Research Brief

Using intervention mapping to develop 'ROSE': an intervention to support peer workers in overdose response settings

Zahra Mamdani, Sophie McKenzie, Fred Cameron, Mike Knott, Jennifer Conway-Brown, Tracy Scott, Jane A. Buxton & Bernie Pauly. BMC Health Services Research. 21(1): 1279. URL (November 27, 2021)

Methods: We used the six steps outlined in the Intervention Mapping (IM) framework to identify needs of peer workers and design an intervention model to support peer workers in overdose response settings.

Background: Peer workers (those with lived/living experience of substance use working in overdose response settings) are at the forefront of overdose response initiatives in British Columbia (BC). Working in these settings can be stressful, with lasting social, mental and emotional impacts. Peer workers have also been disproportionately burdened by the current dual public health crises characterized by the onset of the COVID-19 pandemic and rise in illicit drug overdose deaths. It is therefore critical to develop supports tailored specifically to their realities.

A new research paper published in BMC Health Services Research describes the process that led to the development of the ROSE Model, a multi-pronged intervention model to support peer workers in overdose response settings.

Findings: Eight peer-led focus groups were conducted in community settings to identify peer workers' needs and transcripts were analyzed using interpretive description. The strategies within the intervention model were informed by organizational development theory as well as by lived/living experience of peer workers. The support needs identified by peer workers were categorized into three key themes and these formed the basis of an intervention model titled 'ROSE'; R stands for Recognition of Peer Work, O for Organizational Support, S for Skill Development and E for Everyone. The overall aim of the ROSE model is to increase support for peer workers in overdose response settings, enabling them to stay motivated and work optimally in a stressful work setting, with reduced emotional, mental, and social stress. The ROSE model also aims to facilitate cultural changes within organizations, leading towards more equitable and just workplaces for peer workers.

- Peer workers felt that they do not get the respect they deserve from other professionals.
- Peer workers face considerable amount of stigma from the general public which hinders their access to services.
- Peer workers are not taken seriously at work and pushed aside when "professionals" such as paramedics arrive, especially at the scene of an overdose
- Lack of role clarity and the word "peer" is stigmatizing.
- Peer workers are paid less than other staff.
- Lack of clarity around expectations at work.
- Lack of effective communication between peer workers and other staff.
- Lack of opportunities for peer workers to unwind, debrief or de-stress.
- Unstable living conditions and lack of access to external resources.
- Peer workers identified several skills they would like to develop further for increased competency and self-confidence. These include: First Aid and CPR, overdose response techniques, self-defence, communication skills, mental health awareness, cultural competency, conflict resolution, self-care, etc.

Recognition

- Organize meet and greet events between peer workers and other professionals such as police and paramedics to facilitate relationship-building.
- Create a video featuring a day in the life of a peer worker to create awareness about the work done by peer workers.
- Introduce photo IDs and business cards as symbols of professionalism and to increase legitimacy for peer workers' roles.

Organizational Support

- Create job descriptions with a formal job title and recommended pay.
- Create a contract highlighting expectations at work, scheduling guidelines, break policies, etc.
- Introduce team-building days to foster relationshipbuilding and improved communication.
- Introduce a Peer Supporter role so peer workers have someone to reach out to for support.
- Introduce a Systems Navigator role to provide referrals for external services including housing.

Skill Development

Introduce training for peer workers covering the topics identified by them as priorities. For topics where existing training was adequate, in-person sessions were organized. For topics that did not have existing trainings for peer workers, online training modules were developed with input from the team.

Conclusions: Centering lived/living experience in the intervention mapping process led us to develop a framework for supporting peer workers in BC. The ROSE model can be used as a baseline for other organizations employing peer workers.















