

Evaluating the Role of Peer Counselors in Trauma-Informed Care for Veterans: Preliminary Findings

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Introduction

- SAMHSA's Jail Diversion and Trauma Recovery Program-Priority to Veterans implemented in 13 states
- Represents comprehensive approach to creating a trauma-informed criminal justice system
- Provides alternative sentences to those with trauma/
 PTSD histories
- Prioritizes veterans

Jail Diversion Project Rationale

- Veterans from Iraq and Afghanistan at increased risk for post-traumatic stress
- One-third need mental health and/or substance abuse treatment.
- National movement toward developing alternative sentencing to help these individuals and reduce recidivism
- Project launched in RI in 2008.

Treatment

- Trauma treatment offered was TAMAR:
- Trauma, Addictions, Mental Health and Recovery
- Peer veteran counselors represented key component.
- Building on drug or mental health courts, veterans courts integrate veteran peers into service model
- Serve as essential part of the treatment team

Peer Veteran Counselors

- Military history
- Matched to client in terms of military status and demographics
- Shared experience of trauma, not feeling understood when returned home

Purpose of this Presentation

- This study represents a sub-study of the larger project.
- Examines role of peer veteran counselors, including:
- Method used to study peer role
- Qualitative and quantitative evidence
- Challenges faced by peer counselors
- Suggestions for future research

Method

- Interviewed head of peer veteran counselor program as a study participant and means to facilitate enlisting additional participants
- Participants were interviewed for approximately one hour.
- Responses were recorded and audiotaped, transcribed, and analyzed.
- Quantitative and qualitative data collected.
- IRB approval obtained prior to study initiation.

Data Analysis

- Qualitative data was transcribed and analyzed by NVivo Version 10.
- When bigger sample, will analyze quantitative data using SPSS.

Challenges to Peer Involvement

- Uneven understanding of the value
- Lack of clear and consistent definitions of "peer"
- Risk of burnout
- Potential to "over-identify" with client rather than maintaining clear boundaries
- Blurring of role among peers, friends, and health care professionals

RESULTS

- N = 2; Male; Mean age = 68 years
- Five major themes emerged:
- PEER TRAINING AND QUALIFICATION
- College bachelor's degrees
- Higher ranking officers
- One-day training orienting to resources available to clients
- Key experience is to go to court and observe

SOURCE OF INFORMATION

- Point of Contact
- Referral Source
- Emotional Support
- Friend

• CHALLENGES

- Knowledge about services available
- Responsiveness of/connecting with client

MATCHING

- Mentor Selection
- Mentee Eligibility

• SERVICES PROVIDED

- Transportation
- Company
- Reminders

DISCUSSION

STAGE OF DEVELOPMENT

- Program is still new
- Very informal
- Being developed "on the fly"
- Leadership and respect are critical
- No formal screening nor training
- Ad hoc pairing with clients
- No specific structure for meeting with clients nor for supervision

• DEDICATION/MOTIVATION

- Experience as veterans central to perception of role
 - Filters into screening, perceptions of self and mentee
- Personal experience returning home as veterans from Vietnam and wanting to revise the story for their clients

VOLUNTEER

- Reject roles of counselor and court advocate
- Not being paid is important
- No desire expressed for more training, supervision, manuals, etc.

• PEER SELF-PERCEPTIONS

- Someone who has "been there"
- Not professionals nor victims
- SENSE OF SERVICE AND WANTING TO GIVE BACK ARE KEY

Suggestions for Future Research

- Engage a larger sample including men and women from different military branches and from different experiences (countries, war vs. peacetime, etc.)
- Compare experiences of more structured, older peer programs vs. newer ones
- Compare different types of peer programs

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