



International Critical Incident
Stress Foundation - Canada, Inc.

— FOR OUR HEROES —

How to Build a Peer Support Team

www.icisfcanada.com/resources/

1 OBTAIN BUY-IN

Identify the need for a CISM Peer Support Program: A CISM Peer Support Program may be essential if your organization includes positions that expose workers to psychological hazards that have the potential to cause psychological injury.

Identify who the program's beneficiaries will be: Consider all working groups and individuals who would potentially access services from your CISM peer support program and, therefore, require representation on your CISM Team.

Identify which groups you require buy-in from to make your program a reality: Leadership/management, union, frontline, and any other stakeholders that need to be involved, such as Disability Management, Operational Health & Safety, Operational Supervisors, Mutual-Aid Partners, Chaplains, or other adjunct supports that already exist within the organization who are essential to include from the get-go, so everyone is on the same page. They may become vital resources for supporting the program's longevity. They may become an essential aspect of the overall continuum of care for linking those beneficiaries who need more continued support to the most appropriate next-level-of-care.

CISM Peer Support Program Committee: In larger organizations, it may be beneficial to select a committee that will oversee the development and implementation of the program and usually includes representatives of leadership/management and frontline beneficiaries who may become Team Leads. People who have experience in project management/coordination as well as implementing new programs within the organization may be good candidates for this committee.

Identify your biggest supporters and your harshest critics:

- Anticipate that 1/3 of the organization will be supportive, 1/3 will be indifferent, and 1/3 will be oppositional.
- Focus on those already showing support by getting them involved right away. Then target the second 1/3 who are indifferent with information to build their awareness about the program. Those who are initially oppositional will likely follow suit once they start seeing most of their peers expressing buy-in. Avoid wasting your time on trying to change people's minds, instead lead by example.
- Consider a Change Management Model (Click on the red links below for further details):

PCT Model (Prosci Change Triangle)

ADKAR is a change management model and an acronym for Awareness, Desire, Knowledge, Ability and Reinforcement.

2 IDENTIFY A TEAM LEAD or CO-LEADS

Frontline peer champions:

- Who is in a natural centralized role that allows them to reach many people without being perceived in a supervisory or management role?
- Someone who is trusted, respected, and seen as credible peers by the beneficiary group.
- Someone who has solid networking, communication, and organizational skills.
- Is available and has enough free time to commit to a peer team leadership role.
- In large organizations, sometimes this may become a secondary committee consisting of frontline peers who assume leadership roles within the CISM Peer Support program and communicate to the Project/Executive Committee their specific needs to roll out the program effectively. They also become the group to initiate informational presentations to build awareness and desire in their peers regarding this new program.

3 IDENTIFY A MENTAL HEALTH PROFESSIONAL TO PROVIDE OVERSIGHT

It is vital to include a mental health professional in the process of developing your program as early as possible. Peer support teams should not function without oversight from a trained and licensed mental health professional. An excellent mental health professional will play various critical roles in your peer support program, including ongoing supervision, education, peer recruitment screening, SOP review and help to build your network of vetted treatment providers. Your mental health professional must be fully trained in CISM peer support so that they fully comprehend the model and their unique role in a peer support program, be familiar with emergency responder culture and be accessible. Refer to the **CIPSRT guide for finding a Mental Health Professional.**



info@icisfcanada.com

www.icisfcanada.com

4 RECRUIT TEAM MEMBERS

There are two ways to approach recruitment.

1. The Peer Nomination Approach: Involves frontline staff to nominate colleagues for the peer support role. Then nominees complete a CISM Training Candidate form that gets signed off by management.

2. The Self-Selection Approach: Anyone interested in participating in the mandatory training and committed to joining the team can complete a Self-Selection Form.

The peer nomination approach tends to result in the best outcomes for the program as nominees are most likely to be consistently utilized for support as beneficiaries have recognized them as natural supports within the workplace. However, self-selection may be a more practical option in other situations because of time constraints, logistics, or workplace demographics. See templates for Peer Nomination Forms Appendix ii), Self-Selection Form Appendix iii), and CISM Training Candidate Form Appendix iv) in Section 5: Teams, of the **"CISM Best Practices & Procedures Manual"**.

5 TRAIN YOUR PEER SUPPORT TEAM

Training your CISM team is an ongoing process. A suggested starting point is the 4-day ICISF Core Courses: Assisting Individuals in Crisis and Group Crisis Intervention. These courses provide elementary education on behavioural health issues within public safety personnel and teach fundamental resiliency and crisis intervention skills, including individual and group interventions. Your mental health professional can also provide periodic education such as resilience seminars and workshops. See Section 3: ICISF-Approved Training of the **"CISM Best Practices & Procedures Manual"**.

7 DEVELOP A REFERRAL NETWORK

Developing a referral network is time-consuming but a critical step to connect your members to local resources if they require a link to the next level of care. Start by checking what mental health resources already exist within the organization, such as Disability Management, Human Resources, or Employee (and Family) Assistance Programs. For resources outside the organization, identify your organization's insurance coverage for all mental health and substance abuse treatment levels if they have one. Call, visit and vet resources in your community, including clinicians, psychiatrists, treatment centres, crisis hotlines, local support groups and other non-mental health resources. Lastly, keep an updated list of vetted mental health providers and resources.

9 MAINTAIN YOUR PEER SUPPORT TEAM

Your peer support team needs regular maintenance. Maintenance activities might include revising your team protocols, evaluating workload distribution, or simply doing a team morale check. Regularly scheduled CISM Team meetings are an excellent time to conduct peer and clinical supervision, share positive outcomes, explore challenges, and exchange referral feedback. Peer Team members should be encouraged to practice self-care and consider an annual wellness check with your team's behavioural health clinician or a clinician of their choosing.

6 DEVELOP YOUR PEER SUPPORT TEAM

Once you've selected team members and they have received training, you will need relevant standard operating procedures (SOPs) that identify essential functions and processes for your peer team operations. How is the team going to be activated and deactivated? How is the team going to report on utilization and activity trends for quality improvement? See the Section 5: Team of the **"CISM Best Practices & Procedures Manual"** for SOP templates and examples of Team Activation Algorithms.

8 CONDUCT REGULAR OUTREACH

Outreach ensures critical stakeholders know your peer support program exists and how to access it. Start by identifying who needs to know about your program. This list may vary from program to program but will likely include frontline personnel, executives and leadership, retirees, family members, your EAP/EFAP, and local clinicians. Like training, outreach is an ongoing process. Don't wait until a traumatic event impacts your department to conduct outreach. Conducting informal check-ins, distributing written materials, or holding planned information sessions as well as frequent and ongoing pre-incident education sessions is key to helping your program establish presence, credibility and build organizational resilience.

10 EVALUATE YOUR IMPACT

Collecting data helps you understand how your peer support program works and demonstrates its impact on administration and other stakeholders while preserving confidentiality. Anonymous surveys of your organization can identify utilization, satisfaction, and suggestions for program improvement. You can compare quantitative data with EAP/EFAP utilization to determine program value. Peer testimonials are a valuable way to build program buy-in and credibility for those willing to share their experiences. See Section 6: Maintenance Appendix of the **"CISM Best Practices & Procedures Manual"** for Peer Team and program evaluation form templates.