



# Peer Listener Training

## Phase 1 – Program Evaluation





## Peer Listener Training

**Cordova, AK  
1996**

*Pictured L to R in back:  
Erling Carlson, Michelle Hahn O'Leary,  
Belen Cook, Joe Cook, Buddy Janson,  
Patience Andersen Faulkner, Patty  
Kallandar, unknown, unknown, Mark  
Hoover, Lisa Ka'aihue*

*Kneeling: Steve Picou, unknown,  
Marilyn Leland*



# Updates to Peer Listener

## Phase 1: IEC Project

- Review similar programs nationwide
- Interview Council stakeholders
- Make recommendations on updating the Council's program, considering mission, scope, and resources

## Phase 2: SAC Project

- Decide how to move forward
- What should the next iteration of Peer Listener look like?
- Actively seeking Project Team members



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“Mental health is super important  
and overall is under-resourced.  
PWSRCAC could have a LARGE role  
in this in our community, especially  
thinking about preparing for  
another disaster.”

Stakeholder interview 1



# PRINCE WILLIAM SOUND

Regional Citizens' Advisory Council

Peer Listening Program Evaluation Final Report

September 2022

# RCAC PEER LISTENER PROGRAM HISTORY

Peer Listeners Program part of the \$300,000 Community Impacts Planning funds in 1991

\$174,750 funds in 1995 for disaster response training program

Coping with Disaster Guidebook

Dr. Stephen Picou, creator

1996-first training, Cordova

2016-most recent Train the Trainer, Anchorage

# RESEARCH METHODOLOGY

1

Literature Review

2

Program Scan

3

Stakeholder Interviews





“I’ve thought a lot about how these disasters like the one we had in Valdez have the ability to divide a community. I think trainings like these reweave communities together and get people to work together instead of against each other.”

Stakeholder interview 4 ”





# 3 PROGRAM APPROACHES TO PEER LISTENING

A

Community  
anchored ongoing  
peer listening  
program

B

Short term initial  
disaster response

C

Hybrid model of  
resilient communities



“Why I like this program in a town like ours: it gives increased knowledge of mental health, it reminds people that it's not a personal problem. When community tragedies happen that rock the foundation of a community, people get unwell and don't reach out to mental health workers. They're more likely to reach out to their peers, their friends, and families.”

Stakeholder interview 8


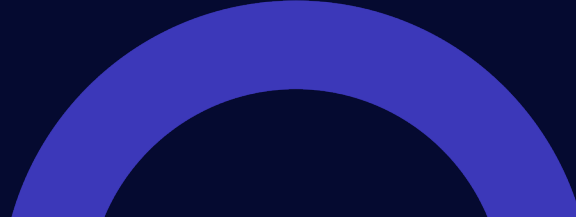


# BEST PRACTICES: DESIGN & DELIVERY

## RCAC HANDBOOK

- Representative diversity of peer listeners
- Knowing how and when to do mental health referrals
- Cultivating a network / cohort of listeners

## NOT IN RCAC HANDBOOK

- Regular & consistent supervision of peer listeners
  - Supervision with a trained mental health or other credentialed professionals
  - Group supervision with peers
  - Formalized structure & process
  - Trauma informed
  - Formal request to be connected with a listener
  - Active & cooperative learning
  - Ongoing training opportunities
- 
- 



# BEST PRACTICES: TRAINING TOPICS

## RCAC HANDBOOK

- Depression & suicide
- Alcohol & substance abuse
- Recognizing mental health crisis & referrals
- Impact of disaster on communities
- Confidentiality
- Active listening
- Peer listening with people in crisis

## NOT IN RCAC HANDBOOK

- Healthy boundaries
- Common responses to trauma
- Trauma informed (awareness of immediate, ongoing, historic)
- Multicultural considerations
- Spiritual perspectives that impact listening
- Grief & loss



# RECOMMENDATIONS



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“This matters because we don't want people to forget the mistakes of our generation. Complacency can come in again if you forget everything that's happened. We need the young people to care.”

Stakeholder interview 5







# RECOMMENDATION



1

Select your program approach and design based on your desired impact & resources.



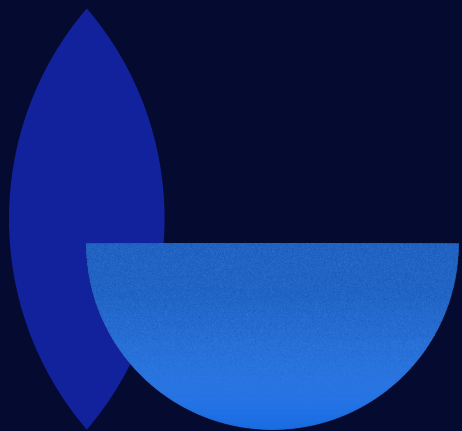
“My dream is we do this training in fire departments, sociology programs, legal programs, and with mental health professionals. The people I dealt with when I was listening – they were bartenders, net menders, store owners, grocery clerks – your neighbors in the street... Each student should go through this program - each will grow up to a profession and we do need to help them develop these skills. I think it's important to train people before they're adults. We also need to train religious leaders. It's broad and the curriculum we have can be applicable to everyone, it's simple. “

Stakeholder interview 7

# RECOMMENDATION

2

Build relationships and create partnerships to accomplish program goals and execute selected program approach.







## RECOMMENDATION




3

### Program Design—Peer Listeners

More structured support for peer listeners is needed.

Further develop aspects of the Peer Listening Program: eligibility, recruitment and vetting, outreach plan and clarity for how listeners and care receivers to connect.



# RECOMMENDATION

4

## Program Design—Training curriculum

- Revise curriculum pedagogy to be at least 60/40 didactic vs. role play
- Separate peer listener training program from a train-the-trainer program.
- Increase delivery frequency as a match program approach.

# RECOMMENDATION

5

## Cultural competency & Relevancy integrated at each stage

unique needs of Native Alaskans and diverse communities integrated in top/bottom program design

Example: Southern Plains Tribal Health Board Peer Specialist Program provides a cultural competency assessment for the beginning of program design.



# RECOMMENDATION

6

## Develop program monitoring and evaluation

- Program quality assessment matrix
- Monitoring and outcome measurement tools
- Healthy partnerships



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“One of the biggest things I learned was how to be a listener.”

Stakeholder interview 6

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