

Step 2 – Design the Peer Support Program

- Develop protocols and procedures
- Establish roles, criteria, recruitment processes, and required training for peer supporters
- Create/select models for peer support interventions

Develop Protocols and Procedures

One of the first steps in designing a peer support program is to create a strong mission statement and vision for the program. Having a clearly defined mission statement will help the development of protocols, policies, and standard operating procedures. Listed below are areas where strong policies should be developed (examples of these policies are located at <https://kccrt.ky.gov/peer-support/Pages/default.aspx>):

- *Definition of Peer Support including mission statement and vision.*
- *Budget based on anticipated expenses discovered in the research process making sure to allow funding for staff and administrative support, overtime, trainings, and any support materials.*
- *Memoranda of understanding – consider if any memoranda-of understanding are necessary in partnership with other organizations, such as local Community Mental Health Centers that can provide training and clinical support if needed.*
- *Privacy and Confidentiality (See Report Section on Confidentiality)*
 - *Exceptions to Confidentiality*
 - *Peer Support Confidentiality Agreement*
 - *Confidentiality Statement*
- *Overtime policies for peer support specialists*
- *Referral policy for further mental health services*
- *Conflict of interest statement for peer support specialist*
- *Criteria and process for selection of peer support specialist – include interview process, criteria for selection and deselection*
- *Training Requirements*
- *Roles and responsibilities of peer support specialists*
- *Formal procedures of activation of and de-activation of the team*
- *Media policy*

Establish selection criteria for peer support specialists

One of the keys to a successful peer support program is carefully identifying and selecting the team coordinator and peer support specialists. All peer support members should be compassionate, ethical, well respected, and understand the importance of confidentiality. The team may include a chaplain and may have access to behavioral health professionals from the community to provide debriefings, clinical support, and consultation.

Selection of peer support specialists with the right experience and skills is essential. Developing an application and interview process will help identify the best individuals for this team. For the interview process, determine who will conduct the interviews, and identify the questions to gauge an applicant's credentials including their education and training, personal qualities of sound judgement, maturity, and self-awareness of typical trauma responses to critical incidents. Applicants should be in good standing within the organization and have recommendations from peers and outside sources.

In addition to establishing a selection criterion for peer support members, establish a deselection process in case a member needs a break from services or needs to be removed from the team due to a breach in confidentiality, not meeting ongoing continuing education and training, or other violations that would be detrimental to their continuation with the program.

Peer support models and interventions

Using feedback from stakeholder and employee interviews, and from the needs assessment, consider the type of peer support program that is best for your organization. Will the organization have one-on-one support, use mobile apps or other technology? What types of interventions will be used? Establish definitions and protocols for peer-to-peer support by specific profession.

There are multiple models from which to build interventions and trainings. After reviewing the evidence of effectiveness, select the model which best fits your organization.

'Listen and Refer'

Peers in these teams provide a first point of contact and can then refer to appropriate professional counseling services. Peers receive training in basic listening skills, problem solving, and decision making. Peers do not provide a counseling service but will connect employees with the appropriate specialist services within the community.

Basic Crisis Intervention

Peers provide basic short-term crisis intervention and are trained in stress management and crisis intervention. Peers also refer employees to professional counselors, but less emphasis is given to this approach than for peers who “listen and refer.”

Self-help Groups

Self-help groups consist of fellow workers who have all experienced a particular kind of extreme traumatic situation, such as being in an officer-involved shooting.

Family Support

Family support offers specific services in support of the emergency service worker's primary support system their family and significant other(s). The family is an important source of support when a critical incident stress event occurs. The Peer Support Team should play an active role in pre-incident education and family support service needs.

Critical Incident Stress Management (CISM)

The Critical Incident Stress Management (CISM) SAFER-R model commonly used in peer support programs is highlighted below. This is the model used for the KCCRT peer support specialists to begin assessing the needs of individuals impacted by a catastrophe.

Critical Incident Stress Management (CISM) SAFER-R Model

Originally developed for use with law enforcement, the SAFER-R model is a step-by-step model for working with individuals in crisis.

Stabilize (introduction; meet basic needs; mitigate acute stressors)

Acknowledge the crisis (event, reactions)

Facilitate understanding (normalization)

Encourage effective coping (mechanisms of action)

Recovery or Referral (facilitate access to continued care)

Plan for the specific type of interventions that peer support specialists will use and develop these into training plans. Different interventions are recommended for different groups and incidents. Some interventions should only be used if a group is homogeneous, or all participants have similar exposure to the traumas. Other interventions may be more appropriate for a mixed audience when participants represent different exposure levels (on-scene and telecommunicators, for example). Creating a guide of interventions and when they should be used will provide a helpful tool to the peer support specialist and will support the determination of the most effective tool to be utilized in the presenting situation.

Example of interventions that could be considered for inclusion in the intervention plan:

Informational Briefing

Audience: any number of people, but should include at least three participants

Duration: 20-30 minutes

Format: update attendees on facts, sharing condition of injured, providing overview of steps being taken by the agency due to the incident, identifying when updates will be given; reviewing common stress reactions, identifying referral options; offering one-to-one sessions, and sharing coping/stress management skills. Best used in large community groups.

Defusing – 1-12 hours post crisis

Audience: small, homogeneous group of first responders with similar exposure level to the incident

Duration: 20-45 minutes

Format: introduction and explanation of the process; exploration of the situation, including asking what happened from their viewpoint, summarizing their exploration, normalizing their response, teaching multiple stress management skills, encouraging healthy activities, and providing additional handouts and referral information.

Debriefing –1-10 days after critical incident

Audience: first responders

Duration: 1-3 hours

Format: Summary of the incident with each participant sharing their thoughts, impressions, reactions, and feelings with a discussion on coping skills and stress management as well as resource sharing and referrals.

One-to-Ones

Led by a peer support specialist in a private space with an opportunity for participants to confidentially discuss reactions to the incident, and receive information on stress management, coping skills, and resources for referrals.