

- Bookmarks with the 5 senses technique
- The Anti-Burnout Club mindfulness activities
- Links for visual/auditory mindfulness to end a meeting
- https://virtualcalmingroom.net/visual-relaxation
- https://explore.org/livecams

Self-care/Vicarious Trauma

- Vicarious Trauma Fact Sheet from CA Dept of Corrections
- Trauma Stewardship: https://traumastewardship.com/inside-the-book/
- Harvard Business Review: Sop framing wellness programs around self care https://hbr.org/2022/04/stop-framing-wellness-programs-around-self-care?ab=hero-main-text
- Examples of self-care activities: https://assets-global.website-files.com/614239293a026b46620c333b/630e10968df8221ab48062f7_21-Day%20Self-Care%20Challenge%20Packet.pdf
- Maintenance self care plan: https://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/my-maintenance-self-care-worksheet.pdf

Emotional Intelligence

- Video: Emotional Intelligence with Anat Samid - YouTube
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- Podcast & Transcript: 126. Emotional Intelligence in Library Leadership with Jennifer Nelson – Library Leadership Podcast
- Blog Post: How To Improve Emotional Intelligence (simplypsychology.org)

Link to Leah’s annotated bibliography

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