

The Development of a Peer Support Program for Disaster Volunteers at the
Canadian Red Cross, Manitoba Region

by

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University of Manitoba

A practicum report submitted to the

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The University of Manitoba

in partial fulfilment of the requirements of the degree of

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OF

MASTER OF SOCIAL WORK

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Abstract

The current practicum sought to determine whether it would be feasible to implement a peer support program for the disaster services volunteers at the Red Cross, Manitoba Region. To accomplish this, a feasibility study, which included a needs analysis, risk analysis, and cost-effectiveness analysis, were completed. Several Red Cross disaster volunteers were interviewed in order to gain their perspective on the needs and wants relating to a support program, and on their attitudes about having such a program. The data were qualitatively analyzed and the findings aided in the development of the peer support program. Also discussed are the documents generated from the practicum that were left with the Red Cross, i.e., program guidelines, job descriptions, training manuals, and a Worker Care Workshop agenda. Finally, the practicum evaluation is discussion.

Acknowledgements

With the journey of this practicum finally at an end, I would like to take a look backwards and acknowledge all of the individuals who helped me along the way.

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CHAPTER ONE

INTRODUCTION

When providing either short- or long-term help in the aftermath of traumatic events such as violent crime, school shootings, the September 11th terrorist attacks, the Swiss Air plane crash in Halifax, and natural disasters such as the Asian tsunami, helpers may find some gratification even though the work is mentally, and often physically, exhausting. Although disaster volunteers may enjoy what they do, there may come a point for some when the work becomes too stressful to continue. Working with traumatized clients or victims of disasters can be a stressful and potentially damaging endeavour. Trute and Kuypers (1981) write, “the worker is not a disconnected observer...but becomes enmeshed in the crisis...” (p. 43).

Although volunteering has been identified as an excellent means of *reducing* stress and increasing one’s social supports (Rietschlin, 1998; Thoits & Hewitt, 2001), volunteers who assist in disasters may also be negatively affected by the tragic events they witness. However, whereas individual staff members often have the opportunity to share their experiences with co-workers, volunteers may often leave the experience without having had much time or opportunity to process the events with others. The American Red Cross (Lyons, 2001) is clear in its philosophy that the well-being of its staff (and by extension, their volunteers) must be their primary concern if it is to effectively care for the greater community. Because of my own interest in large-scale crises (either natural or human-caused), and because of the lack of resources and supports

that appear to be available to volunteers involved in such events, specific consideration has been given to the needs of those volunteers who assist in disasters.

Practicum Rationale

The Canadian Red Cross Society (CRCS) has been involved in disaster assistance around the world for over one hundred years (CRCS, 1997). Throughout that time and still today, they rely on the volunteer efforts of countless men and women to perform tasks that, in some cases, may leave them psychologically distressed. The nature of volunteer organizations is such that the skill level and training of the individuals wishing to volunteer can never be assumed (Phipps & Byrne, 2003). For example, just because a potential volunteer has an interest in disaster work does not mean he or she has ever had any training in this field. This increases the need for the organization to provide education and training for volunteers who assist in disasters, on the potential effects of doing this type of work. While the Red Cross has the ability to activate their Employee Assistance Program (EAP) to accommodate the needs of the volunteers after major disasters (D. Sigurdson, personal communication, March 4, 2004), this option is only offered after specific and limited criteria have been met. Following lengthy or particularly devastating events, volunteers may go through debriefing and/or exit interviews and if appropriate, a formal critical incident stress debriefing (CISD) to assess the need for follow-up counselling, which may include a referral to the EAP program or other community resources (D. Sigurdson, personal communication, July 22, 2004). While not referring directly to any specific organization, Maslanka (1996) states that most of the support provided is often too little, too late. In most cases, volunteers are left with no formal means of processing their experiences, which has been associated with

volunteers feeling unsupported, volunteer burnout, and attrition from the organization (Maslanka, 1996).

In my own experience in the field of social work and through discussions with my cohort, I have become aware of a wide range of approaches to help workers deal with the trauma to which they bear witness. These approaches range from immediate debriefing opportunities with co-workers to rare opportunities for informal discussion several days after the event. It is my opinion that this latter system is not sufficient for preventing or reducing the effects of trauma responses in helpers, particularly in volunteers who may not have the benefit of discussing the events with peers. While recognizing the fact that: (a) not all agencies deal with the same level of trauma; (b) different types of traumatic experiences may have different effects on volunteers; (c) agencies vary in the amount of time that can be allocated towards debriefing sessions; and (d) not all volunteers will feel the need to participate in such sessions as they may be able to cope with trauma responses in other ways, I feel it is important to ensure that all helpers have access to some means of “de-traumatization” should they need it. This trauma support should be made available within the organization.

Practicum Objectives and Learning Goals

The primary objective for the first phase of the practicum was to conduct a study on the feasibility of having a peer support program for the volunteers of the disaster services division of the Red Cross, Manitoba region. Because not all agencies and organizations may define peer support in the same way, I have defined it as a means of providing support for the emotional well-being of its volunteers. Basically, a feasibility

study is concerned with determining whether the costs of running a program are worth the outcomes associated with that program (Stevens & Sherwood, 1982).

The main objective for the second phase of the practicum was to create a model of the peer support program, including guidelines, procedures, minimum standards, job descriptions, training recommendations, and plans for the sustainability of the program.

By participating in the objectives, I hoped to meet the following learning goals: to learn and practice the processes involved in (a) conducting a feasibility study; (b) conducting qualitative interviews and data analysis; (c) developing a program for a specific population; (d) developing a manual for the specific needs of an organization; (e) evaluating this type of project; and (f) functioning in a teaching role.

CHAPTER TWO

LITERATURE REVIEW

In this chapter, the literature relevant to the current practicum is reviewed. Topics such as trauma, its mitigation, and the effect of ignoring trauma responses in disaster work are discussed.

Trauma Responses

Terms such as “counter-transference,” “compassion fatigue,” “post-traumatic stress,” “vicarious trauma,” and “secondary traumatic stress disorder,” are common in social work discourse. Although some authors are careful to distinguish these terms from one another (Jackson, 1999; Figley, 1995; Green, 1996), for the sake of clarity, I will use the phrase “trauma responses.” All of these terms refer in some way to interference in the helpers’ ability to function as they normally would, either in their personal or professional lives, or both. Sexton (1999) summarizes the phenomenon of vicarious trauma, which can easily be applied to trauma responses than can potentially affect disaster volunteers:

Increasingly, therapists are being called upon to assist survivors of violent crime, natural disasters, childhood abuse, torture, and acts of genocide, as well as refugees and war-trauma victims. Professionals who listen to reports of trauma, horror, human cruelty and extreme loss can be overwhelmed. They may begin to experience feelings of fear, pain and suffering similar to those of their clients, and to experience similar trauma symptoms, such as intrusive thoughts, nightmares

and avoidance, as well as changes in their relationships with the wider community, their colleagues, and their families. (p. 393)

The construct identified as “burnout” is one that is related to trauma responses, but is seen as a result of *cumulative environmental* factors. Chng and Eaddy (1999) report that emergency medical personnel are vulnerable to burnout due to “chronic demands placed on them, for example, erratic hours, unpredictable work loads, *daily exposure to the pain, suffering, and death of others*” [italics added] (p. 37). Other authors found that emotional depletion was a significant factor in volunteer burnout (Chau-wai Yan & So-kum Tang, 2003). Although burnout was not a focus of my practicum, it has been defined as emotional exhaustion and decreased work motivation sometimes experienced by human service professionals (Freudenberger as cited in Shapiro, Dorman, Burkey, & Welker, 1999), and has been identified as a potential effect of untreated trauma responses (Green, 1996; Neumann & Gamble, 1995). My hope is that a result of this practicum will be to help disaster volunteers by addressing trauma responses before burnout occurs.

Ignoring the Effects of Trauma Responses in Disaster Work

Victims of large-scale crises often seek help because of the stressors they experienced, such as evacuation from homes, loss of loved ones, destruction of property, and disruption of routines. Volunteers who work with the victims and are repeatedly exposed to such destruction can also experience psychological effects similar to those of the victims (Wee & Myers, 2002).

Trauma responses in volunteers can result in burnout and subsequent resignation from the organization. Although volunteers are not paid for their services, organizations

must consider the time and financial resources that must go into recruiting, training, and supervising new volunteers (Neumann & Gamble, 1995; Pearlman & MacJan as cited in Sexton, 1999; Yiu, Tung Au, & So-kum Tang, 2001).

Minimizing the Effects of Trauma Responses in Disaster Work

Although steps may be taken to reduce the risk of trauma responses, some authors say they are cumulative and unavoidable (Pearlman & Saakvitne, 1995a) and helpers must develop ways of coping with the stress as it comes.

Other authors believe the prevention of trauma responses is possible (Mitchell & Everly, 2000). One of the aims of critical incident stress debriefing (CISD) is to help individuals who have witnessed or otherwise experienced some form of trauma from developing psychological distress. A critical incident stress management (CISM) model has been identified to be appropriate to accommodate the phases of disaster work (Mitchell & Everly, 2000), which include preparedness, response, and recovery.

CISM includes stress management training and mental preparedness during the *preparedness phase* in an effort to *prevent* trauma responses. Valent (2002) identifies the need for preparation during the preparedness stage of disaster, including education and training, and planning for forthcoming disasters in terms of identifying tasks and resources, and in terms of the potential effects of the work on volunteers. Briefing and orientation about what helpers might be exposed to before being sent out on disaster assignments may help prepare them psychologically (Myers & Wee, 2002; Mitchell & Everly, 2000) and reduce the shock and hence, the trauma.

Demobilizations and defusings are held during the *response phase* to assist in the *management* of trauma responses that may have developed (Mitchell & Everly, 2000).

Demobilization is a process used in groups immediately following workers' shifts on the scene of a disaster. Mitchell and Everly (2000) describe this process as a "transitional intervention that allows for psychological and psycho-physiological decompression following disengagement from a large-scale crisis operation" (p. 75). It includes a 10-minute information session related to the events of the day, followed by 20 minutes of food and drink. Defusing is a small group intervention designed to allow workers to discuss the events surrounding the traumatic incident. Mitchell and Everly (2000) suggest defusing should occur between 8 and 10 hours after the incident. The first phase of a defusing is a brief introduction to the process, including information on confidentiality. Second is the exploration phase, in which participants are asked to broadly describe the event. Finally is the information phase, in which facilitators educate participants on the potential effects of witnessing a traumatic event. One of the main purposes of a debriefing session is to allow facilitators to assess whether a CISD is required.

CISD and individual follow-up is provided during the *recovery phase*, and further referrals are provided if professional *trauma support* is warranted (Mitchell & Everly, 2000). Within a CISM model, a seven-step program has been discussed for providing CISD (Mitchell & Everly, 1995; 2000). Occurring between 24 and 72 hours after the critical incident, the process includes the following phases: introduction, fact, thought, reaction, symptoms, teaching, and re-entry. CISD was provided for helpers after the Oklahoma City bombing in 1995 (Wee & Myers, 2002). This kind of professional support can allow volunteers to clearly articulate and process experiences related to a traumatic event. Because CISM and CISD are not a focus of this practicum, please refer to the authors' writings for more detailed information about this model.

However there has been some debate in the literature regarding CISD and its usefulness immediately following a traumatic event (Myers & Wee, 2002). CISD is not recommended as an intervention *while* recovery efforts are ongoing as it forces helpers to delve too deep into their own experiences. This leaves them vulnerable for their return to the scene. Therefore, CISD is generally reserved for the *end* of the recovery effort, once it is safer for helpers to deal with their experiences. Authors have referred back to the defusing as a more appropriate intervention in day-to-day recovery operations (Myers & Wee, 2002; FEMA, 2003; Dembert & Simmer, 2000).

Gentry, Baranowsky, & Dunning (2002) note that even if helpers are diligent in their self-care practices, some will fall victim to trauma responses. It is therefore important that helpers find the help they need to recover. It may be difficult for people who have experienced trauma, either directly or vicariously, to begin trauma therapy. If their fundamental coping strategy included escape and avoidance, trauma responses may get worse as they are forced to face them directly, before they begin to see improvement (Hegeman & Wohl, 2000).

As already stated, the recovery phase of disaster work includes making referrals to professionals if volunteers continue to show signs of trauma. As discussed earlier, training volunteers to recognize signs and symptoms of trauma in themselves and in others can help them recognize when they need professional help. Assessment of volunteers by an individual who is knowledgeable about trauma responses should be available to provide these referrals. Because professional support for severe trauma responses falls outside of the scope of this practicum, and because there is an abundance of literature on this topic elsewhere, I have not included it here.

Other Strategies for Reducing the Risk of Developing Trauma Responses

Aside from following the CISM model to minimize trauma responses, other suggestions have been made regarding important coping mechanisms that have been useful in reducing stress. All of these are useful strategies regardless of phase of disaster work or level of distress. Yassen (1995) indicates that trauma responses are a normal reaction to an abnormal event, and therefore cannot be prevented. She states that traumatic stress can be dealt with in order to prevent it from turning into a clinical disorder.

Individual strategies. Being prepared for an event may help to curtail the level of stress that will inevitably occur. Myers and Wee (2002) suggest that helpers should be aware of potential disasters relevant to their community, for instance flooding in Winnipeg, and design a safety plan with their family. The rationale here is that if disaster strikes, the worker can feel somewhat relieved that family members are taken care of and will be in a better position to attend to the larger crisis.

But awareness and pre-planning are not enough for the prevention of trauma responses. Pre-existing coping strategies are widely discussed with regard to preventing trauma responses (Macnab, Russell, Lowe, & Gagnon, 1998; Shapiro et al., 1999; Clark & Gioro, 1998). Shapiro et al. (1999) found that people who were able to make positive reappraisals of situations they realized were unchangeable, often had higher job satisfaction and lower risk of burnout. This may be especially effective in disaster work. Some authors encourage trauma workers to maintain a healthy balance of activities outside of work, such as dance, hobbies, art, music, and recreational activities (Sexton, 1999; Clark & Gioro, 1998; Yassen, 1995). Activities such as meditation and journaling

are important for self-exploration and have a significant self-healing aspect to them (Sexton, 1999; Ziegler & McEvoy, 2000; Yassen, 1995).

However, probably the most important step volunteers can take to prevent trauma responses is to maintain a strong social support network, both personally and professionally (Shapiro et al., 1999; Sexton, 1999; Macnab et al., 1998; Clark & Gioro, 1998; Danieli, 1994; Pearlman & Saakvitne, 1995b; Yassen, 1995). Dunning (1994) points out that whether or not organizations have formal mental health support for its workers, peers and supervisors are essentially the first line of defense against the development of trauma responses. Being able to share disaster related experiences with peers and supervisors could diffuse stress before it becomes a problem.

Stress management techniques such as breathing and stretching exercises, cognitive reframing, meditation, humour, and relaxation have been covered in training sessions for disaster workers to help them cope with the demands of their profession (Myers & Wee, 2002). Correlations have been shown between certain types of coping patterns and higher levels of burnout (Shapiro et al., 1999). When professionals engaged in escape/avoidance coping strategies, such as fantasizing about unrealistic solutions or withdrawing attention from the problem, they had lower job satisfaction and higher levels of burnout. Conversely, professionals who engaged in proactive coping strategies, such as planful problem solving and reframing, were less likely to experience symptoms of burnout. Similarly, therapists who accepted too much responsibility for their clients' well-being were more likely to experience burnout.

Self-care, making time for oneself, and making an effort to do something enjoyable that is unrelated to work cannot be stressed enough when attempting to manage

trauma responses (Sexton, 1999). Iliffe (2000) found that people were able to manage symptoms of burnout if they engaged in self-care activities. Some authors discuss the importance of caring for one's spiritual life (Sexton, 1999; Clark & Gioro, 1998).

Particularly when trauma can change the helper's perception of how they view the world, and of how they see themselves (Green, 1996; Jackson, 1999), being able to find meaning in life through spirituality, for example, can help disaster workers face some of the more challenging points of the work.

Being able to clearly identify and maintain boundaries between one's volunteer efforts and personal life is extremely important for maintaining a healthy perspective on trauma work (Sexton, 1999; Ross, Greenfield, & Bennett, 1999). Personal characteristics such as optimism, hopefulness, and a sense of humour have been identified as essential for effective trauma workers (McCann & Pearlman as cited in Sexton, 1999). According to Moran (2002), humour in trauma work is associated with physical well-being, cognitive reframing, and communication. Iliffe (2000) reported that workers in the field of domestic violence experienced symptoms of burnout, but that these symptoms were manageable when they took a proactive approach, including monitoring client caseloads, debriefing, peer support, self care, and political involvement. Danieli (1994) indicates that if trauma workers are aware that trauma reactions are normal responses to traumatic material, they should be able to understand that the reactions are temporary and will diminish, rather than becoming overwhelming.

Organizational strategies. Several authors (Iliffe, 2000; Sexton, 1999; Valent, 2002) speak to the importance of monitoring workloads, both by individuals and by the organization. Volunteers should be able to identify their own tolerance regarding time,

pressure, and intensity of events, and should adjust their efforts accordingly.

Organizations should be careful not to overwhelm their volunteers by demanding they take on unreasonable workloads, as this can only lead to undesirable consequences.

On an organizational level, agencies should be assessing their volunteers for signs of personal or event-related stress prior to assigning trauma work (Myers & Wee, 2002; Harris, 1995; Pearlman & Saakvitne, 1995a). Myers and Wee (2002) stress that by providing an atmosphere in which workers accept trauma responses as natural for the type of work they do, detection and intervention will be made easier and will remove the stigma attached to disaster-related stress. Agencies can also assist in reducing the risk of trauma by assigning workers a balance of trauma work and other responsibilities (Myers & Wee, 2002). Finally, organizations should take responsibility for seeking out those workers who have been personally affected by the large-scale event and make job assignments accordingly.

Organizations can support their volunteers by offering debriefing, counselling, and support groups for those who were personally affected as survivors of the tragedy (Myers as cited in Myers & Wee; Harris, 1995). Dunning (1994) indicates that access to a formal system of debriefing varies depending on the nature of the setting. High-risk milieus (police, fire, ambulance, etc.) may have trauma specialists on staff, whereas low-risk environments may offer EAP, which may not be specifically accustomed to dealing with trauma.

Iliffe's (2000) finding that debriefing and peer support helped workers manage the symptoms of burnout substantiates the need for trauma supervision. Myers and Wee (2002) suggest that disaster workers would benefit from having their own support groups.

Peer support (Sexton, 1999; Valent, 2002; Myers & Wee, 2002), and having a buddy system (Myers & Wee) which pairs up workers permitting each helper to act as a monitor for the other, assists workers in immediate debriefing and prevents them from feeling as though they are going through the experience alone. Similarly, Munroe et al. (1995) suggest that a team model should be employed. They propose that stress from working with traumatized individuals can be diffused among many rather than absorbed by one worker, thus reducing the risk of vicarious traumatization. They further point out that the higher the intensity of trauma work, the greater the need for a team approach.

There are many coping strategies that individuals have that will assist in combating trauma responses. It is equally important for organizations to take responsibility for the well-being of their staff and volunteers. Although it may not ward off trauma responses, a final task that an organization can perform is to show recognition for the hard work and dedication of its volunteers.

Feasibility Studies and Model Development

A feasibility study starts with an idea and ends with the implementation and evaluation of the program that was generated as a result of that idea. However, there are several very important tasks to be done before these last steps. A feasibility analysis asks “will the returns from the operation be sufficient to justify the investment of funds needed to carry out the operation?...For the non-profit organization this means at least covering costs” (Stevens & Sherwood, p. 3, 1982). In my own interpretation of this statement, and to relate it to the current practicum, dollars, time, and energy expended to run the program (i.e., costs) are a justified investment to ensure the well-being of volunteers and

hence the potential for decreased attrition from the organization (i.e., return on investment).

As part of the feasibility study, a needs assessment is completed, which questions *if* people need or want such a program, *what* they need or want from the program, and their *attitudes* about the program (Abbey-Livingston & Abbey, 1982). The results of a needs assessment become the starting point for developing various model ideas that will be considered for a new program (Hiebert, Collins, & Robinson, 2001).

A second part of the feasibility analysis is the risk analysis, which weighs the pros and cons of each alternative model proposed (Kelly, 1996), including the alternative of *not* having the program. The risk analysis helps to identify potential hazards of the program and determines the significance of risk. Factors to consider during the risk analysis include *capacity* and *vulnerability*, which respectively refer to all the factors that would contribute to the success of the program, and the deficiencies in capacities that may increase the likelihood of hazards developing (Kuban & MacKenzie-Carey, 2001). A *hazard* in this context is something that could go wrong with the program that increases the likelihood that the program will not succeed. A *risk assessment*, which is part of the risk analysis, is defined as a way of measuring the expected degree and nature of loss (or of hazards occurring), which is based on a relationship between the probability (how likely) and consequences (how bad) of that loss (or hazard) (Kuban & MacKenzie-Carey, 2001). For example, high probability plus major negative consequences equals high-risk rating.

A third and final step in the feasibility analysis is the cost-effectiveness, or cost-benefit analysis. This step in the process is where the costs of the program are weighed against the benefits of running the program (Coburn, Sspence, & Pomonis, 1994).

Each of these steps should be completed prior to selecting a final model to implement. They are all important in determining gaps in existing services and the needs of the people directly involved, as well as identifying and attempting to minimize potential problems or hazards before they occur. Once the planning stages of the feasibility study are complete and a final model is selected, the model is fully developed, identifying clear objectives, minimum standards, and guidelines. This fully developed model is then taken into the pilot project stage where the model is tested and any kinks are worked out. Finally, the program is implemented and evaluated.

It is important to note that most of the literature I found about feasibility studies, risk analyses, and cost-effectiveness analyses was based on concepts such as disaster management and architecture and city planning. I was unable to find much of this literature in the context of social work and/or social programming. For this reason, I had to adapt what I did find for my own purpose. Please see Figure 1 for a visual representation of a feasibility study, based on my own interpretation of the literature.

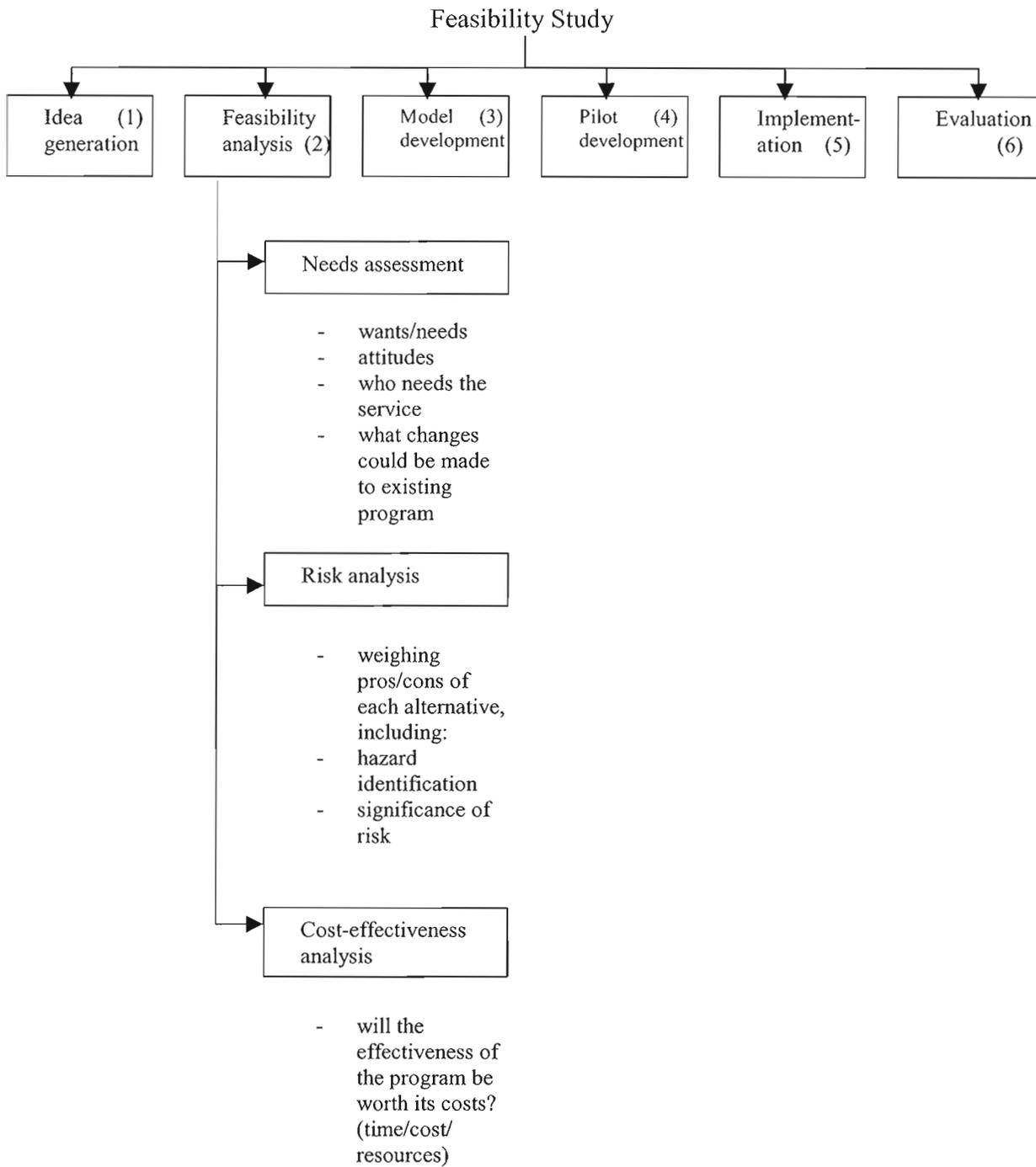


Figure 1. Visual representation of the components of a feasibility study

CHAPTER THREE

THE PRACTICUM

As I have already shown, trauma responses are bound to affect individuals who work in disaster response. Because of the nature of this type of work, it is extremely important for disaster volunteers and the organizations to which they belong to take measures to address trauma responses, preferably before they become an issue. This is especially true for organizations that rely heavily on volunteerism for their continued existence.

Practicum Site

My practicum took place at the office of the Canadian Red Cross Society (CRSC), Manitoba Region (located in Winnipeg). The Red Cross is a well-known worldwide agency that provides a number of emergency and non-emergency services to people in need. Their services range from disaster assistance i.e., providing food, lodging, social services, fund development, and registration and inquiry of evacuees, the latter being the Red Cross' mandate in this province, to providing education in first aid, water safety, and violence prevention (Red Cross, 2006a). The Red Cross worldwide follows a set of values that includes humanity, impartiality, neutrality, independence, voluntary service, unity, and universality (Red Cross, 2006b).

It may be useful to think of the practicum as having occurred in two phases. The first phase included the research and planning that was required to complete phase two, which was the design and development phase of the peer support program.

Phase I of the Practicum

Phase I began by studying the policies of the organization and by orienting myself to their various programs, with a specific focus on their disaster program. Once I was familiar with the structure of the CRCS disaster services and the specific mandate of the Red Cross, Manitoba Region, I began the task of completing the feasibility study (see Figure 1 for a visual of the components of the feasibility study). This research and planning phase of program development includes conducting a needs analysis, risk analysis, and cost-effectiveness analysis as a way of gathering information and ideas about how to create an effective and efficient model for the program.

Needs Analysis

A needs analysis questions *if* people need or want such a program, *what* they need or want from the program, and their *attitudes* about the program (Abbey-Livingston & Abbey, 1982). One of the methods I used to gather information that would answer some of these questions was to review internal Red Cross documents such as memos, statistics, and other literature. Of greatest benefit were the National Red Cross' preliminary plans for creating its own peer support system, which they refer to as Worker Care. Incidentally, *worker care* is also the term Red Cross uses to refer to the familiar term *self-care* commonly heard in social work discourse. Although I purposely refrained from looking at their model of peer support so that it would not influence the design of my own model, I was mostly interested in the fact that they saw a need to provide such a service to their volunteers. This gave me a clear indication that some type of support program was warranted. At the time that I started my practicum, the national office had

put the planning of its own program on hold, allowing me the opportunity to go forward with a peer support program for the Manitoba Region office.

For the needs analysis to be comprehensive, I had planned to interview volunteers and other stakeholders within the Red Cross, as well as outside agencies who may already have peer support programs in place to collect information on the needs, benefits, and risks of having such a program. Unfortunately, despite sending several letters of invitation to outside agencies to participate in the study, I received only one response. As for internal Red Cross stakeholders (management and supervisory positions), I was unable to secure interviews from that group. However, I received a wealth of feedback about the proposed peer support program throughout my practicum from the two Red Cross staff members who were acting as my primary supervisors for this project. As both of these staff members played an integral role in disaster services, their knowledge and experience were a great resource during this research and planning phase.

The majority of the information I gathered for the needs analysis came from the interviews I conducted with seven Red Cross disaster volunteers from the Winnipeg office.

Interviews. The purpose of the interviews was to obtain information about (a) whether the volunteers in the disaster program would see a need for a peer support program, (b) whether they would access it, (c) what they felt would be required from such a program, and (d) what risks they felt might be associated with a program of this nature. These interviews were conducted in person and were recorded for reference during analysis (see Appendix A for the consent form that was used). Most of the interviews with the volunteers were conducted at the Red Cross office, and some were

conducted at the volunteers' place of business. All seven volunteers interviewed were female, and the number of years of experience as disaster volunteers ranged from two to twenty. Interviewees shared with me their experiences from several on-site disaster responses, such as hurricanes, tornados, and floods in areas such as Alabama, Florida, Puerto Rico, Edmonton, and Winnipeg.

I had developed a list of standard questions that I asked of each participant (see Appendix B for the list of questions), but did not hesitate to explore topics if responses warranted probing. After the first few interviews, it became evident that there would not be a huge discrepancy in responses, and I am confident that seven interviews were enough to provide an accurate picture of disaster services volunteers experiences, needs, wants, and attitudes about the proposed peer support program.

I found it difficult to store interview data at the Red Cross office because I did most of my work from home. In order to maintain the confidentiality of the respondents, I kept the information securely locked in a drawer at home, to which I was the only one with a key. Computer files with interview information were stored on CD or floppy disk and were also secured in the locked drawer.

Data Analysis

Information from the interviews were qualitatively analyzed using a constant comparative method to code themes relating to the needs and risks involved with having a peer support program, and by using narrative analysis to flesh out the experiences of the volunteers. After all the interviews were transcribed, I worked through a number of steps to analyze the data. Most researchers who are new to qualitative data analysis generally start with line-by-line coding and gradually progress to more abstract concepts, such as

categories and then themes (Padgett, 1998). I found I had great difficulty with the process of line-by-line coding. In this process, one literally takes the transcript line by line and gives each line a code, then once the transcripts have all been coded in this way, moves on to looking at the meaning of the sentence or dialogue. The meaning of what the interviewee was saying in the larger portion of text (meaning sentence or dialogue) seemed rather apparent to me, and line by line coding seemed like an unreasonable place to start with the analysis. I was much more comfortable with the method described by Quinn Patton (2002), explained below.

First, I carefully read through all the transcripts. I began to notice patterns and started labelling these patterns as different categories for my data. Phrases, sentences, or sections of dialogue were grouped into meaning units such as “recognizing stress,” “coping with stress,” and “barriers to coping with stress”.

Second, once two or three of the transcripts were labelled in this manner, I created a list of these categories in a separate document. I copied and pasted passages from the original transcripts that supported these categories into this document beneath the appropriate category heading, and added and modified categories as needed as I continued to label other transcripts. These passages were then reduced into meaning units, or codes. For example, under the category “barriers to coping with stress,” I found passages from several transcripts that discussed examples of this: “...you feel like you can’t leave, there’s always more to do and you don’t want to leave your team short, so you stay longer;” and “...even if I wanted to talk to a peer, I wouldn’t have been able to because you can’t walk away when it’s too busy.” These passages were coded as “no time/too busy.” My motivation for copying and pasting into this separate document was

to take as much care as possible not to lose the meaning of the code by taking it out of its context. I believe that by keeping the original text in tact, I was able to retain the meaning behind what was said. By this point, I would have had two levels of codes. Using the above example, I would have category called “barriers to coping with stress” and a code called “no time/too busy.”

Third, when all transcripts were categorized and coded, I grouped all the categories that seemed to relate to each other into themes. For example, “barriers to coping with stress,” “coping with stress,” and “recognizing stress,” became part of a theme called “dealing with stress.” I went back to each transcript to confirm the codes, categories, and themes from the original text were congruent with one another. For instance, if a code did not seem to fit well within a category, I either put it in another category that seemed to be more relevant, or created a separate category for it. If a category did not seem to fit well within a theme, I moved it to another theme or created a new theme. Finally, by the time I finished this process I was left with four themes and 22 categories:

A. Volunteer experiences in disaster services

1. Disaster volunteer experience
2. Role/function
3. Red Cross processes
4. Stress contributors
5. Stress pattern
6. Experiences
7. Red Cross norms

8. Why volunteer in Disaster Services
- B. Effects of disaster volunteering
 1. Emotional responses experienced while volunteering
 2. Stress responses
 3. Effects of disaster volunteering
 - C. Dealing with stress
 1. Recognizing stress
 2. Perception of ability to handle stress
 3. Minimizing risk of stress, or coping with stress
 4. Barriers to coping
 - D. Feelings about the peer support program
 1. Pros
 2. Cons
 3. Willingness to participate
 4. Need for building peer support into Red Cross culture
 5. What helps about talking to others

(see Appendix C for a complete list of data codes, categories, and themes). The latter three themes were the most useful for the development of early model ideas.

Early Model Ideas, Risk Analysis, and Cost-Benefit Analysis

With the data analysis completed, I was able to create a number of model ideas based on suggestions from the literature, from ideas proposed by my primary supervisors, and from the volunteers themselves. I designed ten rudimentary models, some of which

were combinations of others, and began the process of doing a risk analysis for each (see Appendix D for an overview of these early model ideas and identification of risks).

As previously stated, most of the literature I found about how to do a risk analysis centred on determining risks involved with industrial or environmental hazards, disaster management, or city planning. Because there did not seem to be any literature related to doing a risk analysis in a situation better suited to my practicum, I adapted the concepts and processes to suit my own project. For example, rather than estimating the potential number of lives lost or potential for injury if a nuclear facility were built near an urban site, I instead had to consider issues such as the potential for the sustainability of the program, fears around confidentiality breaches, complexity, and ease of implementation for each model.

Responses from the interview questions dealing with perceived risks of having the program were analyzed and provided a good starting point from which to explore other potential risks and determine what the minimum standards would need to be. For example, respondents identified that a risk of having the program would be that they could end up talking to a person who is not well-suited to provide emotional support to others and that they could end up feeling worse than if they had not sought support. In this case, one minimum standard identified was that volunteers who showed an interest in becoming a peer supporter would have to have a demonstrated aptitude and personality suited for this type of work. Another minimum standard was that support skills would have to be integrated into the peer support training curriculum.

Another key point to explore during the risk analysis was the potential for the sustainability of each alternative model. Most of the suggestions about sustainability

came from my primary supervisors who agreed that the peer support program would have to be built into the existing structure of the Red Cross. This meant that it would have to be designed in such a way that it could easily fit into the organization without too much effort. It was also important to consider what interviewees had to say in this regard: that supervisors and staff already had too many responsibilities during a response, and that they would not want them to be concerned with providing emotional support as well. Taking these two main points into consideration, it became clear that new positions would have to be created for the peer support program and that the people who held these positions would have to be responsible for the program's sustainability.

Figure 1 shows the method by which I compared each model according to the factors that would contribute to or take away from the success of the program. Although this method is by no means mathematical proof that one model is better than another, it helped me to visualize each model, place a significance value on factors I felt were more important than others, and systematically compare models against one another. Please note that aside from the 10 original models I presented to my supervisors at Red Cross as alternatives, the figure also presents the risk assessment for an 11th model (K). This model was created during the meeting and is described in detail in the section called "chosen model of peer support."

The first factor on the chart, "likelihood of getting no, or poor support" refers to any deficiencies in the models that would cause volunteers to go unsupported, or to receive poor quality support. "Suitability of supporters" has to do with the supporter's personality, aptitude, training or qualifications, or willingness to act in that kind of role. Interviewees were concerned that if staff had to take on this role, they might feel forced

into it, or might not otherwise have been suitable to this role, and thus might not provide the best support. The way the model is designed will have a huge impact on the sustainability of the program, so “responsibility for sustainability” was considered in the risk analysis. “Pro-activity” refers to whether the onus is put on the disaster services volunteers to seek support, or if peer support volunteers actively monitor them for signs of stress. Interviewees identified a fear that confidentiality might be broken as a reason for not seeking support, so “confidentiality/privacy” refers to the models’ safeguards against confidentiality breaches. I felt it was also very important to consider how the activities of the peer support volunteers would be monitored and/or evaluated. “Ability to monitor support activities” was a factor identified as having an impact on the success of the program. “Likelihood of seeking support” was added to the list because many interviewees stated many reasons why they would not seek support, including having other people to talk to about their stress, fearing the stigma associated with seeking support, their comfort level talking to peers versus staff, or feeling they are able to adequately manage their stress. “Visibility” was identified as separate from “pro-activity” because I felt pro-activity was only one part of making the program visible. There are other ways that the program could increase its visibility, and this varies by model. Finally, “perception of waste” was another important factor in the success of the program. This refers to the perception by disaster volunteers or anyone else not involved in the peer support program that peer support volunteers are a wasted resource. Several interviewees discussed the possibility that peer support volunteers might be seen as “not doing anything important,” or that they could be doing something more useful such as pitching in where other departments might be short-staffed.

A risk assessment, as previously discussed, has to do with the likelihood of a hazard occurring, and how bad the consequence. High risk implies that the hazard is likely to occur and that the consequence of that is a negative one. A low risk implies that the probability of that hazard occurring is low, and even if it did occur, the consequence may not be detrimental. For example, a possible hazard in model A is that no specific individuals are charged with the responsibility of monitoring the well-being of disaster volunteers. A possible highly negative consequence of this is that signs of stress and trauma may be missed and the volunteer may go unsupported. I would rate this as a high risk factor, and because this particular consequence defies the purpose of creating a peer support program, I would also rate it as a high risk model (for overall model risk ratings, see Figure 3).

Factors affecting effectiveness of peer support program	Risk assessment by model:										
	H= High risk			M= Medium risk				L= Low risk			
	A	B	C	D	E	F	G	H	I	J	K
1.Likelihood of getting no, or poor support	H	H	M	M	M	M	H	M	H	H	L
2.Suitability of supporters	H	H	L	L	L	L	M	L	H	H	L
3.Responsibility for sustainability	H	H	L	L	H	H	H	L	H	H	L
4.Pro-activity	H	M	M	M	L	L	H	M	H	H	L
5.Confidentiality, privacy	H	M	L	L	L	L	H	M	H	H	M
6.Ability to monitor support activities	M	L	M	M	M	M	M	M	M	H	L
7.Likelihood of seeking support	M	L	L	L	H	H	M	L	H	H	L
8.Visibility	L	L	H	H	H	H	L	H	L	L	H
9.Perception of waste	L	L	H	H	H	H	L	H	L	L	H

Figure 2. Risk assessment of all models based on the factors affecting the program’s effectiveness and success.

Once the factors for each model were assessed for risk, I wanted to differentiate amongst those factors I considered to be critical to the success of the program versus those that were less so. For example, nothing is more important in this case than giving volunteers a means of getting adequate support. If a program model shows that it is a good option in every way except that it is not likely that volunteers will get support, then the model is not worth implementing. The significance of this risk factor is rated higher than other factors. In this analysis, significance of risk is a multiplier. I first gave a base score for each level of risk (H = 3, M = 2, and L = 1). Then, factors were given a significance rating of 1, 2, or 3 (lowest to highest significance), based on importance to the success of the program. For example, an original risk rating of 3 becomes a 9 if it is essential for the program to succeed (significance factor 3), whereas an original risk rating of 1 becomes a 3. The lower the risk score, the better the chances of the program succeeding (see Figure 3 for these risk assessment scores).

The cost-benefit analysis was done in the same way as the risk assessment. Again, this type of analysis is concerned with determining whether the costs of having the program are justified (Coburn et al., 1994). Once again, because the literature I had to base my understanding of this process was unrelated to social programming, I improvised using the information I had. Because the concepts I was working with were abstract, i.e., sustainability, ease of implementation, perceived confidentiality breach, etc., I had to get creative in calculating costs versus benefits. This process allowed me to narrow down the options and make recommendations to my primary supervisors about which models they should consider implementing. At the bottom of this chart is the factor most closely associated with the cost-benefit analysis. In this case, the program's complexity, and the

time and effort needed to run the program are considered costs. If the costs are too high, the program will not likely succeed; therefore this factor was given a significance rating of 3.

Please note that this method of calculating risk was only an attempt to compare each model and to see if it would be possible to produce a more concrete rating system. The scores and the significance factors are completely arbitrary, as are the overall risk ratings (I associated a low risk rating to models with final scores within the 30s, medium within the 40s, and high within the 50s).

Factors affecting effectiveness of peer support program (significance factors in brackets)	Risk assessment scores: H = 3 x significance factor M = 2 x significance factor L = 1 x significance factor										
	A	B	C	D	E	F	G	H	I	J	K
1.Likelihood of getting no, or poor support (x3)	9	9	6	6	6	6	9	6	6	9	6
2.Suitability of supporters (x2)	6	6	4	4	4	4	6	4	6	6	2
3.Responsibility for sustainability (x2)	6	6	2	2	2	2	4	2	6	2	2
4.Pro-activity (x2)	6	6	2	2	6	6	6	2	6	6	2
5.Confidentiality, privacy (x2)	6	4	4	4	2	2	6	4	6	6	2
6.Ability to monitor support activities (x2)	6	4	2	2	2	2	6	4	6	6	4
7.Likelihood of seeking support (x1)	2	1	2	2	2	2	2	2	2	3	1
8.Visibility (x1)	2	1	1	1	3	3	2	1	3	3	1
9.Perception of waste (x1)	1	1	3	3	3	3	1	3	1	1	3
Score	44	37	26	26	30	30	42	28	42	42	23
<i>Costs</i>											
Time & effort, complexity (x3)	6	6	9	6	6	6	3	9	6	3	9
Total score	50	43	35	32	36	36	45	37	50	45	32
Overall Risk	H	M	L	L	L	L	M	L	H	M	L

Figure 3. Risk assessment scores and overall risk ratings for each model

Narrowing Down the Options

Any model that had a high risk of allowing volunteers to go unsupported was immediately eliminated regardless of its score. This left me with options C, D, E, F, H, I, K. One way to narrow it down further would be to eliminate those models that would require the most effort to sustain. Unfortunately, going by that, C and H would be eliminated – the two most favoured models by the people at Red Cross (K is a combination of C and H, which, as already mentioned was model created during a meeting with my primary supervisors). However, upon closer examination of the models, D appears to be quite limited in terms of what kind of support is offered, E is a very passive approach to providing support, and potentially a waste of human resources, and F would require setting up a hotline, which was not a favoured option. Of all the options, C, H, I, and K were the most preferred options, and probably the best for providing support to the volunteers. Because K is a combination of C and H, those two were eliminated, leaving only I and K. Finally, because model I was less pro-active, less visible, and relied too heavily on volunteers to take the initiative to access support compared to model K, it was eliminated, leaving model K as the preferred program model. According to the overall risk scores, Model K was one of two with the lowest overall risk score, providing some degree of confirmation that this model is a good choice.

My final analysis of model K is that the potential for a successful program is high, and because the overall risks associated with this model are low and the benefits are so great, it is the best model to implement at this time.

Phase II of the Practicum

Using the information gathered during the feasibility analysis, recommendations from the literature and in collaboration with my two primary supervisors at Red Cross, I began the process of developing the chosen model of peer support in greater detail.

Chosen Model of Peer Support

The final model had to fit certain criteria for what we considered would be a successful program. A successful program would be one where the following goals would be met: volunteers feel willing and comfortable accessing peer support; peer support is available when volunteers need it, or within a reasonable amount of time after they have identified that they need it; volunteers describe the experience as positive and would use it again if needed; volunteers and staff are more aware of the hazards associated with disaster work; and the program is sustainable without putting unreasonable amount of added strain on the existing structure.

Basic guidelines for the program were created using the minimum standards identified during the needs analysis and risk analysis. These included criteria for recruiting peer support volunteers and managers, the determination that peers would not function as counsellors but instead would provide *basic* emotional support, and job descriptions outlining tasks and responsibilities for volunteers and managers. Interviewees were consistent with the types of qualities they said they would like to see in those who take on a peer support role, as well as their backgrounds in terms of having had experience or training in counselling and in supporting others. Procedures and basic protocols were created from the job descriptions (and vice versa) and with the goals and functions of the model in mind.

The peer support program was designed with two positions in mind – peer support managers (at least three people are required to fill these positions in order to be able to provide full coverage during a disaster response), and ideally 15 to 18 peer support volunteers. Each role is assigned various responsibilities appropriate to each phase of disaster. Peer support managers, as the name implies, manage the program, ensure that peer support volunteers are recruited and receive appropriate training and supervision, and give additional higher-level support to disaster volunteers as needed (see Appendix E for complete peer support manager job description and responsibilities). The primary concern for peer support volunteers is to encourage disaster volunteers to practice worker care, monitor them for signs of stress, and provide emotional support as needed.

Sustainability was built into the model in part by creating the role of peer support manager. By doing this, the program does not create additional responsibilities for other staff, and allows the peer support managers to focus all of their attention on making the program work (including ensuring new volunteers are recruited as attrition occurs). There was a concern that, because of the nature of disasters, peer support volunteers might lose interest if they had nothing to do for months or years at a time. To this end, sustainability will also come from keeping the volunteers engaged throughout the year, whether or not disasters occur. Volunteers will take part in ongoing training sessions and will be asked to facilitate at least one Worker Care Workshop per year for the rest of Red Cross personnel. They will also have the opportunity to participate in the organization's wellness committee (see Appendix F for complete peer support volunteer job description and responsibilities).

Many of the features of this model were included based on recommendations from the literature. Mitchell and Everly (2000) discuss measures to reduce trauma responses that are appropriate to each phase of disaster. Mental preparedness and some stress management will be discussed with the peer support volunteers during the training. Worker Care Workshops will be facilitated throughout the year to Red Cross personnel in non-response times. This will hopefully increase awareness of the emotional dangers of disaster work throughout the entire disaster services department so that they can be better prepared to recognize signs of stress during responses. I borrowed Mitchell and Everly's (2000) concept of demobilization and recommended that peer support volunteers facilitate innovative de-stress activities at the end of disaster volunteer shifts. This will provide peers with an opportunity to interact with disaster volunteers, assess whether or not individuals have a desire to talk about stress they have experienced during their shift, and provide support and/or referrals if needed. The best-case scenario is that no one was stressed or traumatized during their shift and volunteers can just relax and have a bit of food and drink before leaving to go home. At the very least this should help them switch from disaster mode before going back to "normal life." Individual follow-up is planned during the response to check on the well-being of volunteers who have had shifts during the week, as well as a few weeks following the response. Peer support volunteers will be able to assess how the disaster volunteer is doing and if there are any residual effects from the response. At this point, support and/or referrals can be provided if needed.

As suggested by Myers and Wee (2002), disaster workers should be aware of potential disasters relevant to their community and design a safety plan with their families. The training curriculum for peer support volunteers devotes an entire session to

this topic. It is hoped that they will be able to make appropriate plans with their own families in case of disaster, as well as be better equipped to support disaster volunteers who may end up in the same situation.

Several authors (Myers & Wee, 2002; Harris, 1995; Pearlman & Saakvitne, 1995a) advise organizations to provide an atmosphere in which workers accept trauma responses as natural for the type of work they do, thus reducing the stigma associated with disaster-related stress. Creating a culture where it is accepted and expected that people will be affected by disaster work and that it is their responsibility to seek help is a very big part of this model (henceforth referred to as the *culture of acceptance*). The biggest impact of the model to help create this culture is by making worker care a priority and by creating awareness of the topic in numerous ways, including having Worker Care Workshops, having a peer support program, having peer support volunteers participate in the wellness committee, etc.

Munroe et al. (1995) suggest a team model should be employed. They propose that stress from working with traumatized individuals can be diffused among many rather than absorbed by one worker, thus reducing the risk of vicarious traumatization. The peer support program is made up of a dozen or so peer support volunteers and at least three peer support managers. As well as helping to diffuse stress amongst many, this team model was created in part to be able to accommodate the various work shifts in disaster response (in many cases, responses are operational 16 hours per day, up to three weeks at a time per individual). Further, the model emphasizes briefing/debriefing, and other meetings for the peer support team. This will ensure that any emotional wear and tear can be dealt with quickly and appropriately.

It has also been suggested in the literature that self-care, maintaining boundaries between volunteer and personal life, and maintaining humour are all associated with keeping a healthier perspective of the disaster and being able to better care for oneself (Sexton, 1999; Iliffe, 2000; Ross et al., 1999; Moran, 2002). All of these topics are addressed in the peer support training.

So how does model K perform in relation to the goals of the program, and according to my definition of a successful peer support system? The first criterion for a successful program was that volunteers would feel willing and comfortable accessing peer support. Obviously, this kind of comfort will not occur overnight. Once the program is established and has gained the respect of disaster volunteers I believe there is a good chance that they will feel comfortable seeking support. The second marker is that peer support is available when volunteers need it, or within a reasonable amount of time after they have identified that they need it. This model does depend on the volunteers to play a role in accessing or accepting support. If volunteers choose not to do so, for whatever reason, the program will not succeed. However, because model K is pro-active in terms of identifying and offering support to potentially stressed or traumatized volunteers, I believe this will increase the success potential of the program. Third, a successful program will be more likely if volunteers describe the experience as positive and would use it again if needed. Unfortunately, until the program is implemented and has had at least one disaster volunteer who has received support, I am unable to determine whether this criterion has been achieved. A fourth indicator of a successful program is that volunteers and staff are more aware of the hazards associated with disaster work. The mere creation of the peer support program will increase awareness of the importance Red

Cross as an organization is placing on worker care. Besides that, peer support volunteers will be facilitating workshops for Red Cross personnel not involved in the peer support program to increase awareness of worker care. This should definitely raise awareness to a level much higher than the current level. A final criterion is that the program is sustainable without putting unreasonable amount of added strain on existing structure. In this model, none of the existing Red Cross staff are being asked to take any responsibility for the sustainability of the program. An increased demand on volunteer recruitment will place some pressure on the Human Resources department, particularly the Volunteer Coordinator, however I do not believe this will be an unreasonable amount of added strain. There may also be some resistance by Red Cross personnel regarding attending the Worker Care Workshops, however these are planned as a one-session, once-a-year event, which I do not feel is unreasonable.

Training component. Recommendations for the training came partly from the interviewees. They all said that the most important thing was to have people who would be able to listen without judging, and would have some ability to provide support. Literature about other peer support programs and literature created to assist helpers deal with the effects of working with traumatized individuals also provided ideas for training, (Armstrong, Lund, Townsend McWright, & Tichenor, 1995; Cathrall, 1995; Centre for Mental Health & NSW Institute of Psychiatry, 2000; Ehrenreich & McQuaide, 2001; France & McCormick, 1997; Freeman & White, 1989; Klinik, 2000; Men's Resource Centre, 2003; Mental Health Promotion Unit & Office of Emergency Services, Health Canada, 2002; Munroe et al., 1995; Ontario Zone Disaster Services, 2002a; Ontario zone Disaster Services, 2002b; Saakvitne & Pearlman, 1996; Yassen, 1995). Finally, I had

personally received peer counsellor training in the past through another agency, and with their permission I was able to include parts from that training into the current peer support curriculum (T. Wall, personal communication, May 31, 2006).

Training for peer support volunteers as well as peer support managers starts on the same path. Anyone involved in the program must take the basic two-day peer support training. This basic training includes an orientation to the peer support program and focuses on topics such as confidentiality, communication, basic listening and support skills, and understanding the boundaries and limits of the peer support program. Further to the basic training is a series of monthly follow-up training sessions. The purpose of these sessions is to maintain and build upon the skills learned during the initial training, and to keep volunteers involved in the program in between critical events so that (a) they will be ready in the event of a disaster, and (b) the risk of attrition due to boredom or inactivity is decreased. These sessions are intended to occur over a two to three hour period one evening per month and include topics such as “Team building,” “Maintaining humour in trauma work,” and “When disaster strikes close to home” (see Appendix G for the table of contents from the peer support volunteer training manual).

Monthly follow-up sessions were purposely not scheduled over winter holidays, or during summer months. I also purposely left the majority of follow-up sessions without topics or agendas to allow the facilitator of these sessions some leeway in deciding what would be most appropriate to cover. My hope is that the trainees will also want to have some input in the topics to be covered and that they can be included in the process.

Those volunteers who have an interest in continuing with the training to become peer support managers must take the Red Cross supervisor training. While I did not create a separate curriculum for peer support manager training, I did put together an orientation package that they can refer to during their supervisor training as a way of putting their training in the context in which it will be used. The orientation manual will also serve as an important reference post-training (see Appendix H for the table of contents from the peer support manager orientation manual).

Although I had originally planned to do a pilot project during the practicum, I did not have enough practicum hours left to do this. That is, I was unable to recruit and train volunteers, or make modifications based on feedback from participants. However, everything is in place for when the organization decides to implement the program. Recruitment guidelines have been developed in terms of criteria that should be present in those volunteers who are looking to be a part of the program. At the time of writing, I am aware of at least two volunteers who have expressed an interest in taking the peer support volunteer training.

Dissemination of Findings

The practicum supervisors at the Red Cross were very involved with the entire process and were given copies of my work throughout the duration of the practicum. Interviewees were given the opportunity to see the conclusions of the practicum if they so wished. I provided those who expressed an interest in hearing about the conclusions of the project with a written summary of the process of the practicum (see Appendix I) and included a brief description of the final program model and training curriculum. Anyone

wishing to receive this information was asked to provide his or her name and mailing or e-mail addresses (see Appendix J).

CHAPTER FOUR

EVALUATION

Ironically, I begin this section by discussing one of my learning goals – to learn exactly how to evaluate this type of a project. Since I am able to identify how I evaluated my practicum, I obviously achieved this first learning goal. First, my *work* was evaluated, and second, my *learning* was evaluated. Each is discussed in greater detail below.

Evaluation of Submitted Work

The finished products that I submitted to the Red Cross included the program manual, guidelines, job descriptions, the Worker Care Workshop agenda, the peer support training manual and facilitator's guide, the first three of the monthly follow-up training session agendas, and the peer support manager orientation manual. I sought feedback from my primary Red Cross supervisors, plus a third who recently joined the team. Because I did not have time to run a pilot of the program, but to ensure that disaster volunteers would still have the opportunity to provide feedback, I contacted a small reference group of the original interviewees to evaluate the program and the training curriculum. Of the four volunteers contacted, only two were available to provide feedback. I requested that volunteers and supervisors comment on their perceptions of the usefulness and practicality of the program, and if they would likely adopt it as an ongoing support system.

Feedback From Red Cross Supervisors

Feedback from this group was extremely positive. They were quite pleased with the amount of research and preparation that went into the development of the program,

and by the applicability of the final product into the Red Cross structure. They commented that the training manual was written in a way that made complex topics easily understandable and would be a valuable tool in the training process. In terms of likelihood of implementing the program, they identified some aspects that could be implemented immediately, and others that would depend on the final Worker Care program being developed by the National office. For instance, some features of the training that focus on the preparedness phase of disaster will be borrowed from the peer support training curriculum and implemented immediately within the Human Resources team training. They intend to use the peer support training in conjunction with the National Red Cross Worker Care guidelines currently in development to initiate and continue the development of their peer support team. The extent that the peer support program will be used will depend on the leeway given to the Manitoba Region by the National office. Having said that, my supervisors were also planning to share our peer support program with National in the hopes that they might be able to use some of the concepts within their own Worker Care program. See Appendix K for the official evaluation written by my Red Cross supervisors.

Feedback From Volunteers

I received a surprising amount of feedback from the volunteers about the program and about the manual. First, they made general comments about how “good” the program would be to have in place but there were a few concerns noted. One of the volunteers seemed sceptical about where the peer support program would fit into the organization and felt that this factor alone might cause the program not to succeed. The other felt there may be difficulty establishing a working relationship between the peer support program

and the other functions. She seemed fairly confident that people not directly involved with the peer support program will resist the program, and that this will likely manifest itself by feeling resentful that peer support workers are “doing nothing,” and making attempts to borrow them for a more useful purpose during a response. Similarly, she wondered if the program would cause added resentment if disaster volunteers were continually encouraged to take breaks, causing a disruption in the flow of work. Another fear was that supervisors from various disaster functions might completely absolve themselves of the responsibility to watch out for the well-being of their staff and unfairly place all of this responsibility on the peer support volunteers.

Another concern common to both volunteers was the guidelines relating to the qualifications needed of the peer support managers and volunteers, and some of their assigned tasks. The current guidelines call for the peer support managers to *preferably* have disaster response experience. One volunteer felt this qualification should be mandatory, and both volunteers felt the peer support manager needs to have prior training or “demonstrated competency” in the counselling or mental health field. Even though peer support managers would not be providing counselling, it was mentioned that they should have this knowledge in order to be able to adequately provide supervision to the peer support volunteers, particularly if a difficult situation were to arise. Aside from wanting peer support managers to have a background in counselling, it was also felt that peer support volunteers should have at least some of this background as well. Further, one of the volunteers believed that some of the tasks assigned to peer support volunteers are unnecessary and excessive, such as making weekly phone calls to disaster volunteers to check on their well-being.

In terms of the training and manual, the feedback was quite positive. One volunteer stated that the manual was “well-designed” and that the group discussions “seem particularly well thought out.” She felt however that additional information or role plays might be needed to practice certain aspects of the peer support volunteers’ roles: initiating de-stress activities for volunteers; dealing with different personalities or stress-responses; tips for completing paperwork without interfering with the peer support process; ways to get advice or input from the peer support manager or team while adequately protecting confidentiality; filling out required documentation and discussions about follow-up care.

I feel all of this feedback is extremely valuable and that these points should be considered during the implementation process.

Evaluation of Learning

Learning Achieved by Accomplishing Learning Goals

I had six official learning goals that I wanted to achieve from doing my practicum. Essentially, a positive evaluation would mean that I have met my learning objectives. Each of these will be reviewed individually, followed by a discussion of additional learning that was not necessarily anticipated.

My first official learning goal was to learn and practice the processes involved in conducting a feasibility study. Although I have learned that there are many ways of doing a feasibility study, I believe I learned how to do it in the most appropriate way given the task at hand. An important part of this was also learning how to adapt and re-conceptualize existing knowledge for a new purpose. The obvious example here is with

regard to doing a risk analysis and cost-effectiveness analysis when I had no examples from the social services domain to guide me.

My second learning goal was to learn how to conduct qualitative interviews and qualitatively analyze the data. I gained interview skills and learned valuable lessons about ethical recruiting for research interviews. I also learned there are several ways to analyze qualitative data, but became more skillful in using one of these methods, particularly in the area of coding, creating categories and themes, and most importantly, on how to apply this information for a practical purpose.

Third, I wanted to learn how to develop a program, and fourth, an accompanying manual, to suit the specific needs of a population. One of the most important lessons I learned from this was that in creating something for a specific population, I needed to learn to think like that population. For example, I had to imagine what it might be like to be a disaster volunteer. What might I need and what might I not appreciate? I also had to think like a new peer support volunteer who had never done this type of work before. What would be important for me to learn to do my job effectively, and what would be beyond my capabilities? This was especially important when writing the training manual. Specifically, it had to be easy to read, and hopefully fun, in order to keep the peers interested. It had to flow well in order for the training to make sense. It had to be inexpensive to reproduce because of the non-profit nature of the organization i.e., no colours, concise to save on paper, etc. I also learned that the program I envisioned is not necessarily what the organization envisioned. Essentially, my role was to do the research, make recommendations and listen to the needs and wishes of the organization. They know what would work best in their own environment.

Finally, I had hoped to learn how to function in a teaching role. Obviously I have not achieved this because there was not enough time left in my practicum hours to recruit volunteers and start the training process. However, while designing and planning the curriculum and the training manual, I found I did have to think like a teacher. Some learning did come from this exercise. How do I make the manual interesting for the volunteers? How can I inject group participation into the training so as to include everyone and keep things dynamic? How long should I make each section? Where should the emphasis be? How much time do I devote to each module? How much time do I devote to each exercise? I believe some of my past experiences facilitating presentations that included group discussions, peer teaching, and co-facilitating a support group were very helpful in this regard.

Learning Achieved From the Process Evaluation

Aside from the official learning goals, there were a number of things I learned by going through the processes involved in this practicum that were not necessarily expected. A process evaluation allowed me to track my progress. Keeping and analyzing the contents of a journal about my day-to-day activities, the highs and lows of learning the tasks involved in this type of project, and whether or not I feel I have met my goals, was an important tool in evaluating my practicum. I gave special attention to the processes involved in the activities I performed during the practicum; insights into, and learning that occurred resulting from those activities; and constant analysis of my progress throughout.

What I have learned about the research process. When I first started researching feasibility studies, I became overwhelmed with the amount of information there was

about the topic. What was most frightening was the number of different ways one could approach doing a feasibility study. I found it difficult to clarify terms and definitions, having to struggle with seeing how these might fit into my project, and wrapping my head around various concepts and models. Because I was unable to find anything in the literature about doing this in the context of social programming, the information overload was even more intimidating. I found it most useful to take inventory of the information I had, took what was most relevant to what I was doing and adapted it for my own purpose. As a result of this process, I have learned the importance of keeping all of my research as organized as possible, and if possible, in one location.

I confirmed that I truly dislike the research process. What I do like about research is being able to apply the results to something tangible.

What I have learned about recruiting and interviewing. I have learned not to expect a good response rate from people or groups you invite to participate in research. None of the outside agencies I invited for interviews even responded to my requests. Perhaps I should have been more assertive and made follow-up calls. Even when I was able to make appointments with people to conduct an interview, it was still not certain they would show up. This frustration applies not only to conducting interviews in person, but I had three volunteers who agreed to be interviewed by e-mail and none of them replied. I also tried to make contact with the person who was working on the national Worker Care program, and she never responded.

I've learned that just because the recruiting is not going well for interviews, you cannot make up your own rules about whom to interview just to increase your numbers. For instance, it is not worth recruiting your friends/co-workers, even if they would have

been good candidates. In the end, I did not need to use any of the information from these interviews because it was less insightful than I had hoped. If I had wanted to use the information, and because this was not considered an ethical recruiting practice, I would have had to declare how I had recruited these people in my report, and this would have decreased the validity of my research. Regardless of the fact that I did not use the information from these interviews, the lesson was well learned.

I've learned that all interviewees are not alike. The quality of my first interview definitely set the bar for the rest of the interviews. My first interviewee was very knowledgeable and experienced and this made a big difference when it came time for me to start developing the peer support program. Other interviewees who had experience but were less insightful, or who simply answered questions as opposed to really thinking about the implications of the program were much less useful in terms of program development, though still very useful with respect to data collection for the needs analysis.

Sometimes, you find information that is contradictory to what you thought you would find. In my case, I found that volunteers are generally not as emotionally stressed by what they see or hear during a response as I had assumed. I have to admit this was somewhat disappointing because I believed that the more stressed volunteers said they were, the more justified my program was going to be. I have learned that as a researcher, I have to keep an open mind about what I might find.

What I have learned about data analysis. I learned that defining terms used in interviews would have been quite helpful, rather than letting interviewees respond based on their own interpretations. For example, the terms *debriefing* and *trauma* do not mean

the same to everyone. Because these terms were not defined during the interview, I had to decipher the meanings that interviewees gave to these words during data analysis, and had to be extra careful about how I coded them. I had to code according to what they were describing, rather than according to my own definition of the words.

I've learned that there are many ways of doing data analysis, and that in order to get any meaning out of it, I had to do what I was comfortable with. I needed to feel like I was making useful progress and organizing my data in a way that would make sense when I went back to it. In order to be able to explain how I did my analysis later on, I am very grateful that I took the time to document exactly how I did it. I would not have been able to remember all the different steps I took otherwise.

I have learned that it is too easy to inject one's own values into the analysis. I realized that I was using value-laden codes, such as "negative coping strategies," or "trauma responses" when I should have been using more observational codes such as "coping strategies" and "reactions to stress." I am grateful that I realized this early on so that I could be more careful for the rest of the process.

I learned that the more you play with your data, the better acquainted you become with it, the more confident you are with the choices you make when analyzing it, coding it, categorizing it, etc. I am confident with the outcome of my analysis because I feel I became quite familiar with my data.

What I have learned about procrastination. I learned that it was much easier to come up with reasons why I did not have time to work on school than it was to motivate myself to get anything done. Lack of motivation and avoidance were two of the most pervasive themes throughout my practicum. These are exceptional tools for the

professional procrastinator. Having much less supervision and accountability than what I was used to having, the sheer size of the project, working on it alone, and the fact that there did not seem to be any negative consequences if I missed my deadlines gave me plenty of latitude in terms of working when I *felt* like working. Avoidance was probably the coping mechanism I used most often in the past two years.

What I have learned about getting past procrastination. I learned that when things looked so overwhelming that I did not know where to start, I needed to start by getting organized and breaking up the job into smaller tasks. I learned that in order to feel like I was making progress in a big project like this, I needed to look for reasons to think I was making progress. Otherwise I got trapped in an “I’m not going anywhere, this is taking forever” mentality, and it became a downward spiral from there. I learned that several two or three hour chunks of time can get you farther than waiting for the opportunity to get a full day’s worth of work done.

What I have learned about motivation. I am quite happy to report that there have been a few shining moments on this path. These shining moments always led to an increase in motivation and a belief that I could continue, and that what I was doing was worthwhile. The first one was during the meeting where I presented the preliminary peer support models to my committee and supervisors. The enthusiasm shown by those present about my work thus far made it seem like the project was beginning to have a life of its own. However it also made me appreciate how much my supervisors were excited about this project, and how they could see the potential for a really useful support system. The second one was when my advisor told me that I did not have to do line-by-line coding anymore after I found a new way of doing my analysis. It was such a relief to

know I could move on to something I felt was more meaningful. The third shining moment was when I heard the news that the national office was doing something very similar with their Worker Care program to what we had been working on. It made me realize that I have the potential to do big things with the knowledge I have gained from doing my master's degree and doing this practicum. Finally, getting such positive feedback about my manual seemed to make all my anxieties and frustrations related to the practicum, worth it.

Accountability is also an excellent motivator for me. I got very creative and very efficient whenever there was a meeting planned with my supervisors or with my committee.

What I have learned about myself. I learned that doing this kind of project involves many, many emotions. I became emotionally invested in my project. I felt a bit like a protective mother whenever I felt it was threatened. Being involved in this kind of project is really an emotional roller coaster. One day I could be feeling great about the project and how useful it is going to be, and the next day I could feel like I was wasting my time on something that will never get off the ground.

I also impressed myself with the cost-effectiveness and risk analysis matrix I created that allowed me to quantify and rank the different models. Again, I do not know how mathematically valid it is, but it seemed to work well for this purpose.

What I have learned about my professional development. I learned that I should not make assumptions about what people should feel in certain situations. In the beginning, I expected to hear many stories from volunteers about how traumatic some responses have been for them. I was hoping to hear that volunteers were traumatized,

which would justify having the peer support program, while most of them said they could manage quite well on their own or with the support of family or friends. This also made me realize that I had underestimated the ability of individuals to cope with difficult situations.

I learned that you need to identify boundaries at the beginning, and stick with them lest your project run away from you. The key is to keep the project relevant for the organization. One of the most important things I learned was how to tailor a manual for the audience it is intended for. I have learned so much over the years about stress, trauma, vicarious trauma, burnout, PTSD, debriefing, and CISD, that it was difficult at first to know where to draw the line. Again, the trick is to know for whom the manual is intended, and what they will be doing with it. Once I understood the boundaries of the program I designed the manual for, it was much easier to understand what to include and what not to include.

I learned that when people offer to make things easier for you, take them up on it. The best example of this is when Red Cross said they already have supervisor training in place, so that I would not have to worry about coming up with a training program for the peer support managers. All I would have to do is provide specifics about the peer support manager role. This literally saved me months of work.

Continuum of Trauma Responses and Their Mitigation

In my practicum proposal I discussed my theory that trauma responses occur on a continuum and thus the means by which they are dealt with should also occur on a continuum (see Figures 4 and 5 respectively for a visual illustration of this hypothesis). I said that I would test this theory using the discussions I had with interviewees about

trauma responses related to disaster volunteering. I have found no evidence to support this theory. I can identify a couple of reasons why this may be. First, this was not the focus of my study and therefore my research was not specifically designed to test this theory. Nonetheless, I still maintain that trauma responses occur on a continuum and believe that further testing in this area should be considered in the future. Second, after having interviewed several volunteers from the disaster services at Red Cross, it is my belief that they do not suffer nearly as much emotional trauma as I had originally believed. Therefore, this group may not have been an appropriate sample on which to test this theory. If further research in this area were to be conducted, I would recommend testing groups such as first responders (fire fighters, police, and paramedics), who are most likely to witness traumatic scenes on a regular basis.

Absence of trauma responses

- mildly affected by event
 - can easily forget event
- moderately affected by event
 - volunteer may wish to discuss with supervisor or peer at some point
 - *recollections or dreams of event*
- strongly affected by event
 - volunteer feels the need to debrief immediately
 - *sudden re-experiencing of event*
 - *distress of reminders of event*
- events begin to take toll
 - begins to find it difficult to cope but continues to function as usual
 - *efforts to avoid thoughts/feelings*
 - *difficulty falling/staying asleep*
- events have taken their toll
 - volunteer is no longer able to cope with stress
 - continues to go to work/volunteer, may be attempting to hide symptoms from others
 - *irritability or outbursts of anger*
 - *difficulty concentrating*
 - *hypervigilance/exaggerated startle response*
- events continue to take their toll
 - symptoms have become worse
 - removes self from organization
 - begins counselling
 - may need leave of absence from workplace

Severe trauma responses

Figure 4. Continuum illustrating author's conception of severity of trauma responses in disaster volunteers

Note: Examples in italics have been taken directly from Figley (1995, p. 8). Figley points out that "symptoms under one month duration are considered normal, acute, crisis-related reactions. Those not manifesting symptoms until six months or more following the event are delayed PTSD or STSD" (post- or secondary-traumatic stress disorder).

Prevention / Preparedness

- awareness of effects of disaster work
- pre-planning for stressful work
- existence of coping strategies
- strengthening social supports
- preparation through education and training for trauma work
- staff assessment procedures

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- safety planning
- maintaining balance
- social support
- supervision and debriefing
- defusing and demobilization

- intense individual or group therapy
- critical incident stress debriefing

Trauma support / Recovery

Figure 5. Continuum illustrating author's conception of type of intervention vis a vis severity of trauma responses and phases of disaster response

CHAPTER FIVE

SUMMARY AND DISCUSSION

The processes involved in a feasibility study were reviewed and a peer support program was created based on the results of the feasibility study. The structure of the peer support program, which was designed around the phases of disaster, was described, as were the roles and responsibilities of the volunteers involved. One of the principal contributions to the Red Cross as a result of this practicum was the creation of the peer support volunteer training manual, however other documents that will aid in the successful implementation of the program were also included, such as the peer support manager orientation manual and the Worker Care Workshop agenda.

Unfortunately, I will not know whether or not the program was successful at reducing trauma responses until the program is running and it is actually put to the test. My belief is that in the long run, disaster volunteers will find it more enjoyable to volunteer during a response because of the activities planned by the peer support volunteers. This will hopefully lead to an even higher morale and an even lower incidence of burnout and attrition. I feel this higher morale, more so than dealing with rare instances of trauma responses, will be the peer support program's biggest contribution to the well-being of the Red Cross disaster volunteers.

Strengths and Limitations of the Peer Support Program

The peer support program discussed in this report has several strengths, the first of which is its plan for sustainability. By creating a program that should easily fit into the existing structure of the organization thereby not placing undue stress on the existing

staff and volunteers, and by creating a peer support manager position whose responsibility it will be to ensure the program continues on, peer support at Red Cross should persist. Second, the portion of the peer support training that deals with providing emotional support can occur as soon as enough volunteers have been recruited. This means that peer support volunteers can theoretically be ready to perform in this role as soon as these two days of training have been completed. While follow-up training continues throughout the year to keep peer support volunteers active and peer support fresh in their minds, the program also allows for large gaps between disaster events, which tends to be the norm. In other words, the program is not dependent on disasters to carry on. A third strength of this program is its emphasis on creating a culture of acceptance within the entire Red Cross office. Not only is it important to have a system in place to support disaster volunteers as necessary, but also it is equally important for anyone involved in disasters to be aware of, understand, and accept that everyone is vulnerable when it comes to the emotional dangers associated with this type of work. A final strength to be discussed here is the program's non-aggressive pro-activity. The peer support program will be visible, and it is with hope that disaster volunteers will feel comfortable accessing this support. Peer support volunteers will be watching for signs of stress, and will offer support to those who do not come forward and seek it, but support will not be forced on them.

The program also has its limitations. The first limitation is the program's reliance on a large number of peer support volunteers. Of course the reason for this is to ensure that all shifts can be covered during a disaster response without putting too much responsibility on a small number of peer support volunteers. However, the possibility

exists that not enough people will be recruited into this role and that the program will falter during a response. A second limitation is the risk that during the chaos of a response, others will feel peer support volunteers could be better utilized in other functions, particularly when other departments are short-staffed. This possibility has been included in the peer support volunteer training, and discussions on how to handle these situations will be had. I anticipate that once Red Cross personnel see the importance the organization is placing on peer support, they will understand the value of the program and of the roles assigned to peer support volunteers.

Recommendations for the Program

The current process for staffing a response with volunteers, as I understand it, is that someone from Human Resources calls the volunteers and asks if they are willing and available to assist with the current response. In most cases the request is for immediate involvement. At this point, there is nothing built into the model that allows for anyone to check on the emotional well-being of disaster volunteers prior to being assigned to disaster work. This would be particularly important if the disaster in question is one that has the potential to personally affect volunteers. Such was the case in the flood of 1997. This modification of the process could potentially be included in the next evolution of the model.

Another recommendation, if followed, should be implemented as soon as possible. An area I neglected to include in the design is the introduction of the peer support program to the rest of the organization. There needs to be some communication to Red Cross staff and volunteers about the creation, existence, and purpose of the peer

support program. Incidentally, this initial introduction could also be an excellent opportunity to start building the culture of awareness into the organization.

In terms of evaluating the peer support program once it has been implemented, there are several possibilities. First, the evaluators may consider designing a brief satisfaction questionnaire that could be given to disaster volunteers as well as peer support volunteers following a response. Questions could address the perceived usefulness of the program, problems they encountered, positive experiences, and whether or not they would choose to access the program again in the future. Alternatively, there could be a brief discussion about the program during exit interviews or debriefing of disaster volunteers following a response. A third option could have the evaluator audit the documents created by the program relating to any emotional support provided to disaster volunteers to ensure all appropriate steps were taken. For example, a peer support volunteer might document on an intake form that they provided emotional support, consulted with the peer support manager, and provided referrals, if appropriate. Finally, a formal evaluation could be completed where pre- and post-intervention (peer support) measures are taken and compared to assess whether the support made a statistically significant difference. Considering the unique aspects of disaster work, such as large gaps between disaster responses, intensity and duration of the response, the varied methods by which the peer support program can be accessed, and the fact that the program is voluntary (meaning disaster volunteers are not forced to participate), my initial thoughts about this option are that it would be difficult to plan an effective evaluation strategy. However, a properly designed evaluation would be extremely beneficial for determining the clinical usefulness of the program.

A final recommendation for the program would be to place more emphasis on the types of stressors disaster volunteers as well as peer support volunteers are likely to encounter during a response, and to normalize the associated stress responses. As it stands, the program does discuss the culture of awareness, however this may be too vague or abstract to be useful during a response. Further, the culture of awareness discusses issues related to working with victims and their families more so than the stresses associated with the interpersonal dynamics involved in disaster work. High stress experienced by a group of people can often create conflict. Although this is perfectly normal, it may increase the stress felt by both the people directly involved and by those who witness the conflict. Perhaps one of the follow-up training sessions could focus on this topic, as well as discuss some basic conflict resolution techniques. Further, perhaps the peer support volunteers could incorporate this topic into the Worker Care Workshops.

I hope that those who become involved with the peer support program in the future, who work with it, in it, and around it, can make recommendations of their own. The peer support program discussed in this paper is meant to be the starting point of a work in progress.

Contribution to Social Work

One of the many areas that social workers are called upon to assist is that of trauma and/or reactions to extreme stress. Whether or not the cause of trauma or stress reactions is disaster-related, social workers need to be prepared to handle the effects of working with these types of cases. This practicum has particular relevance in the areas of program development and policy planning. Programs that are designed to help clients deal with traumatic events, such as sexual assault, non-sexualized crime, witnessing

horrific accidents, refugee camps, etc., need to consider the effects working with traumatized clients will have on their workers. While the peer support program discussed in this paper was designed with the specific needs of the organization in mind, a similar program could be useful in other agencies and organizations in providing support to any workers whose jobs put them at risk for vicarious trauma, compassion fatigue, or burnout.

While these terms and others were used in this practicum because these were the terms found in the literature, it may be wise to consider how these constructs are viewed by society. While the literature discusses how these trauma responses are acquired, that is, following a sudden acute traumatic experience or following years of less intense experiences, vicarious trauma, compassion fatigue, and burnout for example, are seen as happening *to the person*. These terminologies seem somewhat pathological and it may be tempting to conclude that individuals who experience trauma responses are somehow lacking in some protective mechanism that could otherwise prevent trauma responses from occurring. As social workers, it is important for us to challenge and critically analyze the ways in which these constructs tend to focus on the “problems” of the individual. An alternative to this is to look at problems located within the system itself. Perhaps identifying and fixing systemic issues can relieve individuals of the blame that tends to be placed on them. Another alternative may be to re-construct our understanding of these terms. Whatever the answer, we must first begin by asking a simple question: is there another way of looking at this?

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Appendix A

Consent form used for interviews

Research Project Title: The Development of a Peer Support Program: Reducing Trauma Responses in Volunteers Who Assist in Large-Scale Disasters

Researcher: [REDACTED], MSW practicum student

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

I am a graduate student at the University of Manitoba in the Social Work program. As part of the requirements for attaining my Master's degree, I am doing my practicum at the Canadian Red Cross, Manitoba Region. The purpose of this interview is to gather information that will help me to find out the feasibility of having a peer support network for the volunteers in the disaster services arm of the organization. This practicum has been approved by the Joint Faculty Research Ethics Board, which regulates all research involving human participants. If you have any questions or concerns relating to the research ethics of this practicum, you can call the number provided at the end of this form.

The information gathered during this interview will be confidential. Names or any other identifiers will not be used in the report, and all interview materials will be kept under lock and key at all times. I will be using a tape recorder to record the interview so that I can review the information later. All interview materials will be destroyed at the end of the practicum.

The benefit to you as a participant in this study will have the opportunity to share either some of your own experiences in the field of disaster work, or to share and receive ideas and information about existing peer support programs or the one I will attempt to create during this practicum. Also, if you wish, you may request a summary of the results of the practicum after it is finished by filling out a short request form.

However, in discussing personal experiences of disaster work, you may begin to recall uncomfortable feelings that you may have experienced in those times. Included at the end of the consent form the number for the [REDACTED], should you wish to talk to someone about those feelings or memories.

The interview should last between 30 to 60 minutes, during which time you will be asked approximately 20 questions. If at any time you wish to withdraw from the study, even during the interview itself, you may do so simply by indicating that you wish to conclude the interview. You may also withdraw before, or after the interview by indicating the same. My contact information is listed below.

[REDACTED], practicum student	or	[REDACTED], practicum advisor
E-mail address: [REDACTED]		E-mail: [REDACTED]
Phone: [REDACTED]		Phone: [REDACTED]

Joint Faculty Research Ethics Board

[REDACTED], Human Ethics Secretariat
E-mail address: [REDACTED] Phone: [REDACTED]

For free, confidential telephone counselling:

[REDACTED] (24hrs/day): [REDACTED]

I hereby give my consent to participate in this study by allowing myself to be interviewed. I understand that my participation is voluntary and that I may withdraw at any point without penalty. I understand that my responses will be kept confidential and secure, and all interview materials will be destroyed upon completion of the practicum. I also understand that any information about child abuse or abuse of other vulnerable persons must be reported to legal authorities by the interviewer, and that this legal responsibility supercedes our confidentiality agreement. In no way does this waive my legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities.

Signature of interviewee

Signature of researcher

Date

Date

Appendix B

List of interview questions

- 1) Do you think a peer support network would be helpful for the volunteers?
- 2) What do you think would be needed from such a program?
- 3) How stressful do you find working during disasters?
- 4) What do you find stressful during disasters?
- 5) Without the existence of a support network, how were you able to cope with the stress in the past?
- 6) Have you ever had formal debriefings? If yes, what was the level of disaster?
- 7) How are you affected by stress as a result of volunteering during a disaster and at what points during the effort do you feel the least and most stressed?
- 8) What services were made available to you?
- 9) Did you access them? Why or why not?
- 10) How would you feel about having peers that you could go to for support in relation to your experiences with the disaster?
- 11) What skills would you feel would be necessary for the peer support worker to have?
- 12) If a program were to be developed, would you be interested in taking the necessary training?
- 13) If a program were to be developed, how much time would you be willing to commit to the training process and to refresher sessions?
- 14) What do you think the risks might be to have peers providing support?
- 15) At the time of previous disasters, did you ever feel that you would like to talk to someone about how you were feeling, but felt there wasn't anyone to talk to?
- 16) What were the consequences of not having someone to talk to?
- 17) What kinds of things do you do to de-stress after volunteering during a disaster?
- 18) Have you ever accessed services to help you deal with the stresses associated with volunteering during a disaster?

Appendix C

List of codes, categories, and themes resulting from data analysis

A. Theme

1. Category

- Code
 - Sub-code
 - Sub-sub-code

A. Volunteer Experiences in Disaster Services

1. Disaster Volunteer Experience

- Length of time with Red Cross
- Disaster responses

2. Role/function

- Registration & Inquiry
- Family Services
- Mass Care
- HR
- On call
- Fundraising
- Supervisory

3. Red Cross Processes

- Preparation
 - Need for proper assessment of disaster volunteers
 - For assessing new volunteers
 - Worker care
 - Advice to new volunteers
 - Disaster training
 - For going on assignment
- Response
 - Briefing
 - For giving assistance
 - Providing support
 - Volunteer to volunteer
 - RC to volunteer
 - Lacking
- Recovery
 - Before leaving response
 - For sending people home from assignment
 - Support/debriefing when they come home/after response
 - Lacking

4. Stress contributors

- Losses/destruction
- Death
- Working conditions

- Disorganization
 - Interpersonal conflicts
 - Organizational
 - Helplessness
 - Negative interactions with victims
 - Assigned job/duties
 - Inner conflict, e.g. self-doubt, conflict b/t volunteering and rest of life
5. Stress pattern
- Within disaster response
 - Beginning
 - Middle
 - End
 - Across disasters
6. Experiences
- Identified as Traumatic material
 - Witnessed
 - Poverty/conditions
 - Losses/damage
 - Other
 - Secondary witness
 - Other involvement
 - Not identified as traumatic, but still difficult to handle
 - Stories from victims
 - Loss/damage
 - Poverty
 - First hand stories
7. Red Cross norms
8. Why volunteer in Disaster Services
- Creating and maintaining relationships with other volunteers
 - Attachment to victims
 - Being able to help others
 - Pride
 - Victims thankful for help
 - Personal satisfaction
 - Social responsibility
 - The people
 - Making a difference

B. Effects of Disaster Volunteering

1. Emotional Responses experienced while volunteering

○ Negative

- Due to traumatic/sad events
- Due to organizational
- Due to others' behaviours
- Emotionally difficult to handle
- Attitudes
- Helplessness
- Sadness
- Anger
- Frustration
- Confusion
- Devastation
- Guilt
- Fear

○ Positive

- Felt good to be able to help
- Other's responses
- Relationships
- Gratitude towards others
- Removal of stress contributor

2. Stress responses – events or experiences that caused emotional/behavioural or physical responses in volunteers

○ Emotional/behavioural

- Loss for words
- Internalization
- Did not want to talk
- Reliving experience
- Change in mood/attitude
- Catharsis
- Lack of focus
- Over-reacting
- Change in behaviour
- Fixation of the event
- Strong emotional response, years after event

○ Physical

- Sleep disturbance
- Physical exhaustion
- Headaches
- Appetite disturbance
- Weight disturbance
- Tobacco use
- Muscle tension
- Adrenaline

3. Effects of Disaster Volunteering – Other
 - Let down period
 - Difficulty balancing volunteering with rest of life
 - “Getting back to normal”
 - Difficulty taking breaks
 - Other
 - Stress levels

C. Dealing with stress

1. Recognizing stress
 - Self
 - Other volunteers
 - Staff
 - Victims
2. Perception of ability to handle stress
 - Can handle stress
3. Minimizing risk of stress, or coping with stress
 - Personal attributes
 - Coping skills
 - Physical activity
 - Talking to others
 - Self care
 - Hobbies
 - Taking a break
 - Refocusing of energy
 - Catharsis
 - Doing something to fix the problem
 - Spirituality
 - Avoidance
 - Attitude conducive to minimizing risk of stress
 - Attitude conducive to letting stress go
 - Tendency towards higher stress activities
 - Situational
 - Supportive family/friends/RC staff and volunteers
 - Fun activities
 - Being part of a group
 - Organizational
 - Non-stressful volunteer activities
 - Personal distance from disaster
 - Having few obligations coinciding with volunteering
4. Barriers to Coping
 - Media – barrage of images and stories from the disaster response, even upon return home
 - Perceived limit to how much others want to hear about experience
 - No time/too busy to take a break
 - MHW/debriefing not accessible/poor quality

D. Feelings about PSP

1. Pros
 - Gaps in services, or inadequate existing services
 - Useful idea
 - Program model ideas
 - Requirements of the peer, or of the program
2. Cons
 - Duplication of service
 - Don't think they would use it
 - Difficult to work out the logistics
 - Risks
3. Willingness to participate
4. Need for building peer support into RC culture
5. What helps about talking to others

Appendix D

Overview of early model ideas and identification of risks

Alternative A

- Train all staff and volunteers in recognizing signs of stress in others and in themselves.
- Train all staff and volunteers in basic listening and support skills.

Pros/capacities

- Easy to sustain - easy to implement and maintain program – little effort and/or time required
- Everyone would have information, not just select few
- May help with goal to create culture of awareness and acceptance
- Because interviewees have said they would likely not access peer support, in this scenario everyone would have the knowledge to try to help others, but no bodies would be “wasted” in a peer support role if no one accessed them

Cons/risks/hazards/vulnerabilities

- Even if signs of stress are identified in a volunteer, there could be a risk that no one would act on it, assuming that the affected volunteer would be able to handle it because they also received the training.
- No single person or group would necessarily be responsible to watch for signs of stress, so no one might take on the responsibility, especially during response when everyone is busy.
- Who will take responsibility for facilitating the training?
- Not everyone is interested or suited to provide support to others, but by default, everyone would be a potential support provider.
- Risk that talking to someone who is not well-suited to this type of role will make the support-seeker feel worse or discourage them from seeking help in the future.
- Not a pro-active approach to ensuring the well-being of volunteers, signs of stress could be missed.
- Perceived risks that what support seeker did share might not be kept in confidence.
- How to monitor the quality of care being provided by peers?

Alternative B

- Give specialized peer support training to staff and volunteers in supervisor roles only.

Pros/capacities

- Staff and supervisors would be identified as being responsible for peer support
- Staff and supervisors would be responsible for sustaining the program
- Supporters would be available in that role if sought out by others, no bodies would be “wasted” in a peer support role if no one accessed them

Cons/risks/hazards/vulnerabilities

- Staff and supervisors already have enough to do during responses
- Who would want the responsibility of sustaining the program?
- Not everyone is interested or suited to provide support to others, but everyone who has had the training will be a potential support provider
- Risk that talking to someone who is not well-suited to this type of role will make the support-seeker feel worse or discourage them from seeking help in the future
- Perceived risks of confidentiality breach
- Not a pro-active approach to ensuring the well-being of volunteers, signs of stress could be missed
- How to monitor the quality of care being provided by peers?

Suggestions/ideas

- Staff and supervisors could take responsibility for sustainability on a rotating basis
- Staff and supervisors could take turns being an “on duty” support person

Alternative C

- Volunteers would be recruited for the peer support program. There would be two levels of peer support: those who are able to watch and support others while performing other duties and at least one peer support volunteer removed from the others so that people who want to access support can access it in private.

Pros/capacities

- Specific people would be identified as being responsible for peer support
- Volunteers would be true “peers,” which some interviewees identified as a more comfortable option
- May help with goal to create culture of awareness
- Peer supporters on each team (e.g. HR, receipt writing, call centre, etc.)
- Peer support “supervisor” may have counselling background to provide additional support
- Pro-active approach to monitoring the well-being of volunteers

Cons/risks/hazards/vulnerabilities

- Chance of support “seekers” feeling uncomfortable working with support “providers” after-the-fact
- Would have to ensure enough peer supporters were scheduled for each team, each shift
- Peer supporters could easily get distracted with tasks and lose sight of peer support responsibilities
- Peer support “supervisors” may have long stretches of time where their help is not sought – attempts at “poaching” may be likely, or resentment towards peer supporter if others feel they’re not pitching in
- Perceived risks of confidentiality breach
- Continual training would be required to maintain skills
- Who would take responsibility for sustainability?
- How to monitor the quality of care being provided by peers?

Suggestions/ideas

- In recruiting volunteers, minimum standards would have to be met in screening individuals who show an interest in participating

Alternative D

- One level of peer support. Peer support volunteer wanders about talking to disaster volunteers, helping with worker care – getting food and drink if volunteers cannot leave their station, or encouraging them to take a break, advising supervisors of potential trouble, watching for signs of stress. Providing support is their only task.

Pros/capacities

- Full attention of peer supporter on peer support function
- Would only need 1 or 2 peer supporters on each shift
- Specific people would be identified as being responsible for peer support
- Volunteers would be true “peers”, which some interviewees identified as a more comfortable option
- May help with goal to create culture of awareness
- Pro-active approach to monitoring the well-being of volunteers

Cons/risks/hazards/vulnerabilities

- Continual training would be required to maintain skills
- Who would take responsibility for sustainability?
- Chance of others seeing peer as doing “nothing”, may cause resentment
- Attempts at “poaching” may be likely, or resentment towards peer supporter if others feel they’re not helping out with response activities
- Chance of stigma if peer seems to be giving some people “too much attention”
- Volunteers may feel like they’re being watched which may cause discomfort
- Peers may feel like they’re not being as useful as they could be, especially when they see others scrambling to get everything done
- Perceived risks of confidentiality breach
- How to monitor the quality of care being provided by peers?

Suggestions/ideas

- As part of creating the “culture of acceptance”, and in worker care training, it would have to be ingrained that the peer support person’s job is as important as all others. In recruiting volunteers, minimum standards would have to be met in screening individuals who show an interest in participating. Peer supporter may have counselling background to provide additional support

Alternative E

- One level of peer support. The peer support volunteer is available in an area removed from the rest of the disaster volunteers, in case someone wants to seek support privately.

Pros/capacities

- Adds the element of privacy and lessens the risk that others will overhear conversation
- Specific people would be identified as being responsible for peer support
- Volunteers would be true “peers”, which some interviewees identified as a more comfortable option
- Peer support person may have counselling background to provide additional support
- Full attention of peer supporter on peer support function
- May help with goal to create culture of awareness
- Would only need 1 peer supporter on each shift

Cons/risks/hazards/vulnerabilities

- Chance of others seeing peer as doing “nothing”, may cause resentment
- Peers may feel like they’re not being as useful as they could be, especially when they see others scrambling to get everything done
- Attempts at “poaching” may be likely, or resentment towards peer supporter if others feel they’re not helping out with response activities
- Continual training would be required to maintain skills
- Who would take responsibility for sustainability?
- Perceived risks of confidentiality breach
- Not a pro-active approach to ensuring the well-being of volunteers, signs of stress could be missed
- How to monitor the quality of care being provided by peers?

Suggestions/ideas

- In recruiting volunteers, minimum standards would have to be met in screening individuals who show an interest in participating As part of creating the “culture of acceptance”, and in worker care training, it would have to be ingrained that the peer support person’s job is as important as all others

Alternative F

- Create a “hotline” so that volunteers, who go on assignment, either in the city or away, can get private support.

Pros/capacities

- Specific people would be identified as being responsible for peer support
- Volunteers would be true “peers”, which some interviewees identified as a more comfortable option
- Peer support person may have counselling background to provide additional support
- Full attention of peer supporter on peer support function
- Would only need 1 or 2 peer supporters on each shift
- Adds the element of privacy
- May help with goal to create culture of awareness
- Allows for anonymity and increases confidentiality

Cons/risks/hazards/vulnerabilities

- Chance of others seeing peer as doing “nothing”, may cause resentment

- Peers may feel like they're not being as useful as they could be, especially when they see others scrambling to get everything done
- Attempts at "poaching" may be likely, or resentment towards peer supporter if others feel they're not helping out with response activities
- Continual training would be required to maintain skills
- Who would take responsibility for sustainability?
- Volunteers may feel like they're being watched which may cause discomfort (if they call while on duty)
- Not a pro-active approach to ensuring the well-being of volunteers, signs of stress could be missed
- How to monitor the quality of care being provided by peers?

Suggestions/ideas

- In recruiting volunteers, minimum standards would have to be met in screening individuals who show an interest in participating. As part of creating the "culture of acceptance", and in worker care training, it would have to be ingrained that the peer support person's job is as important as all others

Alternative G

- Create a "buddy system" where volunteers are paired and they can provide informal support to one another.

Pros/capacities

- Easy to sustain
- Because interviewees have said they would likely not access a peer support person, in this scenario everyone would have the knowledge to try to help others, but no bodies would be "wasted" in a peer support role if no one accessed them
- Volunteers would be true "peers", which some interviewees identified as a more comfortable option
- May help with goal to create culture of awareness
- Semi pro-active approach to monitoring the well-being of volunteers

Cons/risks/hazards/vulnerabilities

- Not everyone is interested or suited to provide support to others, but by default, everyone will be a potential support provider
- Risk that talking to someone who is not well-suited to this type of role will make the support-seeker feel worse or discourage them from seeking help in the future
- Buddies could easily get distracted with tasks and lose sight of "buddy" responsibilities
- Not all individuals work well together, personalities clashing, etc.
- Probability that buddies would not be available for same shifts
- Perceived risks of confidentiality breach
- New shift/new buddy approach would make it difficult to build rapport, decrease chances of confiding in buddy
- Not a reliable approach to ensuring the well-being of volunteers, signs of stress could be missed

- How to monitor if the system is working?
- What if buddy support is not enough?

Alternative H

- This model is a combination of the above.
- Train all staff and volunteers in recognizing signs of stress in others and in themselves.
- Train all staff and volunteers in basic listening and support skills.
- Give specialized peer support training to staff and volunteers in supervisor roles *and* recruit volunteers for the peer support program. There would be two levels of peer support: a peer support volunteer wanders about talking to people, helping with worker care – getting food and drink if volunteers cannot leave their station, or encouraging them to take a break, advising supervisors of potential trouble, watching for signs of stress. Providing support is their only task *and* staff or supervisor is available in an area removed from the rest of the workers, in case someone wants to seek support privately. This staff or supervisor performs his or her regular duties, but stops everything if they are needed in support role – this responsibility can rotate on a daily basis during response to spread out responsibility.
- Create a “hotline” so that volunteers, who go on assignment either in the city or away, can get private support.

Pros/capacities

- Cover all bases, gives volunteers options
- Gives peer support volunteers options

Cons/risks/hazards/vulnerabilities

- Much more complicated system, may be more difficult to sustain
- Would require a lot of training and many different levels of training
- Would require setting up a hotline
- Not everyone is interested or suited to provide support to others – not all staff/supervisors may be interested or suitable for being the support person “on duty”
- Perceived risks of confidentiality breach
- How to monitor the quality of care being provided by peers?

Alternative I

- Attempt to make changes to existing structure without creating a separate peer support program. Recommendations were as follows:
 - Create a culture where it is acceptable and expected that volunteers and staff will ask for support if they need it.
 - Enhance the worker care component of volunteer training.
 - Add training for emotional aspects of disaster work in “never-ending exercise,” a training model used by the Human Resources function of the disaster services division of Red Cross at the practicum site.

- Incorporate emotional debriefing into operational debriefings, could be used to assess whether follow-up is required, and
- Incorporate “end of shift” debriefings.

Pros/capacities

- No separate program, therefore no risk that people won’t access it
- May be easier to incorporate these changes than to create something completely new
- May help with goal to create culture of awareness

Cons/risks/hazards/vulnerabilities

- Still no concrete avenue for volunteers to access support, still relies on their willingness to access it themselves

Alternative J

- Maintain status quo.

Pros/capacity

- No additional work for anyone

Cons/risks/hazards/vulnerability

- Although interviewees have said they are able to manage without a peer support program, there may come a time where this is needed and support may not be provided because it is not available. Maintaining status quo relies on the willingness of volunteers to approach others for support, or of staff to take time out to monitor volunteers’ well-being. Neither of these options may be enough during a response when everyone is busy. Volunteers may go unsupported.

Appendix E

Peer support manager job description

**CANADIAN RED CROSS
POSITION SPECIFICATION**

JOB CODE:

JOB TITLE: Peer Support Manager

LOCATION:

EFFECTIVE DATE:

TITLE OF IMMEDIATE SUPERVISOR: Human Resources Manager

TITLE OF IMMEDIATE SUBORDINATES: Peer Support Volunteers

This job specification and classification level are reviewed and approved by:

National Director, Human Resources

Date

JOB SUMMARY

The Peer Support Manager will manage and ensure the sustainability of the peer support program. He or she will provide emotional support to individual disaster services volunteers and/or to peer support volunteers as needed during, and following a response, within the limits of the program. He or she will provide supervision to peer support volunteers.

RESPONSIBILITIES & ACTIVITIES

Responsibility 1 – Preparedness

Activities

- Manage and encourage the well-being of peer support volunteers
- Provide referrals to volunteers who require assistance outside of peer support program mandate/capabilities
- Liaise with volunteer coordinator to ensure volunteers are recruited for peer support team
- Plan and assist with training of peer support volunteers
 - Basic peer support volunteer training

- Monthly follow-up training sessions
- Develop/update training materials for peer support volunteer training, as well as Worker Care Workshops
- Organize Worker Care Workshop dates and attendance of Red Cross personnel
- Create and maintain database of Red Cross personnel attendance to Worker Care Workshops
- Communicating with other team leaders
- Keep documentation of support activities, i.e., intake or assessment forms, secure
- Maintain confidentiality to disaster services volunteers as per confidentiality agreement

Responsibility 2 – Response

- Manage and encourage the well-being of peer support volunteers
- Communicating with other team leaders
- Provide emotional support to disaster services volunteers, as well as to peer support volunteers as needed, and within the limits of the peer support program
- Provide referrals to volunteers who require assistance outside of peer support program mandate/capabilities
- Conduct peer support team meetings/briefings/debriefings as necessary
- Provide supervision to peer support volunteers
- Ensure peer support volunteers document support activities appropriately
 - Log book
 - Intake or assessment forms
- Keep documentation of support activities, i.e., intake or assessment forms, secure
- Maintain confidentiality to disaster services volunteers as per confidentiality agreement

Responsibility 3 – Recovery

- Manage and encourage the well-being of peer support volunteers
- Communicating with other team leaders
- Assist with post-response debriefings or exit interviews
- Assist with post-response follow-up of disaster services volunteers
- Provide emotional support to disaster services volunteers, as well as to peer support volunteers as needed, and within the limits of the peer support program
- Provide referrals to volunteers who require assistance outside of peer support program mandate/capabilities
- Conduct peer support team debriefing
- Provide supervision to peer support volunteers
- Keep documentation of support activities, i.e., intake or assessment forms, secure
- Maintain confidentiality to disaster services volunteers as per confidentiality agreement

- Provide statistical information about peer support activities to Human Resources Manager

QUALIFICATIONS

- Understanding of Red Cross role in emergency and disaster response
- Management and leadership skills
- Flexibility and ability to work well and make decisions under stress and potentially adverse conditions; resourceful
- Excellent communication and interpersonal skills—a motivator and listener
- Strong organizational skills
- Some counselling experience or educational background
- Experience in disaster response is preferred

Training required

Peer support volunteer training
Monthly follow-up training sessions
Train the trainer training
Supervisor training/Peer support manager orientation

WORKING CONDITIONS

The work environment may not be as clean and comfortable as a standard office environment. The work may require long working hours (10-12 hours, 5-6 days per week) during the response phase. Health risks are involved, all must review the Health and Safety Considerations Form prior to the assignment.

Appendix F

Peer support volunteer job description

**CANADIAN RED CROSS
POSITION SPECIFICATION**

JOB CODE:

JOB TITLE: Peer Support Volunteer

LOCATION:

EFFECTIVE DATE:

TITLE OF IMMEDIATE SUPERVISOR: Peer Support Manager

TITLE OF IMMEDIATE SUBORDINATES: n/a

This job specification and classification level are reviewed and approved by:

National Director, Human Resources

Date

JOB SUMMARY

The Peer Support Volunteer will provide emotional support to disaster services volunteers as needed during, and following a response, within the limits of the program. He or she will participate in a number of activities during non-response times to increase the visibility of the peer support program and increase awareness of worker care within the Red Cross.

RESPONSIBILITIES & ACTIVITIES

Responsibility 1 – Preparedness

- Facilitate Worker Care Workshops to RC personnel during non-response phases
- Participating in other activities that will increase awareness of worker care, in conjunction with Wellness Committee
- Report all peer support activities to manager for statistical purposes by documenting activities in peer support log book

- Maintain confidentiality to disaster services volunteers as per confidentiality agreement

Responsibility 2 – Response

- Provide emotional support to disaster services volunteers as needed during, and following a response, within the limits of the peer support program
- Refer volunteers who require additional support to on-site manager
- Facilitate and organize innovative de-stress activities at end of volunteer shifts
- Attend briefings/debriefings with peer support team during response phase, as well as other team meetings as deemed necessary
- Report all peer support activities to manager for statistical purposes by documenting activities in peer support log book
- Keep documentation of peer support activities, i.e., intake or assessment forms, secure
- Maintain confidentiality to disaster services volunteers as per confidentiality agreement
- Assist in other areas as needed

Responsibility 3 – Recovery

- Provide emotional support to disaster services volunteers as needed during, and following a response, within the limits of the peer support program
- Refer volunteers who require additional support to on-site manager
- Assist with post-response follow-up of disaster services volunteers
- Attend briefings/debriefings with peer support team during response phase, as well as other team meetings as deemed necessary
- Report all peer support activities to manager for statistical purposes by documenting activities in peer support log book
- Keep documentation of peer support activities, i.e., intake or assessment forms, secure
- Maintain confidentiality to disaster services volunteers as per confidentiality agreement

QUALIFICATIONS

- Understanding of Red Cross role in emergency and disaster response
- Flexibility and ability to work well and make decisions under stress and potentially adverse conditions; resourceful
- Excellent communication and interpersonal skills
- Strong organizational skills
- Experience in disaster response is preferred

Training required

Peer support volunteer training
Monthly follow-up training sessions
Train the trainer training

WORKING CONDITIONS

The work environment may not be as clean and comfortable as a standard office environment. The work may require long working hours (10-12 hours, 5-6 days per week) during the response phase. Health risks are involved, all must review the Health and Safety Considerations Form prior to the assignment.

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Appendix I

Summary of the process of the practicum

Summary Report:

The Development of a Peer Support Program for Disaster Volunteers at the Canadian Red Cross, Manitoba Region

Approximately a year and a half ago, you participated in an interview for a research project I was doing at the Red Cross as part of my Master of Social Work program with the University of Manitoba. Now that I have finally completed this project, I can provide you with a summary, including the finished product with which you played a big role in creating.

My original concern was that volunteers who assist in disasters might not receive enough emotional support, particularly those who bear witness to scenes of destruction and loss, and in some cases even death. In many cases, volunteers may not even have to witness these things directly because repeatedly hearing such stories from the victims may be enough to cause emotional distress in the volunteer.

My first task was to meet with volunteers from the Red Cross who had disaster response experience. I met with seven volunteers from the Manitoba Region office and asked them questions about their experiences on disaster responses, their experiences with stress and trauma related to disasters, whether or not they felt they received appropriate support around these events, their feelings about introducing a peer support program for disaster services volunteers at Red Cross, and their ideas about the benefits and risks of having such a program. I also interviewed a few people who worked or volunteered in other agencies to see if their organization had anything in place to provide emotional support to their workers, and to gather ideas about these programs. Unfortunately, none of these organizations had any formal means of providing emotional support to their workers so these interviews were not used in the development of the program at Red Cross.

My second major task was to use the information from the interviews with Red Cross volunteers to put together several model ideas for peer support programs. Many of the volunteers had several good suggestions about the structure of the program that could be created; they discussed the qualifications and attributes they would like to find in peer support volunteers, and identified a number of potential risks with having this kind of program. All of these factors were taken into consideration. These models were each put through a risk analysis, which means I weighed the pros and cons of each alternative and these were presented to my supervisors. After each model was discussed, we selected the model we felt was the best alternative.

The model we chose to move ahead with was a two-tiered peer support program that includes several peer support volunteers and three peer support managers. The program allocates various responsibilities to both roles for each phase of disaster (preparation, response, and recovery). By doing this, volunteers are involved year-round,

and not just when disasters hit. The primary tasks for the peer support volunteers are to provide emotional support to disaster services volunteers during and after responses, and to provide information about worker care to Red Cross personnel during non-response times. Peer support managers are primarily involved in securing volunteers for the program, assisting in training new volunteers, managing the day-to-day operations involved with running the program, and providing additional support to disaster volunteers if needed.

The last task in the practicum was to elaborate on the selected model idea by creating guidelines, job descriptions, roles and responsibilities, minimum standards, and a training curriculum and manual for the peer support volunteers and managers. These are the concrete items that Red Cross has been left with should they choose to implement the program. Unfortunately, due to time limitations in the number of practicum hours I had to complete my project, I was unable to recruit, train, or run the pilot project of the program as I had intended.

I wish to thank all of you for having participated in my practicum project, for providing insights into what it is like to be a disaster services volunteer with the Red Cross, and for showing interest in the idea of a peer support program. A special thank you goes out to those of you who agreed to provide feedback on the peer support training manual and other documents created from this project.

If you have any questions relating to this project, please contact me via e-mail at

████████████████████.

Thanks again!
Genny

Appendix J

Request form for summary of project

I would like to be sent a summary of the practicum when everything has been completed.

I can expect this summary around May, 2005.

I prefer to have the summary e-mailed to me

I prefer to have the summary sent to my home address

Name:

Phone number:

E-mail address:

Home address:

Appendix K

Evaluation from supervisors at Red Cross

May 31, 2006

Prepared by [REDACTED]

Evaluation for Genny Heroux Social Work Master's Practicum Project - Disaster Services Volunteer Worker Care For the Canadian Red Cross, Manitoba Region

Evaluation incorporates comments from: [REDACTED], Disaster Services Coordinator, [REDACTED], RespectED Coordinator for Rural Manitoba and [REDACTED], Team Leader & Disaster Services Human Resource Officer

Genny Heroux has been working on her Social Work Master's Practicum project for the Canadian Red Cross, Manitoba Region since May 2004. During this time she has very thoroughly completed a number of aspects related to her practicum project. Genny familiarized herself with the structure and staff of the Canadian Red Cross and the Disaster Services program. She also familiarized herself with other disaster services response organizations in the province. Genny was very successful in quickly learning the complicated and detailed structure of the Disaster Services program. Genny worked closely with Red Cross staff to develop her practicum proposal for a volunteer worker care program within the Manitoba Region Disaster Services structure. She carried out a detailed needs assessment and risk analysis for the volunteer worker care program and developed a measurement instrument to gather data. Genny did in depth interviews with a number of Manitoba Region Red Cross Disaster Services volunteers. The interview surveys were compiled and analysed with the results used to propose a number of possible volunteer worker care support program options.

Genny was extremely thorough in the assessment phase and was very successful in understanding the complexity of disaster services worker needs. She showed a great deal of dedication in the research she carried out regarding different models of worker care. In consultation with Red Cross staff she developed a number of worker care program options that also factored in capacity and sustainability within the Red Cross organization. Upon recommendation from the Red Cross, a hybrid model of a volunteer peer support worker care program was selected and Genny developed a comprehensive peer support volunteer training manual and facilitators guide. The manual and guide provide an excellent tool for Manitoba Region staff to train volunteer peer support workers

The Manitoba Region Disaster Services Coordinator comments on Genny's work as follows:

"I feel that Genny took a very thorough approach in her work. Through connecting with staff and volunteers at various levels and with a wide variety of disaster experience, I feel that she ensured that the manual and tools that she created could be easily utilized and incorporated in our Disaster Services program. She conducted a good cross section analysis and ensured that materials

were developed and presented in terms that are applicable to the work of Red Cross.”

“I feel that Genny's work will benefit our Disaster Services program greatly. It will complement our National training and provide us with the resources and tools to initiate and continue the development of our peer support team and wellness environment long after national training is complete. In developing a peer support team, it will be crucial for continued volunteer engagement to occur. Genny's materials will allow us to incorporate a never-ending learning component to our team development. Genny's manual includes all the key elements of the peer support function and is clearly defined to meet our internal needs.”

In response to questions that have been posed as part of the evaluation, [REDACTED] and [REDACTED] have commented as follows:

1. Were the appropriate people consulted in the research stage of the peer support model?

Yes. Genny was very thorough in her research and developed a very good understanding of the complexity of volunteer worker care needs.

2. Are the model and materials suitable and/or appropriate for implementation at Red Cross?

The Peer Support Volunteer Training manual is very user-friendly with plain language explaining some difficult concepts. Both [REDACTED] and [REDACTED] hope to implement this within the Red Cross Manitoba Region Disaster Services Structure. [REDACTED] intends to use the material and processes outlined in the Peer Support Training manual with the Disaster Services Human Resource Team in conjunction with National Red Cross Office worker care guidelines currently in development.

3. Realistically, how well do you think the model will work from the perspective of the DS volunteers, peer volunteers, peer managers, HR, other Red Cross personnel during response, and non-response times?

There is a shared responsibility for the wellbeing of ourselves and of those we work with in response and non-response times. It clearly defines processes and parameters for all levels. If the worker care support training is incorporated at all levels it is expected that the model will be very successful in promoting staff and volunteer wellness and in promoting an atmosphere of acceptance in the organization.

4. Realistically, will this model be implemented?

The more latitude the Manitoba Region Disaster Services team has with the national program, the greater the opportunity will be to use the training proposed. Many components of the training can be immediately implemented within the current Disaster Services Volunteer Human Resource team especially in modules for preparedness exercises and within the “never ending exercise” approach to volunteer engagement.

In conclusion, the staff that have worked with Genny on her project are very pleased with the results and the applicability of the training for the Canadian Red Cross Manitoba Region Disaster Services program. Genny was extremely thorough in her work. She worked very well with others and implemented staff comments and suggestions as appropriate throughout the course of her practicum experience. Genny was very capable in learning about the complex organization of the Canadian Red Cross and disaster services structure and applying her research effectively and realistically.

We are very pleased to have worked with Genny on her practicum project, to benefit from her work and find that her Peer Support Volunteer Training manual will be a very useful tool. We wish her much future success.

Sincerely,


RespectED Violence and Abuse Prevention
Program Coordinator – Rural Manitoba
(Previously, Volunteer Coordinator)


Manitoba Region Disaster Services Program Coordinator


Manitoba Region Team Leader and Disaster Service Human Resource Officer