## Establishing A Peer Support Program

### Overview

Several steps need to be taken in the setting up of programs, as follows:

- ➢ Determine support for the program
- ➢ Develop a master plan
- ➢ Seek input from all relevant sections of the organization
- ➢ Integrate peer and mental health support
- ➢ Educate the agency regarding the program
- ➢ Integrate regional and central functions
- ➢ Build in review [evaluation]
- ➢ Develop policy

### Determine support for the program

There must be personnel both within the management hierarchy and among the staff who are both supportive of, and committed to, the concept of peer support within their organization. Awareness raising training, together with information in such forms as brochures, posters and articles should be provided to all. This will enable employees to become educated about the nature and management of critical incident stress and the value of CISM interventions and peer support programs. Organizations may vary in the time it takes to reach this stage and for some it may take considerable time to gain the necessary level of acceptance.

**Develop a master plan**

Many agencies develop support systems for their employees gradually or as the need arises. Modifications and additions to services are made as the successes of the programs become more apparent and the need for extended provisions emerge. However, it is preferable for organizations to first develop a "master plan" based upon a broad perspective and an ideal service. A time frame may need to be developed for the introduction of the various components according to needs, resources, priorities, and other relevant considerations.

**The key features of a peer support program are:**

➢ A broad conceptualization of psychological support (critical incident stress management.)
➢ Provision of services through the partnership of peers and mental health professionals.
➢ Rigorous selection and training of peer support and mental health personnel.
➢ Development of policies and protocols to guide the implementation and maintenance of a comprehensive psychological support program.
➢ Attention to budget, program evaluation and reporting procedures.
➢ Integration of programs within agencies and the development of communication infrastructures to minimize competition and gaps in services.
➢ Understanding of the need to distinguish the setting up from the maintenance of programs.
➢ Development of protocols to guide day-to-day response as well as capacity to respond to disaster situations.

**The recommended minimum components of a psychological support program are:**

➢ A 24-hour short term counseling/support service for one-to-one contact (staffed by mental health professionals and/or peers.)
➢ A 24-hour CISM team for group interventions (defusings, debriefings.)
➢ Provision for long-term counseling, e.g., a referral system.
➢ Provisions for rapid psychiatric assessment and/or hospitalization where there is an immediate treat to the life of an employee (for example, threat of suicide)
➢ Provision of information and assistance to family members where appropriate.
➢ Education, training and supervision of peers.
➢ Education and consultation for members of the organization.

*Seek input from all relevant sections of the organization*

Plans for support systems should not be developed in isolation and, whenever possible, a collaborative approach should be encouraged with others in the organization. Depending upon the structure of the agency, it may be appropriate to representatives from management and the different sections of the workplace as well as representatives from unions, staff associations, occupational health and safety committees, etc. All involved parties need to take the view that psychological support services should be as politically neutral as possible and that these services should not be

associated with matters of dispute, for example, between union and management.  A joint approach can be demonstrated in many ways. such as participation on planning committees and in funding agreements.

**Integrate peer and mental health support**

It is essential that the peer support teams work in close collaboration with mental health professionals.  A joint approach by the two groups of people is preferable and represents a stronger system than one where either mental health or peers predominate.  Wherever possible, peers and mental health professionals should train together, work together, and undergo education that enables them to better understand each others' roles.  For example, the mental health people should become familiar with the work of the agency personnel and the peers should learn good listening, basic counseling, and referral skills.

The first step in achieving this alliance is a philosophic one.  Mental health professionals may feel that peers are not able to undertake support work and peers may feel intimidated by mental health professionals.  There can be turf issues and barriers that need to be addressed.  The second step is a more practical one.  Both peers and mental health professionals should be involved in one-to-one and group support.  Protocols need to be established to facilitate staff access to both groups. Communication between the groups and the bonds that are established will often determine how successful this alliance is.  Potentially, there is much to be gained from this partnership.  The two groups can provide complementary and mutually supportive services.  However, it can take time and patience to build the trust needed to ensure that the system functions as it should.

*Educate the agency about the program*

*A comprehensive educational program and promotions campaign is needed to inform agency personnel about the support program including:*

➢ Explaining the peer support system and its functions
➢ Dispelling myths regarding psychological support (e.g., that reactions to critical incidents signify weakness or that the provision of support creates dependency)
➢ Educating management and potential users about how the system works and how support is accessed
➢ Reassuring potential users on matters of confidentiality
➢ Giving feedback on the broad outcomes of the program over time
➢ Explaining changes as the program evolves

Peers can play a very important role in this process, delivering educational sessions themselves. This has the additional value of helping personnel to understand the educational role of peers.

**Integrate regional and central functions**

If psychological support programs cover wide geographical areas, as in most states and territories of Australia [America also—KCP], it will be necessary to divide the state/territory into regional localities. Each region may be coordinated by its own Peer Coordinator (sometimes known as a Regional Peer Coordinator to distinguish this position from that of the overall Peer Coordinator). Regions may also decide to appoint their own mental health providers(s). These subdivisions can enable a faster response time to clients.

**However, when subdivisions are created, it is important to ensure that these units are integrated with the main coordinating body. This will ensure:**

> ➢ Consistency of selection, training, and operational protocols
> ➢ Maintenance of standards of service delivery
> ➢ That all remote teams are able to work together during a large-scale emergency

While the Peer Coordinator of an agency may be spared work due to the existence of regional coordinators, new tasks related to integration of services will inevitably incur additional time and effort.

A parallel structure may be needed for the mental health providers, although this may be less scripted if mental health providers work semi-autonomously from the organization. The Clinical Director will need to ensure that all members of the mental health team are:

> ➢ Trained and competent in critical incident stress management
> ➢ Familiar with the ground rules set by the organization with respect to how the psychological support program functions
> ➢ Wiling to defer to the Clinical Director on administrative matters, especially during large scale incidents

**Build-in review [evaluation]**

Programs need to build-in review from the outset. In essence, program planners need to determine the feedback and evaluation that will be utilized when the program commences.

**Develop policy**

*It is important that a policy document be developed to describe the important features of the program and how it functions.  Some of the topics that can be included in this document are:*

- Definitions
- Mission statement
- Rationale for the program
- Aims
- Underlying principles
- Funding arrangements
- Organizational flow chart
- Description of key roles and role descriptions
- Description of services
- Call-out protocols
- Team selection and training
- General requirements of team members/contacts
- Dismissal and appeal procedures
- Record keeping and evaluation
- Ethical considerations

*(Establishing and Maintaining Peer Support Programs In the Workplace, Third Edition, Robyn Robinson & Patricia Murdoch, copyright 2003, Chevron Publishing Corporation)*

**Questions about starting a CISM Team at your department?**

email K.C. Peterson; cismcentralcal@gmail.com