

Disaster Recovery and Resilience
Peer Support Training workshop

Tuesday 29 April 2025



Australian Government

phn
GOLD COAST
An Australian Government Initiative

CITY OF
GOLDCOAST.

Gold Coast Health
always care

Queensland
Government

1

EMPOWER PEERS
Empowering Action for Wellbeing



Disaster Recovery and Resilience
Program Workshop
April 29th 2025

A/Prof Jacqueline Drew
Griffith Criminology Institute

Dr Jacob Keech
School of Applied Psychology

GRIFFITH
UNIVERSITY

2




ACKNOWLEDGEMENT OF COUNTRY

Griffith University acknowledges the people who are the Traditional Custodians of the land. We pay respect to the Elders, past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples.





3



Plan for Today

- What is peer support?
- Scope and expectations of a peer support role (PSO)
- Understanding the process of empowering peers – from hazard identification, impact of hazards (recognising wellbeing signs), understanding and developing coping strategies
- Skills development – helping peers by engaging in wellbeing conversations
- Looking after yourself when in a peer support role

Focus on knowledge and skills development for peer support



4



Peer Support – A Definition

A Peer Support Officer (PSO) provides informal support to colleagues who are experiencing difficulties either at work or in their personal life.

PSOs are not counsellors or mental health professionals, but should be trained to offer a supportive environment to peers who are experiencing difficulties.

A PSO may provide information on appropriate internal or external resources.



Types of peer support approaches

Reactive peer support: when employees initiate contact with a PSO; employees choose when to make contact and what they seek support for

Proactive peer support: typically means that the PSO will initiate contact with employees for specified reasons such as recent exposure to a traumatic work event, a scheduled regular check-in

Peer support programs – formal program where peers are coordinated and trained to provide support in workplaces or networks



What **is** & **isn't** peer support?

Is....

- **Lived Experience**
- **Advocating**
- **Forming a connection**
- **Non-judgmental**
- **Strengths-based**
- **More informal and relaxed**
- **People who share similar experiences to you**

Is not...

- **Clinical treatment**
- **Diagnostic**
- **More directive**
- **Formal therapy setting**
- **Directly working with other providers**
- **May involve medication**
- **Therapist/counsellor**



Peer Support - Confidentiality

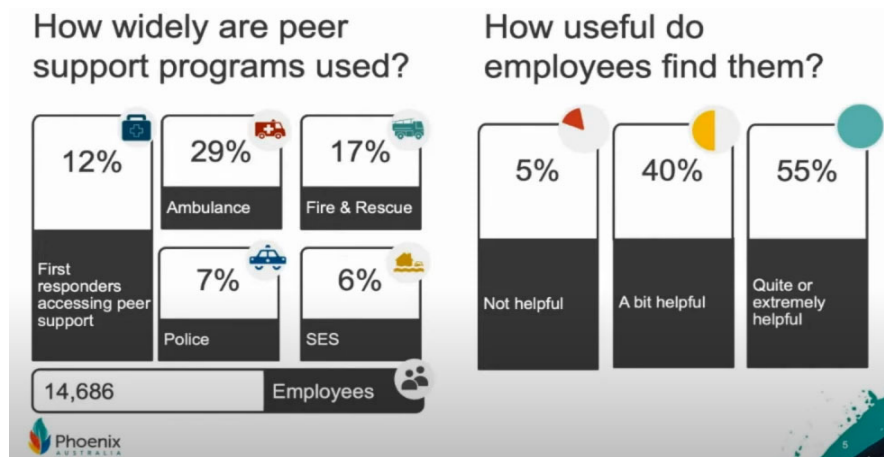
Peer support conversations should be confidential

Unless....

- There is a legal requirement to disclose
- The person provides consent
- There is reasonable belief that the person is in danger of inflicting harm upon themselves or others and that disclosure is required to avert the danger

Limits to confidentiality should be discussed upfront

Use of Peer Support



Why is Peer Support Effective?

- Reduces feelings of loneliness & isolation – not alone in what they are experiencing and the impact that it might be having on them = **“normalising”**
- Provides safe, **non-judgmental** space for peers to share experiences with others who **experience the same** environment/work – through **wellbeing conversations**
- Encourages taking control of one’s own recovery and wellbeing – by building **self-efficacy**
- Helps to build a support system & coping skills **toolbox**

Step 1 in Supporting Peers



Identifying hazards

Identifying impacts

Do I know what is causing stress?

Do I know how the stress is impacting?



Psychosocial Hazards



Group Handout



Step 1: Supporting Peers



*Do I know what is causing
stress?*

*Do I know how the stress
is impacting?*

Identifying hazards

Identifying impacts

Common 'Impacts' of Disaster Recovery Work

Recovery work can result in elevated rates of:

- Vicarious trauma
- Burnout
- Posttraumatic stress (PTS)
- Major depression (MD)
- Generalised anxiety disorder (GAD)

Identifying the 'Impacts'

How do individuals respond to Critical Incidents?

Physiological	Emotional	Psychological
<ul style="list-style-type: none">• "Startle" response• Appetite changes• Heart palpitations• Sleep disturbance• Sweating• Trembling• Pains (e.g. headaches)• Breathing difficulties• Gastrointestinal problems• Persistent feeling of alertness where not appropriate	<ul style="list-style-type: none">• Shock• Guilt• Fear• Helplessness• Anger• Sadness• Shame• Emotional Numbness• Longing• Irritation at other's lack of understanding	<ul style="list-style-type: none">• Flashbacks to the incident• Nightmares• Difficulty concentrating• Confusion & difficulty making decisions• Reduced motivation and interest in work & other activities• A desire to avoid anything which reminds you of the incident• Particular difficulties on anniversaries of the incident





Myths and Reality

1. "Talking about it immediately helps everyone."

Reality: Forcing someone to talk about a trauma right away (such as through mandatory debriefing) can actually worsen distress for some people. People should be supported to talk if and when they are ready.

2. "You need to be tough and get over it quickly."

Reality: Trauma recovery is not a sign of strength or weakness. Reactions vary greatly and healing often takes time. Expecting quick recovery can increase feelings of shame and isolation.





Myths and Reality

3. "If you don't have a strong reaction straight away, you're fine."

Reality: Some people experience delayed trauma responses: weeks, months, or even longer after the event. Immediate calm doesn't always mean no lasting impact.

4. "Everyone who experiences trauma will develop PTSD."

Reality: Most people exposed to trauma do not develop PTSD. Many recover naturally with support from family, friends, and healthy coping strategies.



Myths and Reality

5. "You should avoid thinking or talking about it altogether."

Reality: While people shouldn't be forced to relive events, complete avoidance can interfere with recovery. Processing feelings at one's own pace, with support, often helps.

6. "Medication is the only solution."

Reality: While medication can help with certain symptoms (e.g., sleep problems, severe anxiety), therapy (like CBT or EMDR) is usually more effective in the long-term.



Myths and Reality

7. "Trauma permanently damages you."

Reality: Many people experience post-traumatic growth—positive psychological change that can come from struggling with trauma, such as greater resilience, deeper relationships, or a renewed sense of purpose.

8. "Strong people don't need help."

Reality: Seeking support, whether informal or professional, is a sign of wisdom and self-awareness, not weakness.



19



Myths and Reality

9. "It is better to take a few days off after a traumatic incident and just try to forget about it."

Reality: Taking some time off can help initially, but completely withdrawing and trying to suppress the experience may slow recovery. Staying connected to routine, support networks, and healthy coping strategies generally supports better recovery.

10. "If you have been through a previous traumatic incident, it will be easier the second time."

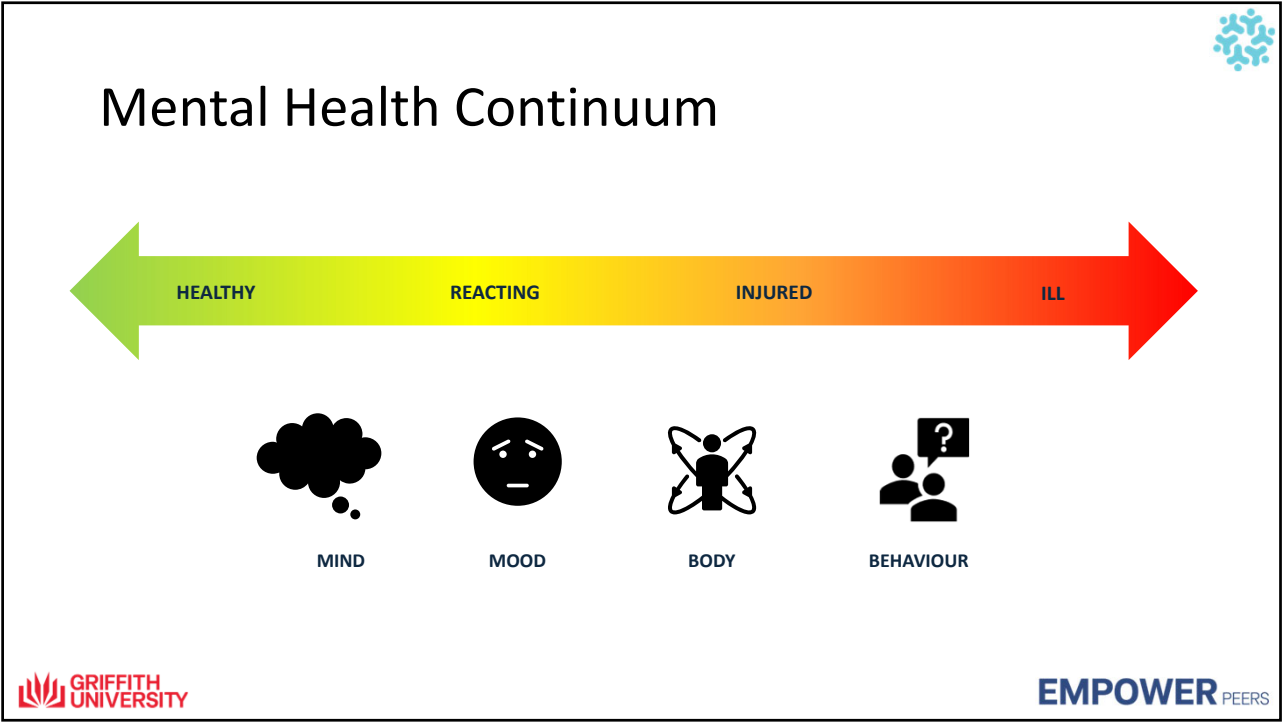
Reality: Previous trauma can sometimes make coping harder, not easier. Each incident can bring new challenges, and unresolved impacts from earlier trauma can add to the burden.

11. "If you know someone who has been through something traumatic, don't talk about it with them."

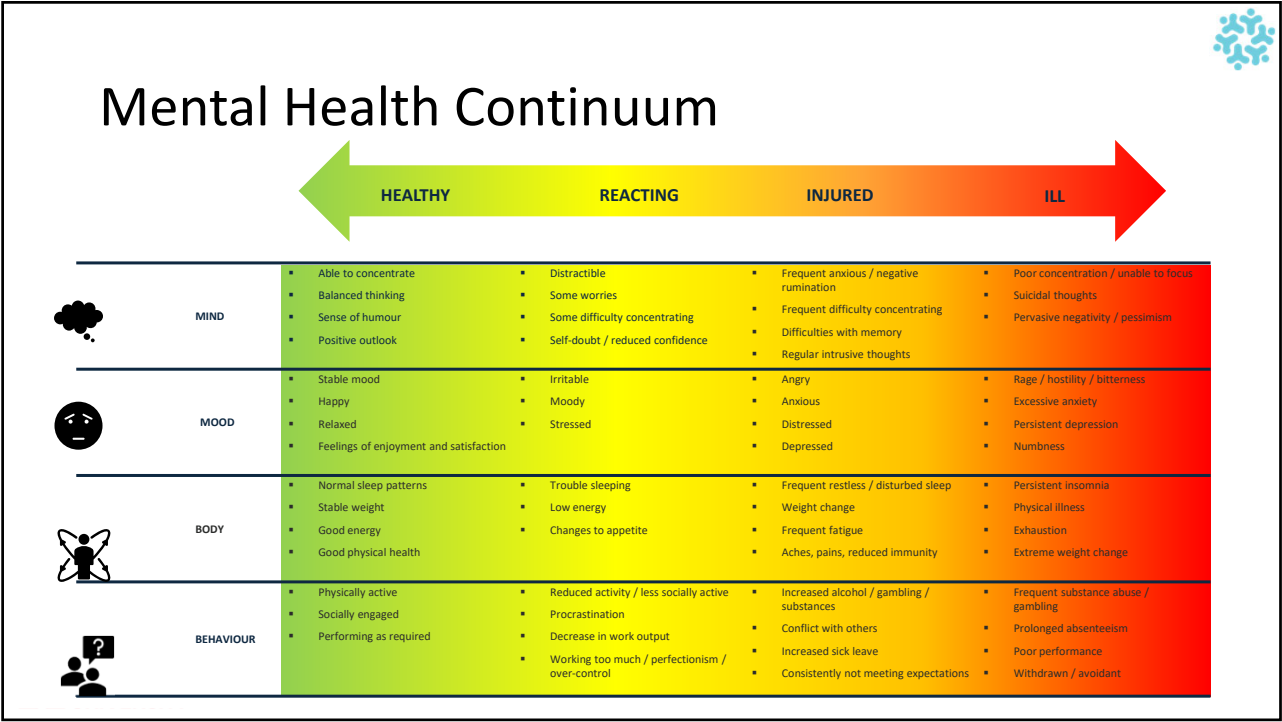
Reality: Ignoring the experience can make people feel isolated. It's better to offer gentle support, give them space to talk if they want to, and listen without pressuring them.



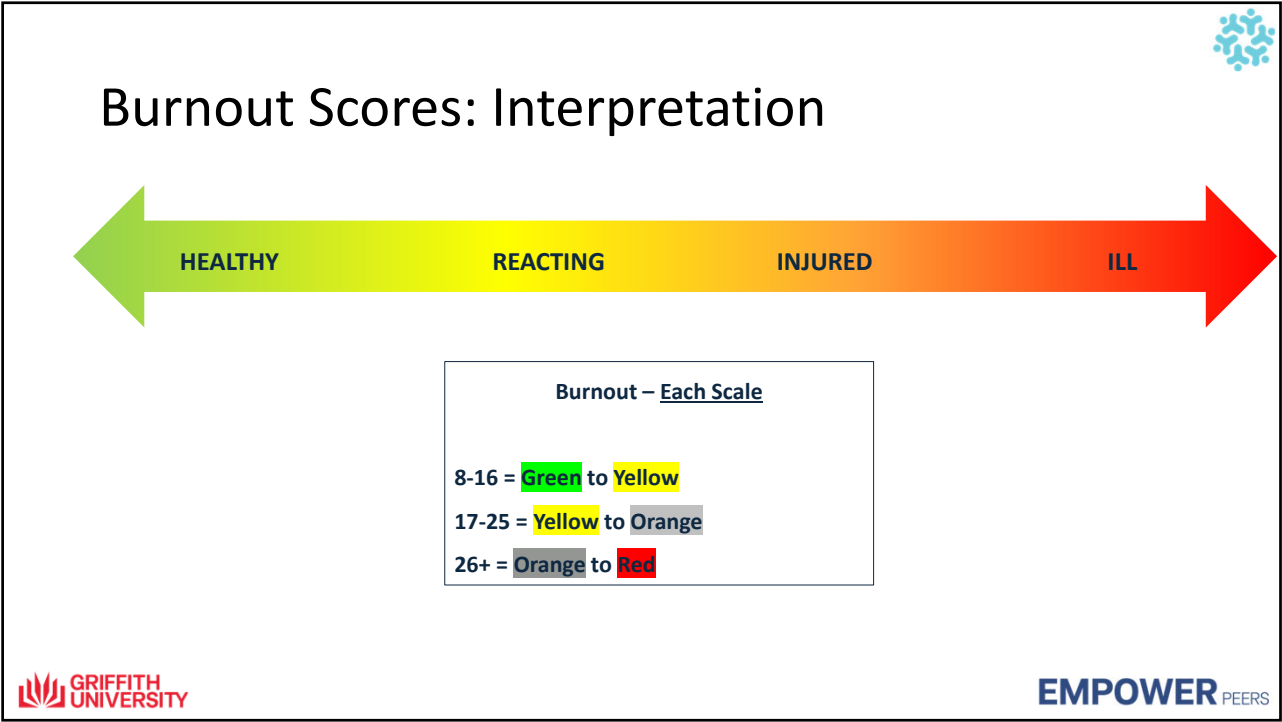
20



21



22



23



24

Taking responsibility for the peer?

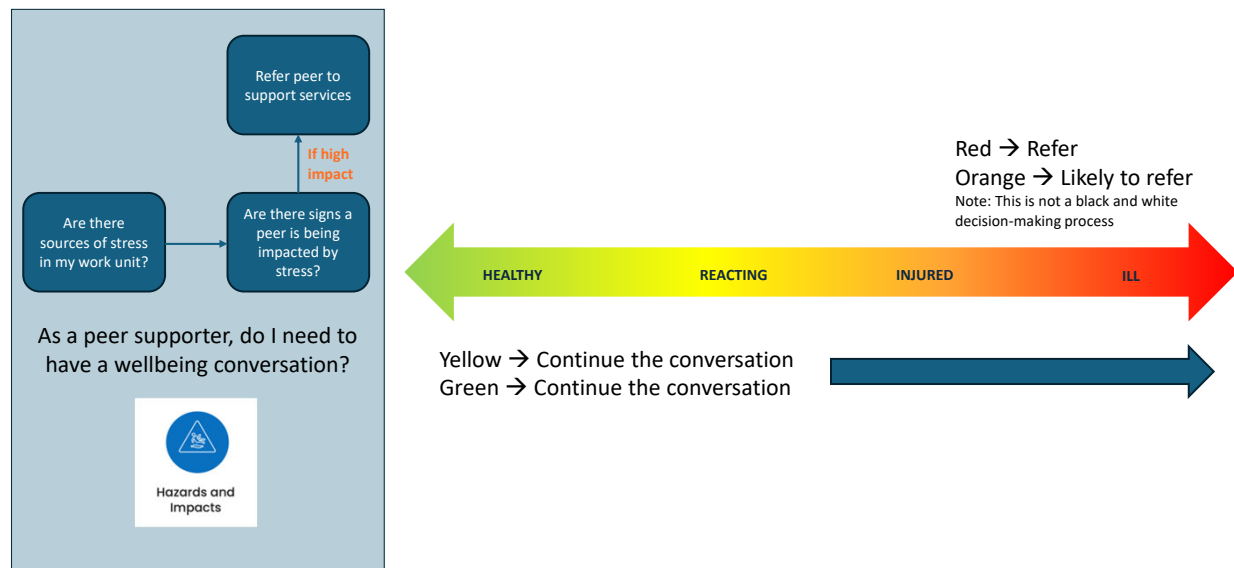
Before we move into skills development

- Peers can become dependent on the PSO → lose confidence and fail to develop problem solving skills
- The unique needs of the employee are not addressed and the employee feels ignored and betrayed
- Once the PSO takes responsibility they become emotionally invested in the outcome → may take too much control
- Increases pressure on PSO – can cause stress, burnout

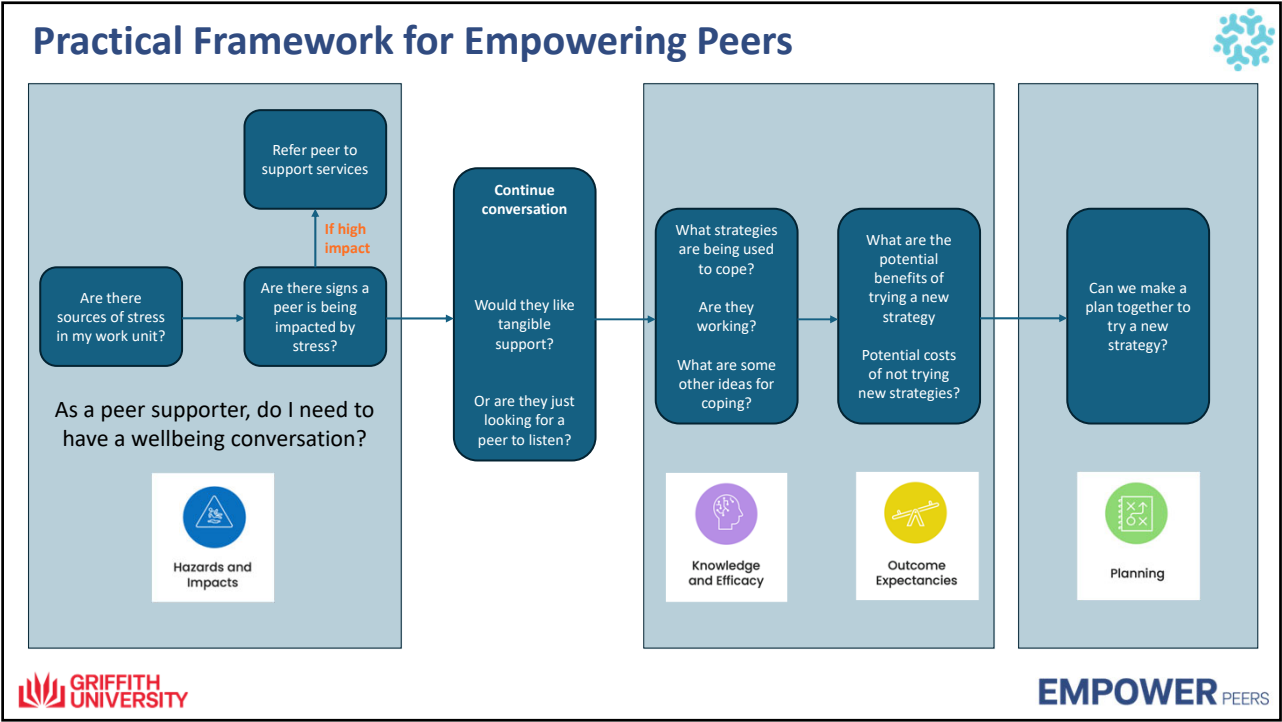


25

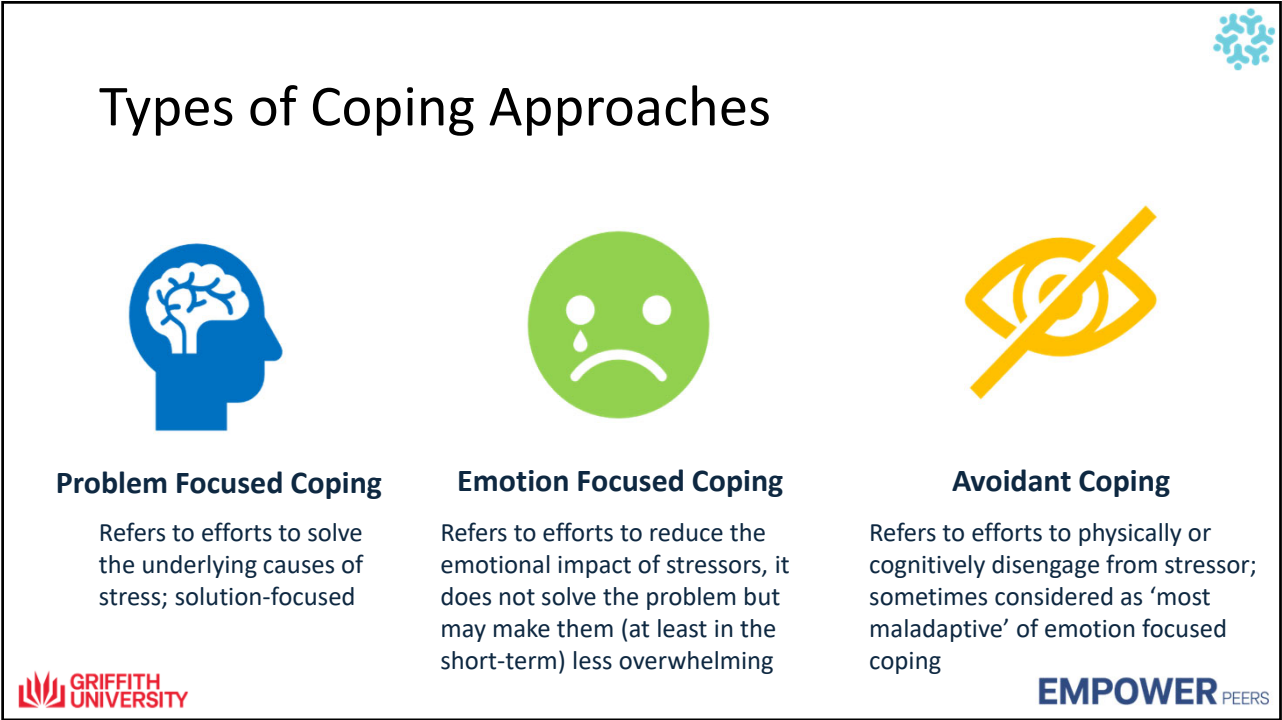
Practical Framework for Empowering Peers



26



27



28



One Right Way to Cope?

Even though the strategies we are using to cope may not be working as well as they could be, or may be unhealthy, we may still persist in using them...

- because we feel confident using them – self efficacy
- because we use them automatically – they are habits

We should reflect on the strategies we use

- Are they working?
- Are they bad for my health?

Coping strategies are useful when they assist us to deal with stressors more effectively; they reduce the negative thoughts and emotions that are being caused by the stressor/s

And then we can look at **ideas for new strategies**



29



Bringing Skills Together

Planning wellbeing conversations:

- **Where/when** should you have the conversation
- Think about some things you could say to **start** the conversation
- Think about some specific **questions you could ask** to better understand their experience
- Think about how would you **conclude** the conversation



30



Tips for Having Wellbeing Conversations

Planning the Conversation

- Ensure you have a confidential space to hold the conversation – whether it's taking place in person or virtually
- How the message is delivered is sometimes much more important/impactful than what you actually say
- Prepare by having some 'likely' resources on hand to help your peer



31



Tips for Having Wellbeing Conversations

Starting the conversation

- Reassure them that this confidential conversation is there to support them
- Make sure you have enough time to have the conversation
- Make it clear you can have a follow-up conversation if needed, that this does not have to be 'one and done'
- You can start with a simple "How have you been?" or 'How are you?'



32



Tips for Having Wellbeing Conversations

Exploring wellbeing

- Make sure the conversation allows you to explore their wellbeing; use open questions, such as:
 - How is your general wellbeing at the moment?
 - How are things going?
 - What is happening right now that is impacting on you? It is OK if you can't say specifically, I am happy to just begin anywhere and see where our conversation goes.
 - Our team has been *really busy/under pressure/undergone lots of changes* over the last few weeks, what has it been like for you?
- If this conversation is about identifying causes of stress and providing support – ensure you have questions that focus on both, convey that you are wanting to know the **causes** not just their **reactions** to it
- Exploration questions
 - Tell me more about that...?
 - Can you give me some examples...



33



Tips for Having Wellbeing Conversations

Exploring wellbeing

- Individuals will differ on how quickly they can move from emotion to problem-solving – give time to share feelings and then, guide them to solutions
- Seeking solutions...
 - What can I do to support you right now?
 - Is there something I can do to help you support yourself?
 - Be clear and honest when you can and cannot do something that is going to change the situation, what are the limitations you face; it is sometimes coming up and agreeing **together** what are the 'best' alternatives

*** Remember this conversation is not a therapeutic intervention - you are there to identify support and action signposting*



34



Tips for Having Wellbeing Conversations

Concluding the conversation

- Supportive Actions
 - Work together to agree on the actions that **they** will take and that **you** will take; sometimes it is good to both take notes and review them together before the conversation ends
 - Keep the conversation going by agreeing how and when you will check in again



Looking After Yourself as a PSO



Looking After Yourself as a Peer Supporter

- Know your limits
- **Set boundaries**
- Practice self-awareness & set time aside to review and reflect
- Seek support for yourself
- Engage in self-compassion
- Balance in your life – engage in activities you enjoy

Do you have others to add?



37



Looking after yourself!

Individual activity

Generate a plan (***be specific***), include:

- 2 actionable strategies

Planning tips

- **SPECIFIC** Strategy, Situation, Start time

Example:

- “I will go for a 5km walk at 5.30pm after work on Monday, Wednesday, and Friday”



38



EMPOWER

PEERS

Empowering Action for Wellbeing



A/Prof Jacqueline Drew
Griffith Criminology Institute

j.drew@griffith.edu.au
 Jacqueline Drew PhD

Dr Jacob Keech
School of Applied Psychology

j.keech@griffith.edu.au
 Dr Jacob Keech



GRIFFITH
UNIVERSITY