First Responder

Peer and Trauma Support System

(P.A.T.S.S.)

Organizational Training for Peer Support Teams

(An excerpt from the forthcoming book titled "Walk the Talk: A Boots-on-the-Ground Peer and Trauma Support Systems Guide")

by

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The following information is based on chapter 12 currently titled "Organizational Training for Peer Support Teams" from the book titled, "Walk the Talk: A Boots-on-the-Ground Peer and Trauma Support Systems Guide," by Staff Sergeant (Ret'd) Brad McKay and Staff Sergeant (Ret'd) Sylvio (Syd) A. Gravel, M.O.M., to be published in 2016.

Resources, workshops, documents and other sources have been cited and/or directly quoted in this chapter. The intent is to provide the reader with information that they can access quickly. Nevertheless, documentation, workshops, surveys and other information cited here are the exclusive property of the following organizations and all rights are reserved to them:

Badge of Life Canada, Canada

Guarding Minds @ Work, Canadian Centre for Occupational Health and Safety, Hamilton, Ontario

Association of Traumatic Stress Specialists (ATSS), Greenville, South Carolina

Canadian Critical Incident Stress Foundation, Hamilton, Ontario

Canadian Standards Association, Ottawa, Ontario

The International Critical Incident Stress Foundation, Inc., Ellicott City, Maryland

LivingWorks Education, Calgary, Alberta

Mental Health Commission of Canada, Ottawa, Ontario

Mood Disorders Society of Canada, Guelph, Ontario

National Organization for Victim Assistance (NOVA), Alexandria, Virginia

The Tema Conter Memorial Trust, Toronto, Ontario

Simon Fraser University, Faculty of Health Sciences, Vancouver, British Columbia

ORGANIZATIONAL TRAINING FOR PEER SUPPORT TEAMS

Every organization of frontline responders and service providers has potential peer supporters within it. And, when it comes to helping the organization's staff or members, who may be in crisis or suffering silently from an unacknowledged trauma, there is no one better suited than a trusted peer, that is, a colleague who sincerely cares and who has experienced a similar event or trauma.

Not everyone in the organization, however, is suited to be a peer supporter. Informally, there may be those who have quietly offered support either by listening to someone who is in pain or possibly even chastising them to get over the event and move on. Untrained and unskilled, these peer supporters may trespass into areas, where their colleague is not yet ready to go, and cause even more harm. Or they may unintentionally activate triggers that make matters worse. Some even believe that encouraging the consumption of alcohol is a valid way to calm the nerves and provide better sleep to someone experiencing trauma.

What often happens is that this well-intentioned, but informal, peer support is being provided without the knowledge and skills required, and possibly in an unstructured and unsupervised environment. Untrained and uneducated peer supporters can do damage and cause harm to staff or members, who have experienced trauma while performing their job.

If these informal groups already exist, then they are filling a void that has been informally recognized by some within organization. Therefore, it has an obligation to ensure that no harm is caused to staff or members either intentionally or through negligence on its part. If it knows about and permits untrained and inexperienced peer support, the service could be liable for the consequences and the potential harm that may have been caused.

The service needs to recognize that a competent, informal peer support group, led by highly experienced peers and supervised by a qualified mental health professional, is a significant asset to it (such as Robin's Blue Circle co-founded by author Syd Gravel). The service should acknowledge the existence of this informal peer group and offer training and resources.

Whether peer supporters are operating in a formal, structured system, or in an informal group, it is imperative that essential training and education be provided, so that these peer supporters know what they are doing. In today's society, an organization is not only obligated to provide a safe and secure physical environment, it is also becoming more and more essential to implement measures that ensure the mental and psychological health of its staff or members. It should champion any formal or informal peer support system and ensure that it is competent, capable, ethical, trained and certified, and clinically supervised. Supporting a competent informal peer support group can also be a significant and positive step toward creating a formal system of peer support.

It can be very confusing for an organization to determine what training is suitable for peer supporters in order to give them the tools they need to provide the best possible support for their colleagues when it is needed. Some believe that a Critical Incident Stress Management (CISM) Team, with training provided by the International Critical Incident Stress Foundation, is sufficient to provide peer support.

Others believe that general peer support training is sufficient for trauma intervention, when a person within the service has been exposed to a traumatic event. This is not the case, however. There must be a clear distinction between peer support required after a trauma exposure and general peer support for staff or members, who are experiencing a mental health challenge for reasons not necessarily related to a trauma exposure. It is possible that a mental health challenge can surface, which could eventually be attributed to a trauma exposure or to post-traumatic stress disorder (PTSD). Wherever possible, it is always better for the service to have peer supporters in place who can provide assistance to those who are dealing with a similar lived experience.

Some services may want to keep their peer support systems separate, that is, have both an informal and formal peer support team or group. As an example, the York Regional Police in Ontario has an internal peer support team. There is also the York Region CISM Team, a separate, not-for- profit organization, established many years ago. It provides peer support to all front-line

emergency services workers in the region, that is, police, fire, EMS, and emergency room hospital staff. These two systems of peer support work for the York Regional Police.

Most services, however, will want to create only one peer support system that delivers all of its requirements. If the service is just beginning to look at how to develop peer support, it is recommended that only one team be created--a formal peer support team.

Before the organization takes its first steps to develop such a team, it may be helpful to find out what resources are currently available elsewhere that can assist it and avoid duplicating what has already been established.

IDENTIFYING WHERE THE ORGANIZATON IS NOW

A major first step for any organization is to become familiar with *Guarding Minds @ Work (GM@W)*.

> This is a unique and free, comprehensive set of resources designed to protect and promote psychological health and safety in the workplace. GM@W resources allow employers to effectively assess and address the 13 psychosocial factors known to have a powerful impact on organizational health, the health of individual employees, and the financial bottom line.
>
> GM@W is a response to current and emerging legal requirements in Canada for the protection of employee mental health and the promotion of civility and respect at work. Legal standards increasingly require employers to develop comprehensive strategies for ensuring a psychologically safe workplace. Prudent employers need to develop policies   and programs that meet these new legal standards.[1]

Guarding Minds @ Work provides tools that will help the organization to make the argument to management about why it needs to create a psychologically healthy environment, using business, legal, health, moral and/or ethical arguments to defend the need. This then becomes the business case to help move the organization forward to the next steps.

This program also offers tools to review and assess what may already exist such as policies and procedures, and occupational health and safety guidelines. It enables the organization to determine if there are any gaps between what is currently in place and what may be needed.

These tools also identify the thirteen psychosocial risk factors that need to be addressed in order to create a psychologically safe and healthy workplace. GM@W offers resources and survey tools to determine how the workforce views risk factors within the organization and how these may be addressed from their perspective. These tools enable the employer to see the difference between what exists and what should exist; what managers think exists and what employees see as existing. With this information in hand and available to everyone, it may now be possible for the organization to move forward.

 After determining the employees' and management's perspectives, and the gaps that may exist within the organization's policies, procedures, and guidelines, the next step is how to address the psychosocial factors identified by GM@W.

The thirteen psychosocial risk factors "are elements that impact employees' psychological responses to work and work conditions, potentially causing psychological health problems."[2] These risk factors are:

"PF1: Psychological Support

"PF2: Organizational Culture

"PF3: Clear Leadership & Expectations

"PF4: Civility & Respect

"PF5: Psychological Competencies & Requirements

"PF6: Growth & Development

"PF7: Recognition & Reward

"PF8: Involvement & Influence

"PF9: Workload Management

"PF10: Engagement

"PF11: Balance

"PF12: Psychological Protection [and]

"PF 13: Protection of Physical Safety"[3]

Once all this information is made available to the organization, it can then shift to one that is ready to create change; it is now aware of how it is positioned in terms of its psychological health and safety, or lack thereof, and what it must do to close the identified gaps and implement change.

In order to create the changes that must occur, it will need to look at another resource that is available to all organizations in Canada. This resource is the *National Standard of Canada for Psychological Health and Safety in the Workplace*, commonly known as the *Standard.* It was developed in 2013 by the Canadian Standards Association (CSA) and has been "championed by" the Mental Health Commission of Canada (MHCC). It is the first such standard of its kind in the world and focuses on employees' psychological health and safety exclusively.[4]

Along with the *Standard,* the CSA, in partnership with the MHCC, has also produced a guide on how to implement the standard in the workplace. This guide, *Assembling the Pieces: An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace,* was published in 2014.[5] This guide was developed in order to assist an organization wishing to implement the *Standard*.

The guide also recognizes the value of peer support within an organization. The commission developed a document titled *Guidelines for the Practice and Training of Peer Support*, which was released in 2013.[6] This key document looks at peer support, its value within an organization, discusses the practice of peer support and provides guidelines for training peer support workers. The information in this document for the selection and training of peers was used in the implementation of the Peer and Trauma Support System (PATSS) Team by the Mood Disorders Society of Canada.

Another key resource in implementing a psychologically healthy and safe workplace was published by the Mood Disorders Society of Canada in 2014. Titled *Workplace Mental Health: How Employers Can Create Mentally Healthy Workplaces and Support Employees in Their Recovery from Mental Illness*, this handbook provides a resource for the organization in creating a mentally healthy workplace and workforce.[7]

The task of creating change to meet the Canadian standard for achieving psychological health and safety in the workplace can be daunting if attempted without using the resource documents and guidelines cited here. All of these provide tools and suggest actions that can be taken to achieve the goal. Someone, or some group, has to devote time and energy to both create and guide the management activities needed to meet the *Standard*.

TRAINING FOR PEER SUPPORT AND CISM WORKERS

The next steps in developing a mentally healthy work environment, particularly for front-line services, whose workforce is more likely to be impacted by stressful and traumatic events and incidents, is to investigate what training is available for peer support teams. Recommended training can be categorized into four areas as follows:

1. Essential Training for All Peer Support Team Workers, Including CISM Team Workers

2. Essential Training Specific to CISM Team Workers

3. Recommended Training for All Peer Support Team Workers, Including CISM Team Workers

4. Recommended Certification for CISM and Peer Support Team Workers to Validate Training and Competency

1. Essential Training for All Peer Support Team Workers, Including CISM Team Workers

A.   Peer and Trauma Support System (PATSS): Two-day Peer Support Training Accredited by Mood Disorders Society of Canada

In 2013, the Mental Health Commission of Canada published *Guidelines for the Practice and Training of Peer Support.* These guidelines were used by Mood Disorders Society of Canada to develop its Peer and Trauma Support System (PATSS). This is an evidenced-based, seventeen-module, two-day training curriculum that matches the exact objectives as provided in the MHCC's guidelines.

The two-day, accredited, training course is formatted directly from the guidelines and addresses the following three themes:

1. Fundamental Principals of Peer Support

2. Social and Historical Context of Peer Support

3. Concepts and Methods That Promote Peer-to-Peer Effectiveness

The modules cover seventeen subjects and consist of the following:

Module 1.1 Lived Experience, Hope, and Recovery

Module 1.2 Self-Determination and How to Foster It

Module 1.3 Peer Support Values, Ethics and Principles of Practice

Module 1.4 Trauma-Informed Practice

Module 1.5 Applying Peer Support Principles in Diverse Environments

Module 2.1 The Historical Context of Peer Support

Module 2.2 Prejudice, Discrimination and Stigma

Module 2.3 Diversity and Social Inclusion

Module 2.4 Social Determinants of Health

Module 3.1 Interpersonal Communication Principles and Methods

Module 3.2 Building Supportive Relationships

Module 3.3 The Process of Recovery and Change

Module 3.4   Building Resilience Through Self-Care and Wellness Plans

Module 3.5   Limits and Boundaries

Module 3.6   Crisis Situations and Strategies

Module 3.7   Connecting with Community Resources

Module 3.8   Awareness of Possible Symptoms and Potential Side Effects of Medication[8]

B.   LivingWorks Education: Applied Suicide Intervention Skills Training (ASIST): Two-day Suicide Intervention Training Workshop

This ASIST workshop ''is the world's leading suicide intervention workshop.''[9] Developed in 1983 by LivingWorks, a company based in Australia, with branches in Canada and the United States, ASIST teaches

> suicide first aid. Shown by major studies to significantly reduce suicidality, the ASIST model teaches effective intervention skills while helping to build suicide prevention networks in the community.

> Suicide intervention skills are essential learning for all peer support workers in order to identify the risk factors and know how to engage and be comfortable with that uncomfortable and essential conversation.[10]

2. Essential Training Specific to CISM Team Workers

A.   International Critical Incident Stress Foundation, Inc. (ICISF): Assisting Individuals in Crisis: Two-day Course

The ICISF is an American organization that provides ''leadership, education, training, consultation and support services in . . . crisis intervention. . ..'' It offers a number of certificate of specialized training programs. The Assisting Individuals in Crisis certificate program is described as:

Crisis intervention is NOT psychotherapy; rather, it is a specialized acute emergency mental health intervention which requires special training. As physical first aid is to surgery, crisis intervention is to psychotherapy. Thus, crisis intervention is sometimes called "emotional first aid". This program . . . is designed for anyone who desires to increase their knowledge of individual (one-on-one) crisis intervention techniques in the fields of Business & Industry, Crisis Intervention, Disaster Response, Education, Emergency Services, Employee Assistance, Healthcare, Homeland Security, Mental Health, Military, Spiritual Care, and Traumatic Stress.[11]

B.   International Critical Incident Stress Foundation, Inc. (ICISF): Group Crisis Intervention: Two- day Course

Designed to present the core elements of a comprehensive, systematic and multi-component crisis intervention curriculum, the Group Crisis Intervention course will prepare participants to understand a wide range of crisis intervention services. Fundamentals of Critical Incident Stress Management (CISM) will be outlined and participants will leave with the knowledge and tools to provide several group crisis interventions, specifically demobilizations, defusings, and the Critical Incident Stress Debriefing (CISD). The need for appropriate follow-up services and referrals when necessary will also be discussed.

This course is designed for anyone in the fields of Business & Industry Crisis Intervention, Disaster Response, Education, Emergency Services, Employee Assistance, Healthcare, Homeland Security, Mental Health, Military, Spiritual Care, and Traumatic Stress.[12]

These two courses are also available in a three-day combination training package.

3. Recommended Training for All Peer Support Workers, Including CISM Team Workers

A.   The Tema Conter Memorial Trust: MANERS Psychological First Aid Training: Two-day Workshop

Developed by Victorian Ambulance Services in Australia, MANERS has been adapted from a psychological first aid model called SAFER; this, in turn, was developed by George Everly out of the Mitchell debriefing model. "The aim of Psychological First Aid is to provide early and

supportive interventions, which will assist people with the emotional distress that may result from their involvement in an accident, injury, or sudden shocking event."[13]

MANERS is a crisis intervention model that may be used when dealing with individuals involved in a critical or traumatic event. MANERS is the acronym for a model of psychological first aid that incorporates the following six stages:

    M – Minimize exposure

    A – Acknowledge the response and/or event

    N – Normalize the response or reaction

    E – Educate as required

    R – Restore or Refer

    S – Self care

B. International Critical Incident Stress Foundation: Advanced Group Crisis Intervention Course

Designed to provide participants with the latest information on critical incident stress management techniques and post-trauma syndromes, the Advanced Group Crisis Intervention builds on the knowledge base which was obtained through the Group Crisis Intervention course and/or in publications. At the conclusion of the course, participants will have been exposed to specific, proven strategies to intervene with those suffering the ill effects of their exposure to trauma. Emphasis will be on advanced defusings and debriefings in complex situations. This course is designed for EAP, human resources and public safety personnel, mental health professionals, chaplains, emergency medical services providers, firefighters, physicians, police officers, nurses, dispatchers, airline personnel and disaster workers who are already trained in the critical incident stress debriefing format. It will also be useful for those working extensively with traumatized victims for various walks of life. This course requires previous training and experience. ICISF's "Group Crisis Intervention" should be viewed as a prerequisite.[14]

B.   International Critical Incident Stress Foundation: Suicide Prevention, Intervention, and Postvention Course

Why do people kill themselves? How do I ask someone if they are feeling suicidal? What do I do if they say they ARE suicidal? How do I deal with the strong emotions suicide generates? This course will provide answers for these and other questions many . . . crisis interventionists have about suicide. It will provide participants with basic information about suicide as well as help participants develop practical skills for prevention, intervention and postvention. Small group role plays will allow participants to apply the suggested techniques as they are learned.

This course is open to anyone who wishes to learn more about intervening across the suicide spectrum. Professionals from the fields of Business & Industry Crisis Intervention, Disaster Response, Education, Emergency Services, Employee Assistance, Healthcare, Homeland Security, Mental Health, Military, Spiritual Care, and Traumatic Stress may all benefit.[15]

C.   National Organization for Victim Assistance (NOVA): Community Crisis Response Team Training

The purpose of NOVA crisis response and intervention curriculum is to assist individuals, groups and communities to develop, utilize and build on their natural resources of strength and resilience in the emotional aftermath of a disaster. This curriculum and its accompanying training seek to address the theory, skills and team development needed for establishing and maintaining an effective Community Crisis Response Team.[16]

4.   Recommended Certification for CISM and Peer Support Team Workers to Validate Training and Competency

A.   Association of Traumatic Stress Specialists (ATSS): Certified Trauma Responder, Certified Trauma Services Specialist, Certified Trauma Treatment Specialist

In order to be certified by ATSS, individuals must be members of the association.

The **Certified Trauma Responder (CTR)** designation was created for first responders and others who provide immediate trauma intervention through individual and group crisis intervention,

critical incident stress response, debriefing, crisis and disaster management, peer counseling, disaster and trauma response, and follow up.

The **Certified Trauma Services Specialist (CTSS)** - created for individuals who provide services and support to individuals impacted by traumatic events; who provide immediate trauma intervention, advocacy, crisis intervention, death notification, victim/survivor assistance and immediate and longer-term services for a variety of traumatized populations. This designation also recognizes treatment specialists who focus on multiple services to victims, in addition to treatment and specialized interventions.

The **Certified Trauma Treatment Specialist (CTTS),** a designation for counselors, clinicians, and treatment specialists who provide immediate and longer-term individual, group, and/or family counseling, therapy, grief counseling or support to trauma survivors either as a specialty or within their field of practice.[17]

An overview of the various organizations described in this chapter and the services they offer is provided in Table 1: A Quick Reference Sheet.

Endnotes:

1. Guarding Minds @ Work (GM@W). ©2012 Centre for Applied Research in Mental Health and Addiction (CARMHA). All rights reserved. (http://www.guardingmindsatwork.ca/info). The GM@W website is operated, hosted and maintained by the Canadian Centre for Occupational Health and Safety (CCOHS) at: http://www.ccohs.ca . CCOHS also provides English and French email and telephone support for GM@W users, in consultation with CARMHA as needed.

CARMHA, the Great-West Life Centre for Mental Health in the Workplace, and CCOHS collaborate to increase utilization of GM@W by raising awareness and understanding of GM@W and its importance, and by promoting GM@W as a leading organizational resource supporting psychological health and safety in the workplace.

2. From "The 13 Psychosocial Factors in GM@W" by J. Samra, M. Gilbert, M. Shain & D. Bilsker, Centre for Applied Research in Mental Health and Addiction (CARMHA). All rights reserved.

3. Ibid.

4. Canadian Standards Association (CSA), *National Standard of Canada for Psychological Health and Safety in the Workplace* (Ottawa: CSA, 2013)
From: http://www.mentalhealthcommission.ca/English/issues/workplace/national-standard

5. --- and the Mental Health Commission of Canada (MHCC), *Assembling the Pieces: An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace* (Ottawa: CSA and MHCC, 2014).

6. MHCC, *Guidelines for the Practice and Training of Peer Support* (Ottawa: MHCC, 2013).
From: www.mooddisorderscanada.ca

7. Mood Disorders Society of Canada (MDSC), *Workplace Mental Health: How Employers Can Create Mentally Healthy Workplaces and Support Employees in Their Recovery from Mental Illness* (Guelph: MDSC, 2014).

8. ---, *Peer and Trauma Support System (PATSS)*

9. ©2014-2016 LivingWorks Education. From: https://www.livingworks.net/asist

10. Ibid. From: https://www.livingworks.net/programs/asist

11. International Critical Incident Stress Foundation, Inc. (ICISF) or Canadian Critical Incident Stress Foundation. From: https://www.icisf.org/individual-crisis-intervention-and-peer-support/ or www.ccisf.info

12. ___. From: https://www.icisf.org/group-crisis-intervention/

13. The Tema Conter Memorial Trust. Source: http;//www.tema.ca/#!maners/c1wle. Used with permission.

14. International Critical Incident Stress Foundation (ICISF). Used with permission.
From: https://www.icisf.org/advanced-group-crisis-intervention/

15. ___. From: https://www.icifs.org/suicide-prevention-intervention-and-postvention/. Used with permission.

16. National Organization for Victim Assistance (NOVA). From: http://www.trynova.org. Used with permission.

17. Association of Traumatic Stress Specialists (ATSS). Copyright 2016. All rights reserved. From: https://www.atss.info/index.php/certification. Used with permission.

A Quick Reference Sheet developed for the support of per and trauma systems by the Mood Disorders Society of Canada Peer Support Services Team	Guarding Minds @ Work	R2MR for Police and Military	Anti-Stigma Campaigns	Peer Support Services, Mood Disorders Society of Canada	Living Works Canada or Canadian Critical Incident Stress Foudation	Mega Health at Work	National Organization for Victims Assistance	Association of Traumatic Stress Specialists
Determining Current Status								
Current 13 Psychosocial Strengths /gaps	√							
Introductory Awareness and Resiliency workshops								
Resiliency and Trauma Awareness Training (members and leaders)		√		√				
Resiliency and Trauma Awareness Training (families)		√		√				
Suicide Awareness (members and leaders)					√			
Suicide Awareness (families)					√			
Anti-Stigma Campaign								
Anti-Stigma Campaign			√					
Essential Training and Certification - for Peer Support Groups								
Peer Support Training Workshop				√				
Suicide Prevention, Intervention, and Postvention Training Workshop					√			
Individual Crisis and Peer Support Workshop					√			
Group Crisis Intervention					√			
Mental Health First Aid						√		
Advanced Group Crisis Intervention					√			
Crisis Response Training							√	
Advanced Crisis Response Training							√	
Ongoing Education and Certifications								
Certified Trauma Responder								√
Certified Trauma Specialist								√
Certified Trauma Services Specialist								√
Ongoing Updates on Research, Journals, Articles and Findings.	Develop a common link between all active mental wellness members to share information							