# **Evaluating the Role of Peer Counselors in Trauma-Informed Care for Veterans: Preliminary Findings [[1]](#footnote-1) [[2]](#footnote-2)**

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In 2008, the Center for Mental Health Services (CMHS), part of the Substance Abuse and Mental Health Services Administration (SAMHSA) launched a new initiative, Jail Diversion and Trauma Recovery Program-Priority to Veterans. Study participants were offered treatment targeting their trauma as an alternative to jail sentences. In Rhode Island, participants included both veterans and non-veterans who had experienced trauma and met study eligibility criteria. The treatment offered was TAMAR (Trauma, Addictions, Mental Health and Recovery). For participants who were veterans, in conjunction with TAMAR and through the mechanism of a newly-established Rhode Island veteran’s court, peer counselors were introduced. This poster examines means for evaluating the role of peer counselors providing trauma-informed care to participants.

The assignment of peer counselors has recently emerged as an important component intervention for veterans, evolving from the earlier roles of “consumers” in mental health treatment and the frustrations of Vietnam vets with the services they received. We designed and conducted a one-hour structured interview for peer veteran counselors, beginning with two experienced Rhode Island peers. The interviews were recorded and analyzed with qualitative analysis software (NVivo).

We learned that they were Vietnam veterans, with officer status and college degrees, who volunteered eagerly and received one day of training on the helping role, trauma, and resources available to their clients. They attended veteran's court sessions regularly as a means of contact, communication, and coordination. Matching to clients was done by the coordinator, a peer vet himself (and one of our interviewees), who considered age, gender, military experience, and branch of service in making assignments. They performed informal helping roles, which included the provision of transportation, a ready ear, and advice about available services – generally on an as-needed basis, checking in regularly via the court appearances and phone calls. As committed volunteers, and motivated by their own military and veteran experiences, they did not seek compensation, additional training, supervision, nor a manual to structure their intervention. Recurrent themes also included the newness of the program, with much of the structure informal and the roles evolving in response to feeling a powerful need to give back. Aspects of shared military experience influenced the structure (e.g. prior officer ranks important in determining authority), the motivation (e.g., Vietnam-era residual sense of wanting to have a better homecoming), and the ways of restoring pride (e.g., "challenge coins” symbolizing progress in treatment).

Challenges for peer veteran counselors in our context included the lack of structure in the program, including lack of structured supervision, clear role definitions and boundaries, and the potential for burnout. Challenges for the research include the volunteer nature of the services, the small number of providers, and the likely rapid evolution of the structure and services in response to changing conditions (e.g. veteran court expansion) and growing experience of the providers.

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