

# The PEG Approach:

## Understanding Your Peer

Nicole Vignone (OT/s) in partnership with PHCSCI

# Road Map

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# Introduction

Peer health coaching can be extremely rewarding and challenging.

If it seems like a participant isn't making progress towards their goals, you may feel like blaming the participant or blaming yourself.

During coaching, it is important to remember **there are lots of reasons people don't do what they say they're going to do.**

Think of all the times in your life you set a goal for yourself. Did you achieve it every time?

Likely not

Sometimes we lack the motivation or knowledge.

Sometimes there are elements that are out of our control.

Sometimes the goal isn't a right fit.

**So what can we do?**

# We can make it a good fit

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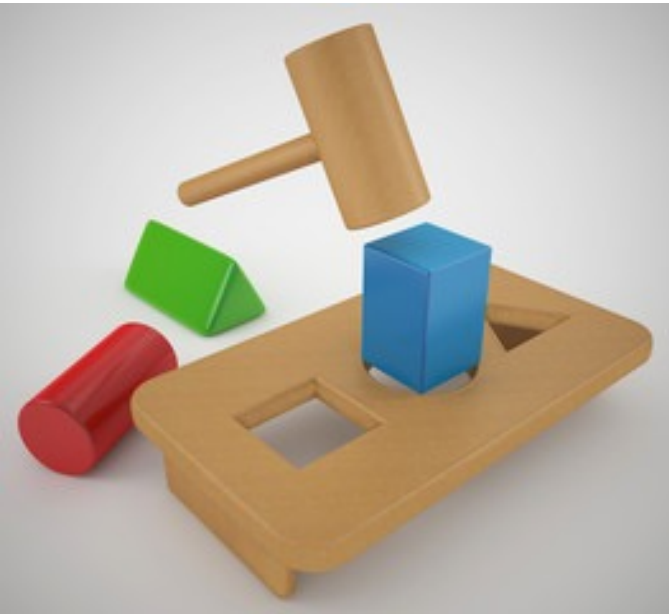
**“You can’t fit a square peg in a round hole”**

This phrase is used to describe a person or thing that is in a situation or doing something that does not suit them.

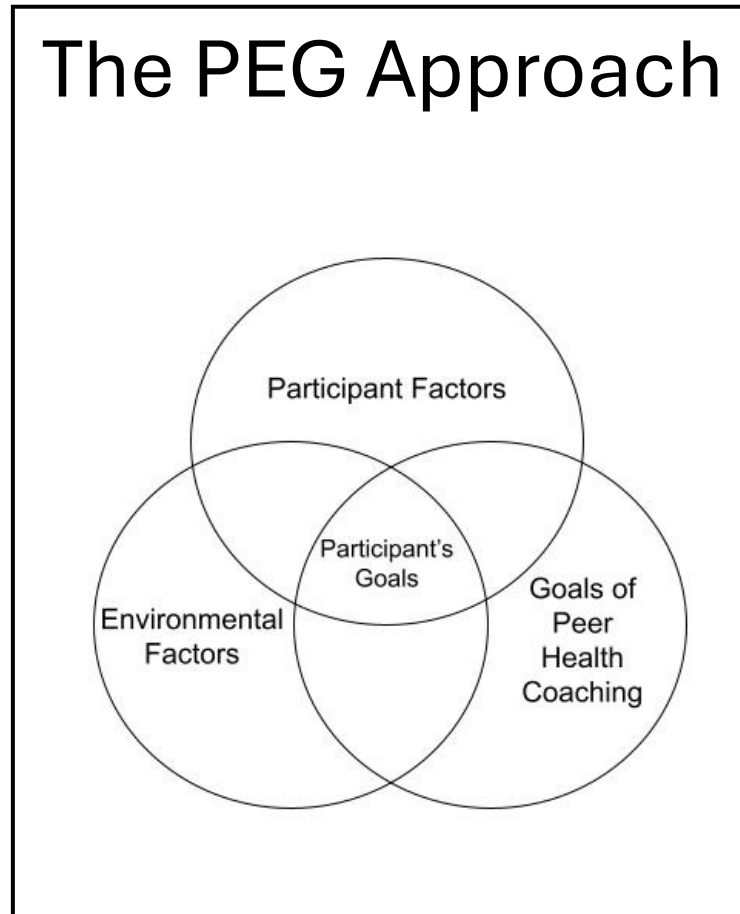
**We want to provide coaching that is a good fit for the participant.**



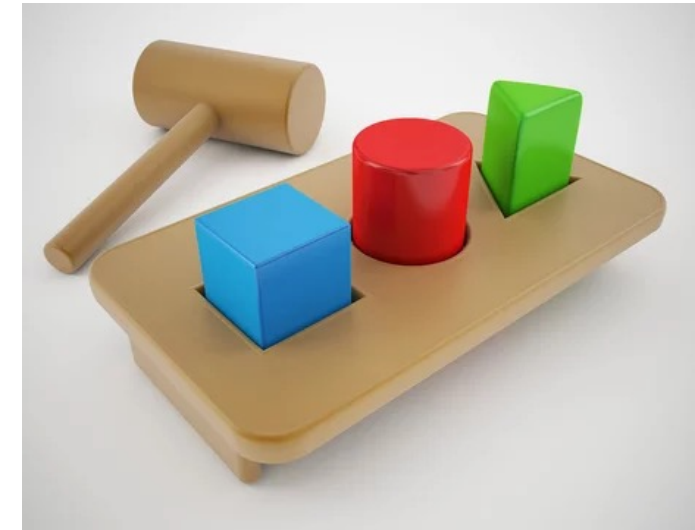
# How can I provide coaching that is a good fit?



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# What is the PEG Approach?



**PEG** stands for  
Participant Factors  
Environmental Factors  
Goals of Peer Health Coaching

- The PEG approach is adapted from the PEO model. A conceptual framework for occupational therapists.
- With an understanding of the participant factors, environmental factors, and the participant's goal, you can select the coaching goals and coaching actions that are a good fit.

# Why use the PEG Approach?

Sometimes coaching comes naturally. The session *flows* and you know what to do. Other times, you may feel stuck or unsure of the best options.

The PEG approach provides a model to break down the process of coaching:

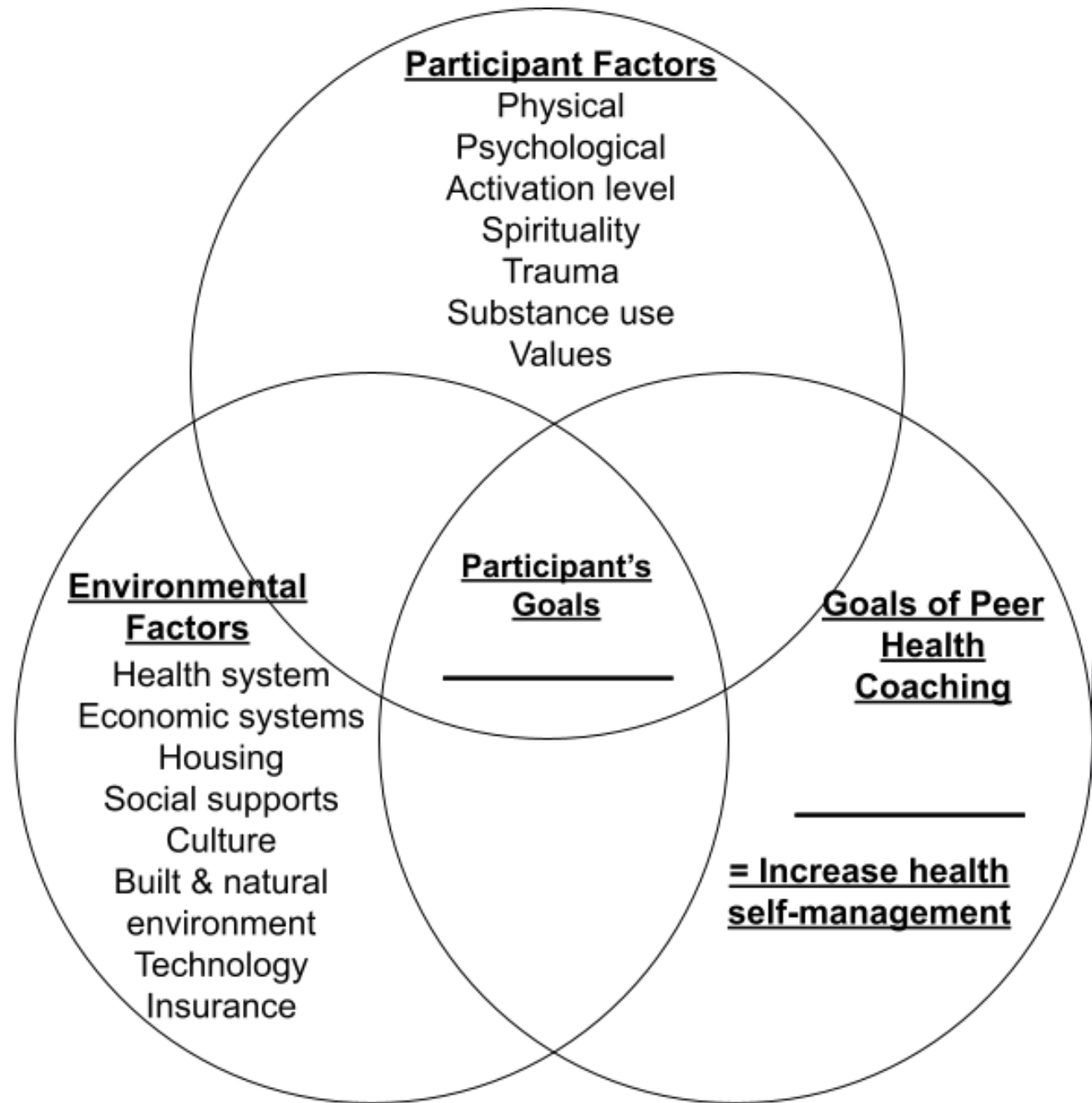
Identify the participant's goal.

Identify the personal & environmental factors that support (+) & challenge (-) the participant's goal.

Determine a coaching goal in support of the participant's goal

Analyze all the information to select the coaching skills and coaching focus that is a good fit.

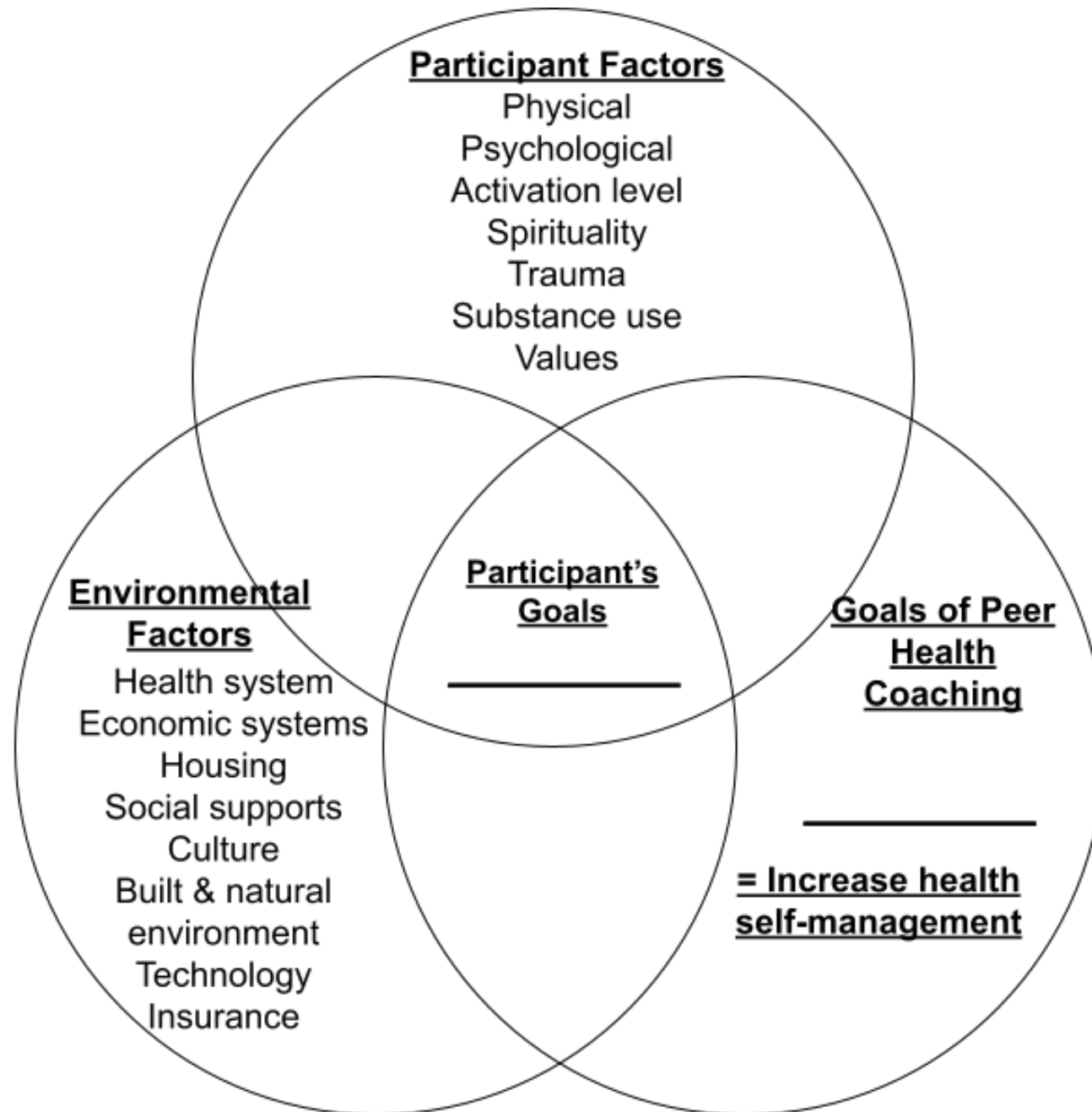
After applying the PEG approach, coaches will have a holistic understanding of the peer and a range of actions available.



What is in each lens?



What is in the “How” section?



# What are Participant Factors?

- **The skills, qualities, roles, knowledge, and abilities of the individual participant.**



- **Physical-** sensation and motor abilities
- **Psychological-** emotional and behavioral health
- **Activation level-** active behavior in self-management
- **Motivation-** internal state that propels individuals to engage in goal-directed behavior.
- **Self-efficacy-** an individual's belief in their abilities
- **Spirituality-** deep experience of meaning.
- **Trauma-** exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being
- **Substance use-** the use and effects of selected substances, including alcohol, tobacco products, drugs, inhalants
- **Values-** principles, standards, or qualities considered worthwhile by the person who holds them
- And more

# What are Environmental Factors?

- **Factors that exist outside of the individual.** The environment is made up of the physical, social, cultural, institutional and socio-economic domains.



- **Residence**- the place in which a person lives (e.g. a home, SNIF, incarceration facility)
- **Social support**- the assistance and connection a person has from others (i.e. family, friends, pets, neighbors, coworkers, organizations).
- **Culture**- the shared beliefs, values, and practices of a community or society.
- **Built environment & technology**- the human-made physical structures and devices that can facilitate or impede mobility and accessibility to a person's surroundings.
- **Natural environment**- the naturally occurring landscapes, ecosystems, climate, and biodiversity in a person's surroundings.
- **Insurance**- the various types of coverage designed to mitigate financial risks associated with medical conditions and related expenses (e.g. health insurance, disability insurance, workers' compensation, etc.)
- And more

# What are Participant Goals?

- The participant's goals are the goals explicitly stated by the participant for what they want to achieve and get out of peer health coaching.

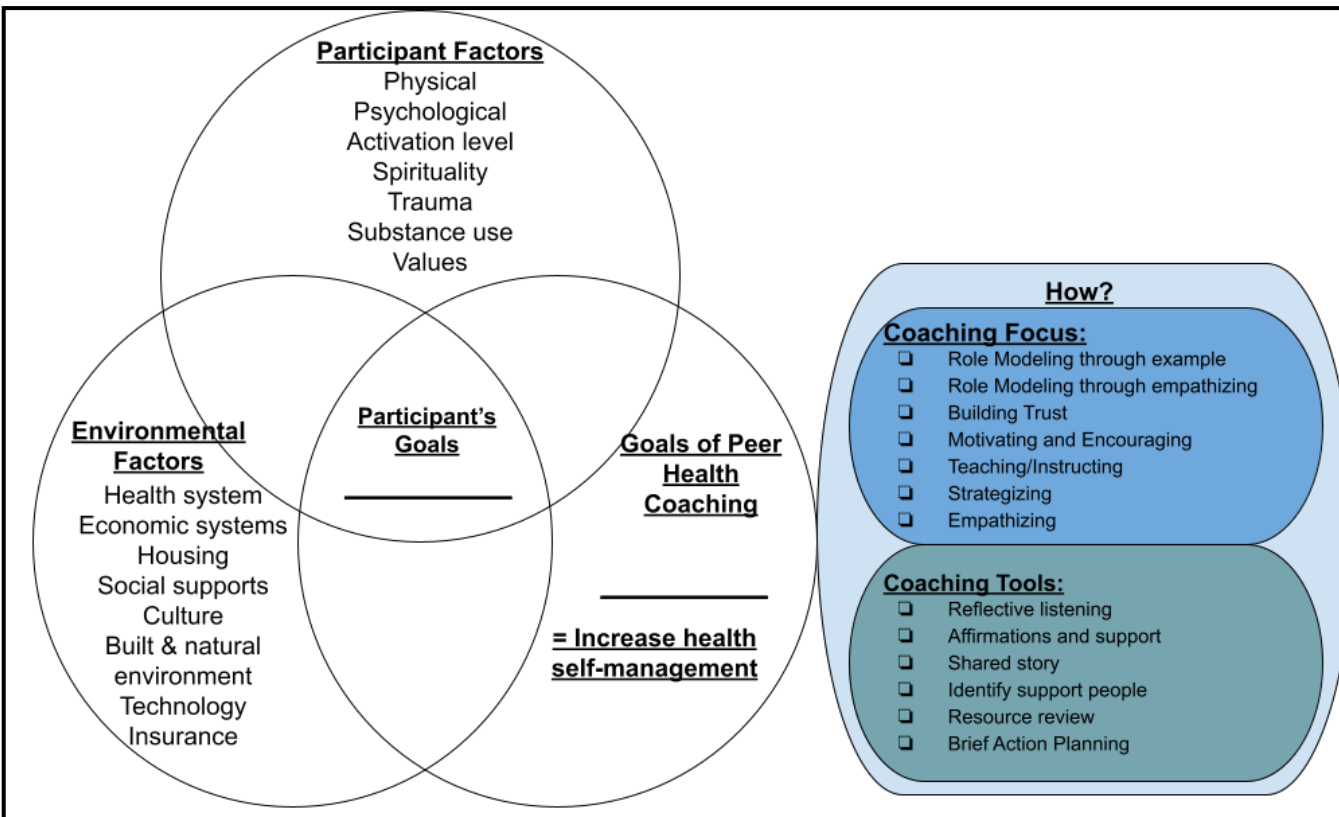


# What are the Goals of PHC?

- The goals of peer health coaching are always set and led by the participant, but PHCs can have goals for coaching. The goals of peer health coaching are selected to help fit the goals of the participant.
- The goals should always be a means to the ultimate goal of SCIPHC: to increase health self-management.



# What is in the “How” section?



The **Coaching Focuses** 🔍 and **Coaching Tools** 🛠️ you already learned in training!

Coaching Focus	Purpose
<b>Role Modeling Through Example</b>	<p>Using reflective listening and sharing a story (of your experience or someone else's experience) to provide examples of people successfully managing their health. To promote inspiration, empowerment, and insights into effective strategies for navigating similar situations.</p> <p>'I learned that there were a lot of people out there that go through the same things that I went through and are able to do fine in life after having something like that happens'.</p>
<b>Role Modeling Through Empathizing</b>	<p>Using reflective listening and sharing a story (of your experience or someone else's experience) to provide validation, a sense of understanding, and develop a bond.</p>
<b>Building Trust</b>	<p>To establish a foundation of mutual respect, understanding, and reliability between the peer and PHC. Trust fosters an environment where the peer feels comfortable sharing their experiences, challenges, and aspirations, allowing for more open communication and effective support. Additionally, trust enhances the peer's confidence in the PHC's guidance and advice, facilitating a deeper connection.</p>
<b>Motivating and Encouraging</b>	<p>To provide positive reinforcement for success, increase a sense of empowerment and accomplishment, and motivate a peer to maintain or initiate action.</p>
<b>Teaching/Instructing</b>	<p>To share knowledge, skills, and strategies through reflective listening, resource review, and support between sessions to reinforce learning.</p>
<b>Strategizing</b>	<p>To assist peers in setting goals and developing action plans through reflective listening, shared stories, identifying supports, and brief action planning. As well as to remind peers of their goals and action plans with reminders between sessions.</p>
<b>Empathizing</b>	<p>Using reflective listening and shared stories to bond with the peer over common encounters.</p>

Coaching Tool	Purpose	Process
<b>Reflective Listening (RL)</b>	To ensure the PHC is listening attentively, understands a peer correctly, and acknowledges the peer's perspective.	The peer shares his/her experience, and the PHC reflects the experience back to the peer in a non-judgmental way.
<b>Affirmations</b>	An essential MI skill. Providing support and reinforcing knowledge acquisition through encouragement to continue working through any resistance to taking action on addressing an issue.	The PHC makes a statement affirming or supporting something the peer says, without adding personal opinion or advice.
<b>Shared Story (SS)</b>	A method of sharing specific experiences to support, exemplify, empathize and strategize with a peer.	After getting approval from the peer that they want the PHC to share, the PHC shares their own experience about an identified issue with the peer in a way that is relevant to the peer.
<b>Identify Support Systems (non-expert &amp; expert)</b>	A method of figuring out support people, services and/or organizations that can help in any given situation.	The PHC asks the peer who they think can help them with any given issue, and if the peer can't identify anyone, the PHC helps them generate a list with contact information where necessary.
<b>Resource Review</b>	Using available information to provide education and resource referral.	The PHC asks a peer to share what they learned from reviewing a specific piece of information and reflects this back to the peer using affirmations to reinforce and solidify learning.
<b>Brief Action Planning</b>	Specific goal-setting method using SMART goals.	Very specific process in which PHCs received formal training and, eventually, certification.



# In Summary

## **The PEG Approach CAN:**

- CAN be used to understand and analyze problematic areas that challenge participant's ability to achieve their goals.
- CAN be used to understand and analyze strengths that support a participant's ability to achieve their goals.
- CAN be used to identify what person or environmental factors can be changed
- CAN be used to identify available coaching actions
- CAN support your unique coaching style

## **The PEG Approach CANNOT:**

- CANNOT provide one right answer as there are multiple paths to positive coaching outcomes

# Instructions for Practice Cases

*Based off the information in the practice case,*

1. **Identify the participant's goals**
2. **Identify the participant factors**
3. **Identify the environmental factors**

*Based on that information,*

4. Identify a **coaching goal** that supports the participant's goal

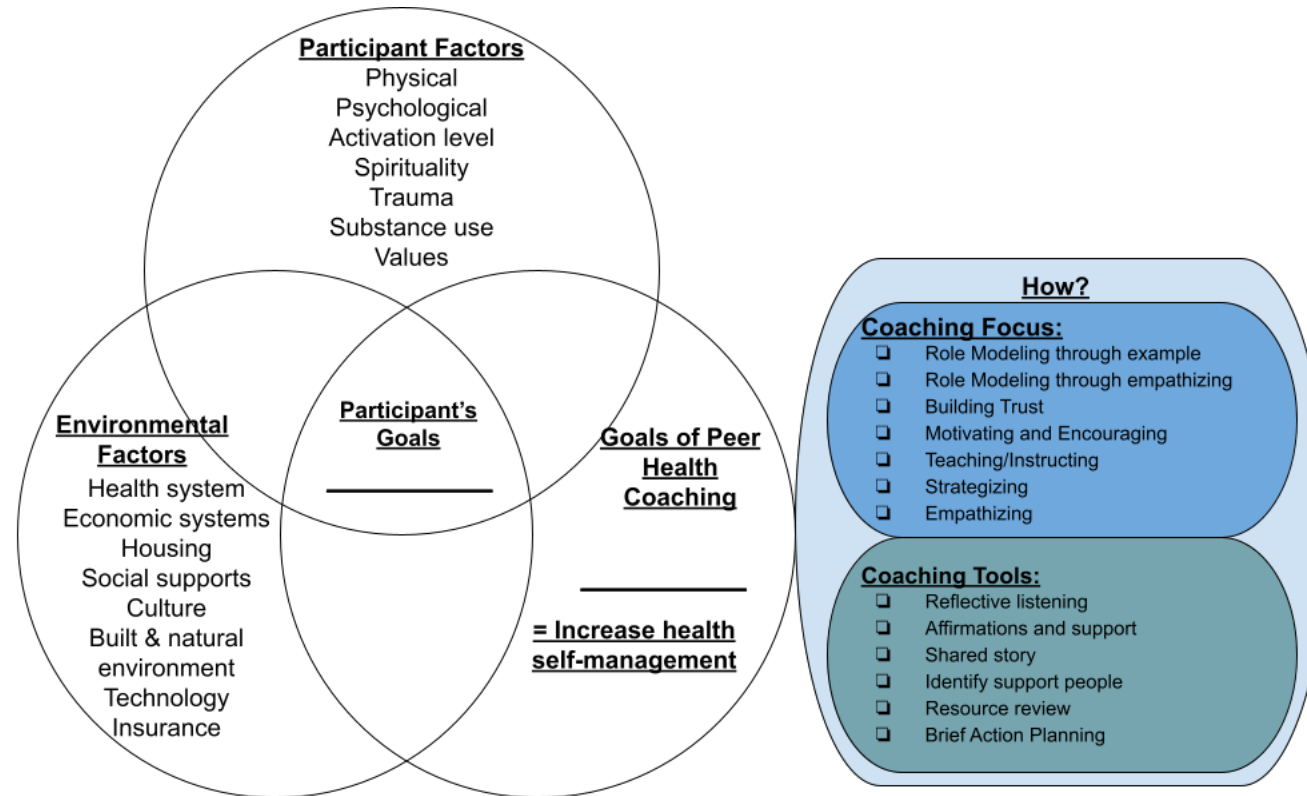
*Based on that goal,*

5. Identify a **focus for the session (1-3)**
6. Identify **coaching tools to use during the session.**

*At the end,*

7. **Explain your reasoning.**

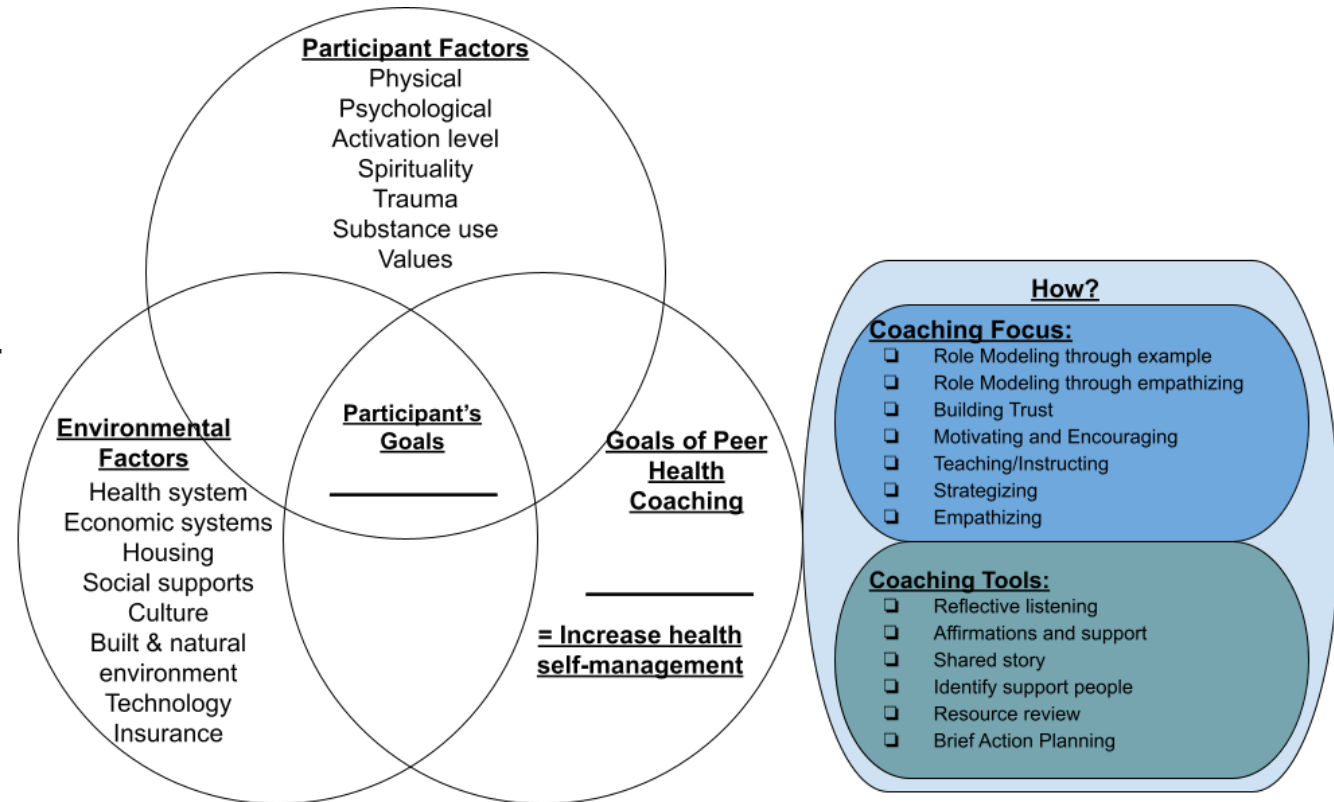
**Here's a template to get you started. Pull the information from the prompt and add it to the PEG model below. There is no one right answer.**



# Practice Case A

Andrew (he/him) has met with his peer health coach a few times and they've established a trusting relationship. When he meets with his PHC, he prefers the coach to lead the session and says he's not sure what he wants to work on.

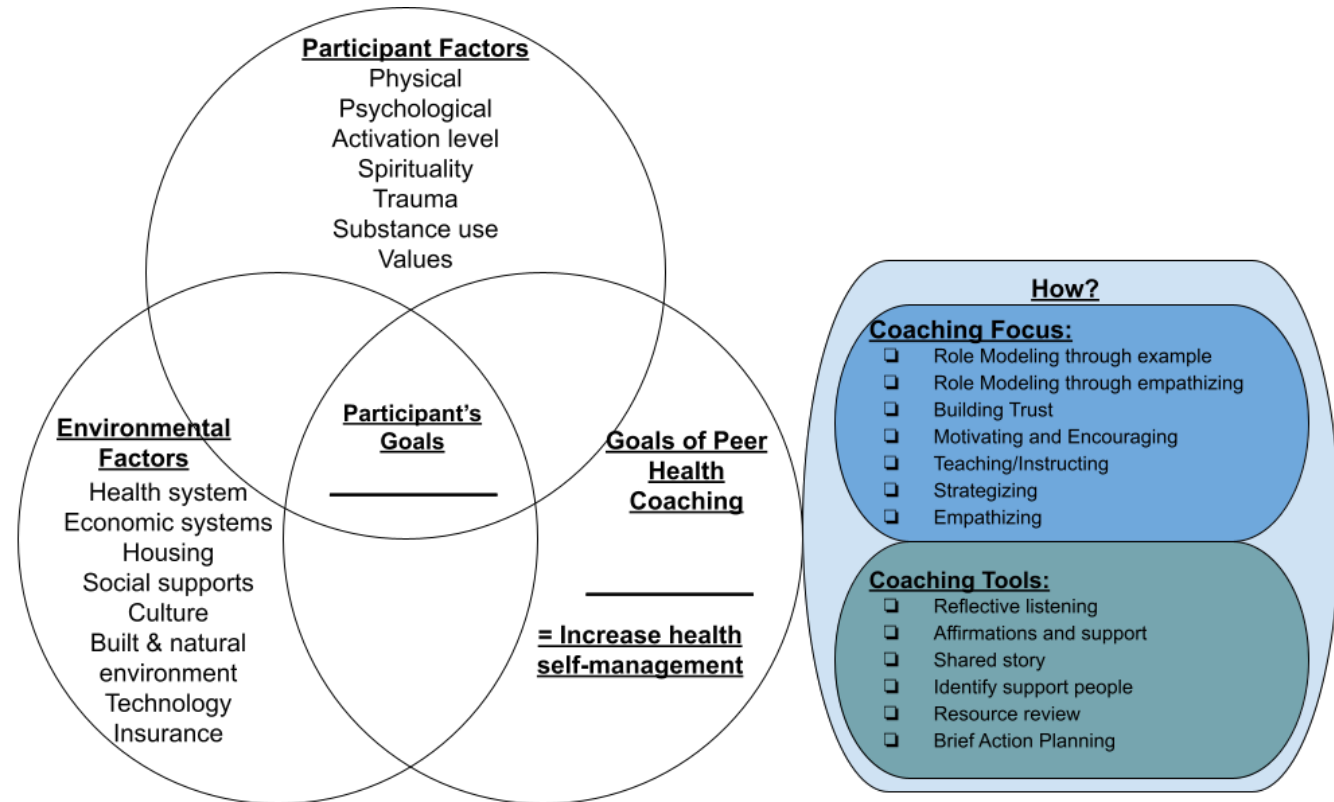
Andrew mentioned he would be interested in improving his physical health through nutrition, exercise, or other means, but doesn't even know where to start. Andrew lives in a small town and doesn't know anyone else who has an SCI.



# Practice Case B

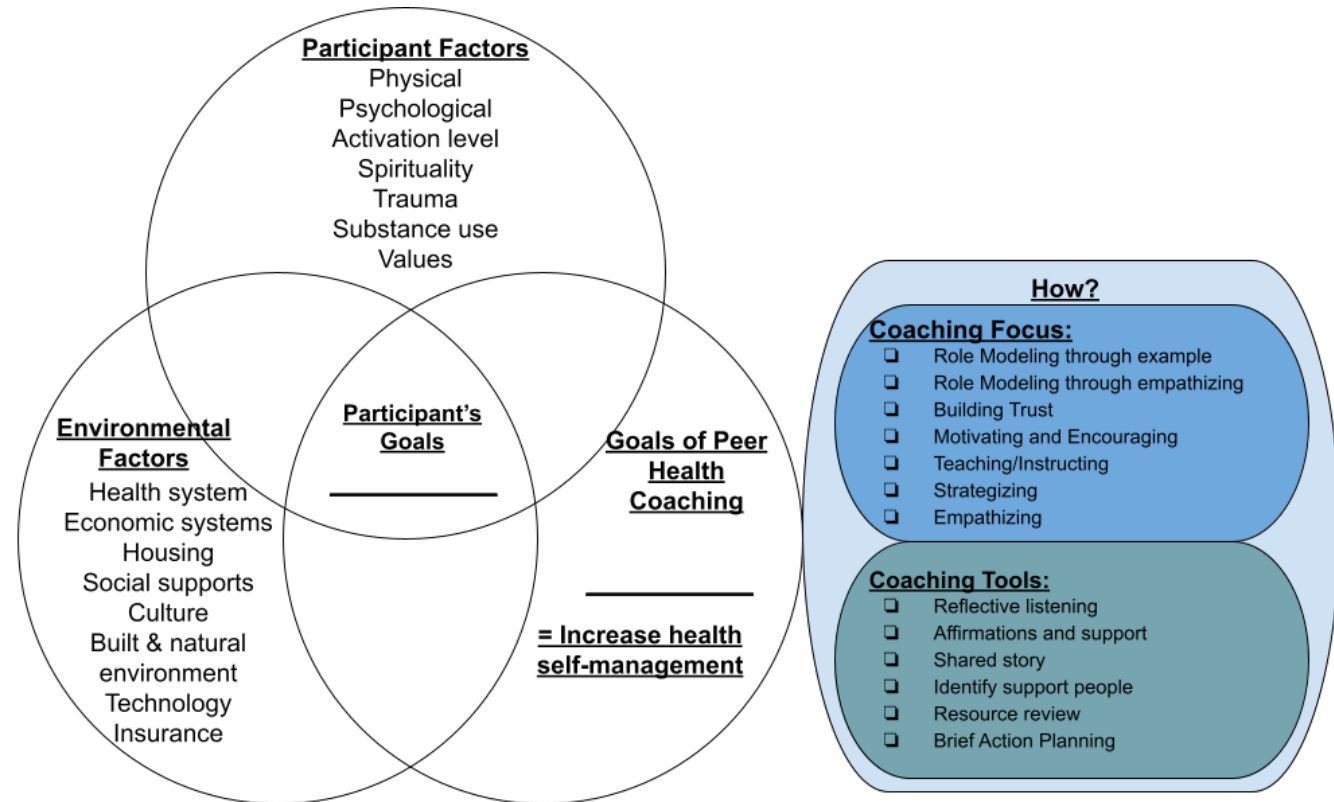
Xander (they/them) feels unsafe when their family caregiver transfers them. Xander has expressed to you they already feel guilty about how much their family caregiver does that they want something to change, but they don't want their caregiver to think they're criticizing them.

They would like to communicate this to their caregiver, but don't know how.



# Practice Case C

Maryam (she/her) has just been informed that her professional caregiver will be moving out of the state in two months. Maryam already has the knowledge for how secure funding for a PCA, but has never had to switch PCAs before. She knows she needs to take action, but hasn't started yet. She is worried that dealing with her insurance and recruiting a PCA could be a big challenge.



# Practice Case D

Logan (she/her) tells you her partner is pregnant. Logan is so excited to be a parent and can't wait to learn everything about childcare. She feels like she has developed strong self-management skills and is ready for this new stage of life with her family. Even though she doesn't have experience parenting, she knows how to problem solve and look for resources. She wants to set lots of goals to prepare for the change. In today's session, Logan wants to set a goal to learn and plan for transferring a baby in and out of a cot.

