

## **Establishing Peer Support Groups in a Pandemic**

### **Dr. Mamta Gautam and Dr. Kasra Khorasani**

The COVID-19 pandemic crisis is a mix of danger and opportunity. We are facing unprecedented change in healthcare, and dealing with much uncertainty and complexity. Healthcare workers are experiencing significant, and possibly enduring, psychological distress. Common concerns voiced to date include lack of access to personal protective equipment and testing, virus spread and risk of infection to ourselves and possible spread to patients and family, planning for surge in care demands, stigma, and managing ethical dilemmas.

Human capital is our chief resource, the backbone of healthcare, and needs safeguards as much as every other hospital resource. “The solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience”. (Judith Herman, 1997)

**To help frontline healthcare workers during the COVID-19 pandemic, our main focus is to support them to maintain resilience.**

During traumatic periods such as pandemics, our interventions should focus on five important goals. (Leszcz, 2020)

1. Create safety as we intervene to help.
2. Become aware of emotions and put them to words.
3. Teach and highlight concepts and behaviours that increase resiliency.
4. Articulate a sense of meaning and purpose for the present actions.
5. Create a sense of supportive community.

When possible, face to face group intervention in the location where the staff are working is the most powerful intervention. However, during this time of physical distancing, we can leverage use of on-line communication to offer effective support to a wider community of health care workers at multiple locations.

We have successfully initiated online support groups for Canadian physicians, and would like to share practical steps to assist in your setting up similar groups.

1. Setting up the Group
  - a. Define the Goal of the Group: Our goal is to create a safe place to connect and/or for dialogue, to provide members with mutual aid and support providing a sense of safety and belonging, information sharing, and development of coping strategies, to maintain resiliency and prevent burnout now and post-pandemic.
  - b. Identify platform: We have used Zoom as a way to host these groups.
  - c. Promotion: To reach as many doctors as possible, advertise through the provincial and local medical association, medical schools' leadership, hospital leadership, social media and word of mouth. This will also assist to reduce stigma and normalize the need for support.
  - d. Encourage attendance at one session to see if it is useful
2. Define Rules of Engagement
  - a. This is not therapy or psychiatric care; rather it is a drop-in chat group.
  - b. There is no record keeping of attendance or what was discussed at the meeting.

- c. There is no commitment. Attendees are welcome to stay as long as they wish, and come as often as they wish. There is no need to talk or show self on video; it is fine to just be present and listen.
  - d. Confidentiality will be observed. Chatham House Rules apply, in which participants can share learnings outside of the group, but cannot disclose who it was that spoke and the details of what was spoken.
3. Conducting the Group
- a. Keep the time boundary; start on time and end on time.
  - b. Verbally or by text in the chat box, state the objective of the group and rules of engagement as above. (See SP-1)
  - c. Verbally or using a poll in the chat box, identify and share back the members goals for attending. (See SP-2)
  - d. Ask all members to change their name on Zoom to their first name and their city to increase connection through sharing and knowing a little about each other
  - e. Acknowledge each person present. For late-comers as they arrive, say their name and give them a brief summary of the topics of conversation.
  - f. Verbally or using the chat box, summarize and or reflect on the group experience and discussion at the end of the session. (See SP-3)
4. Facilitating the Group
- a. Be authentic and genuine.
  - b. Practice non-judgmental open-minded curiosity
  - c. Listen actively.
  - d. Be kind and compassionate.
  - e. Keep the group in the forming developmental stage.
  - f. Distract from potential conflicts.
  - g. Do not make deep individual interpretations.
  - h. Stop people from detailed sharing of traumatic experience, and direct them to share more of how they were affected by it.
  - i. Make room for different and, at times, opposing expressions and experiences in the group.
  - j. Offer a CBT-like approach directed to each issue that is raised.
  - k. Allow others in the group to share, and apply the insight and approach to their own issues.
  - l. Be vulnerable and allow yourself to express what's happening to you physically and emotionally. This reduces the shame of sharing one's feelings, modeling for the participants that it is ok if they chose to share.

To have a multiplying effect, we encourage knowledgeable reflective leaders to consider facilitating similar groups locally, and offer them learning and supervision. We invite them to join in an online meeting to observe, and to remain afterwards for 15 minutes to reflect on how the group functioned and how interventions were chosen by the group leader. We also conduct a weekly peer supervision consultation group, in which we support others who are leading similar peer support groups, and discuss group themes, dynamics, leader interventions and specifics of the on-line therapy format. Our hope is to amplify the group's reach, and support, learn and empower each other as we offer these groups.

The quality of trusted peer leadership, and the development of group cohesion are critical. The presence of a professional leader in the groups may facilitate deeper disclosures by the participants. The members' shared experience makes them both peers and credible experts, both providers and consumers of support. Self-worth rises through altruism, and hope is instilled

by contact with others who have surmounted similar problems. Mutual respect and recognition of the value brought by both peer and professional experts is critical.

These peer support groups have been well-received and feedback has been highly positive. They can serve as a critical resource to support and sustain healthcare professionals as they work and live in these difficult times.

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*Dr. Kasra Khorasani is a psychiatrist, psychoanalyst and Group therapist at the University of Toronto. He has over 20 years of experience in Group Therapy, Group Supervision and Group training for MD and non MD therapists.*

## **APPENDIX:**

**Sample Postings (SP). These are just examples and can be modified to the user's style.**

### **SP-1: Initial posting on the chat option:**

The goal of this group is for us to connect.  
You're welcome to stay as long as you can and speak if you wish to.  
Due to the nature of this drop-in session confidentiality is not guaranteed.  
Say what you feel comfortable saying  
We don't keep attendance, Polls given are anonymous.  
In session: You can Write comments in the chat box.  
Use gallery view on top R. Mic & Video bottom L.  
Please feel free to email me if you like to give feedback  
Kasra.khorasani@utoronto.ca

### **SP-2: Entrance poll:**

What do you want to get out of this group? This is an anonymous poll.

1. You can choose more than one option:
  - 1) connection with others
  - 2) get information about my practice during Covid-19
  - 3) share personal experience during the pandemic
  - 4) share my knowledge so to help others
  - 5) just to see what the group is about
  - 6) none of the above... email me or tell us in the group what that is
  - 7) I am a repeat attendee

### **SP-3: Exit Poll**

How did you find the group?

1. Very Useful
2. Useful
3. I will attend again
4. I may attend again
5. I will not attend again