Resilience In Stressful Events (Rise): A College Campus Pilot Program of Peer Psychological First Aid During Covid-19

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Abstract: College and graduate students are struggling with mental health and well-being during the COVID-19 pandemic. Therefore, we developed a pilot program (known as Wildcats RISE) to train undergraduate and graduate students to deliver peer support using the SAFER-R model of psychological first aid (PFA). In implementing Wildcats RISE, we had the following aims: (1) assess the feasibility and acceptability of an online peer support program delivered during the COVID-19 pandemic, (2) identify students’ support needs for the fall 2020 semester, and (3) use continuous self-evaluation to improve delivery of the program. Implementation of Wildcats RISE was feasible via the use of a program website, online surveys for registration, and a videoconferencing platform. The response to this pilot program has been uniformly positive based on feedback from students utilizing the service, those wanting to learn how to provide the service, and the broader university community. Several support needs among students were identified, including managing social isolation and loneliness, adjusting to life at college during a pandemic, and learning strategies for coping with stress. Lastly, the trained undergraduate and graduate students used self-evaluation to identify helpful strategies and areas for improvement, which enhanced their delivery of PFA as well as their ability to address the support needs of their peers. In conclusion, we successfully implemented an online peer support program and provided support to students during an unprecedented and extremely stressful time. Future directions include instituting a campus-wide drop-in (i.e., on-demand) service, increasing marketing efforts, and establishing department-specific peer support programs.

Keywords: college students, COVID-19, feasibility, psychological first aid (PFA), support

Introduction

Around the world humans are struggling with the COVID-19 pandemic. Fear of COVID-19, disruptions to school and work, and difficulty accessing food, shelter, healthcare,
and childcare are just a few of the ways that the pandemic has affected life. Scholars have categorized disruptions like these as life altering events (Houlden & Veletsianos, 2020; Veletsianos, 2020) and COVID-19 has been compared to other public health concerns and national emergencies such as floods, hurricanes, wildfires, and terrorist attacks (Esterwood & Saeed, 2020; Khan et al., 2020; Veletsianos, 2020). Given the severe impact, the global COVID-19 pandemic is considered an experience that may elicit traumatic stress for many (Horesh & Brown, 2020; Shah et al., 2020; Silver, 2020). Fortunately, previous research has shown that most individuals who face traumatic stress will recover on their own or with non-clinical support and that less than a third will need medication or clinical intervention (Butler et al., 2003; Despeaux et al., 2019). Still, it is critical that resources and clinical support are available for those in need following crises.

One specific population affected by the traumatic unfolding of the pandemic are students enrolled in higher education. Whether students are just beginning college or graduate school, are trying to finish their degree, or are somewhere in between, these students are faced with difficult decisions and worries surrounding the COVID-19 pandemic. Some of these difficult decisions include whether to attend classes in person or online, whether to move back home or live on the college campus, and whether to complete their degree. In addition, several scholars have begun examining the mental health effects of COVID-19 on college aged students (Aucejo et al., 2020; Son et al., 2020; Wang et al., 2020; Zhai & Du, 2020). Data on the mental health of this population since the onset of the pandemic show that well-being is decreasing while perceived stress, alcohol use, and symptoms of mood disorders are increasing (Cao et al., 2020; Charles et al., 2021).

Given this, colleges and universities are trying to find ways to best support their students through this pandemic. However, access to these services for students that are not physically on campus has become an issue (Liu et al., 2020; Seidel et al., 2020). In an attempt to alleviate this problem, telehealth has been revitalized and offered as a service to students (Gordon et al., 2020; Oddo et al., 2021). For example, the University of Arizona is offering mental health services online. The University of Arizona’s health center also made an effort to contact and support each student who was in quarantine after testing positive for COVID-19 at the university. Interestingly, despite the availability of telehealth and students’ demonstrated need for mental health services, research shows that college students are not utilizing mental health resources available through traditional campus avenues (Son et al., 2020).

A few key barriers for students in accessing mental health services through college campus mental health centers have been identified. Son et al. (2020) investigated why those with increased depression and anxiety during the pandemic did not access mental health services from campus supports. The reasons included students believing their symptoms were not severe enough, feeling uncomfortable interacting with new people, discomfort utilizing telephonic mental health services, and general lack of trust regarding the counseling process (Son et al., 2020). These authors also found that students were more likely to use coping strategies that relied on their own strengths and abilities. A smaller percentage of this sample also made use of support from family or friends. This lack of utilization of campus mental health resources is perplexing, yet these reasons portrayed by students are powerful. Perhaps a step-down intervention, such as psychological first aid, particularly peer psychological first aid, would work better for
this population to address the stress due to COVID-19.

**Psychological First Aid: An Intervention for COVID-19 Related Distress**

One option for providing support to individuals following traumatic events or disasters is psychological first aid (PFA); (Despeaux et al., 2019; Everly et al., 2006; McCabe et al., 2014; Minihan et al., 2020; Shah et al., 2020). PFA is an evidence-informed approach to stabilizing and mitigating psychological distress, providing support, encouraging the use of coping skills to promote adaptive functioning, and connecting people with additional services to address their needs (Despeaux et al., 2019; Everly, 2020; Everly et al., 2006; McCabe et al., 2014; Shah et al., 2020). PFA can be delivered in either individual or group formats (Despeaux et al., 2019; Everly et al., 2006, 2016). Prior to COVID-19, PFA has been used to effectively address mental health needs following natural disasters (Allen et al., 2010), disease outbreaks (e.g., SARS, Ebola); (Schreiber et al., 2019; Shah et al., 2020; Yue et al., 2020), and other traumatic events (Everly et al., 2014). Other implementations of PFA have also demonstrated its effectiveness in reducing mental health symptoms following exposure to stressors (Despeaux et al., 2019; Everly et al., 2016).

PFA is an excellent method to address the lower acuity psychological support needs of college and graduate students during COVID-19, especially as formal mental health systems are often overburdened following crises and large-scale adverse events (Everly, 2020; Everly et al., 2014; McCabe et al., 2014; Minihan et al., 2020). PFA, particularly PFA delivered via peer support, can address this possible gap in mental health services. Several PFA programs developed to help mitigate COVID-19 stress among various populations, including university students, have demonstrated positive results (Arenliu et al., 2020; Blake et al., 2021; Cheng et al., 2020; Ping et al., 2020). Further, research suggests that PFA peer support programs developed for healthcare workers are effective in addressing their mental health needs (Blake et al., 2021; Ping et al., 2020; Thum et al., 2021). We believed that a PFA peer support program for college students to address the increased stress caused by COVID-19 would also be effective. Additionally, peer PFA may eliminate some of the barriers that students describe regarding seeking professional help (Son et al., 2020), thus allowing students to receive needed psychological support.

One of the models derived from PFA is the SAFER-Revised (i.e., SAFER-R) model, which is particularly effective as a peer support program (Everly & Lating, 2017). While the SAFER-R model is described in detail elsewhere (Everly, 1995), a summary is included below for context and ease of reference. SAFER is an acronym that stands for Stabilize, Acknowledge the crisis, Facilitate understanding, Encourage effective coping, and Recovery or Referral. This acronym provides a guide for the structure of the peer support encounter, whether individual or group.

Each encounter begins in the Stabilize phase. The purpose of this phase is to establish rapport, set expectations for the conversation (e.g., note time limits), and describe limitations (e.g., limits to confidentiality) (Everly et al., 2006). These tasks can be achieved via brief introductions and short orientation statements. Importantly, RISE peer leaders emphasized their goal of acting as support for the individuals that they encountered, which included simply asking “How can I help?” In other contexts, such as natural disasters or acute traumatic events, this phase is also used to identify individuals’ basic needs (e.g., housing) and begin
mitigating acute stressors.

Next is the Acknowledge phase. In the context of tragedies or natural disasters, this phase is focused on having the individual describe the event that occurred along with their emotional reactions to it. Given the ongoing and uncertain nature of COVID-19 as a stressor for university students as well as the broader focus of our peer support program, we adapted this aspect of the model to allow individuals to share the circumstances that brought them to seek support. Regardless, the overarching goal of this phase is to provide a safe space for people to share their experiences and receive support. Active listening skills (e.g., paraphrase, reflection) are particularly emphasized in this phase. In our program, when individuals identified multiple stressors that caused them to seek support, the peer leaders were encouraged to provide additional structure to the conversation by encouraging the student to focus first on what they perceived to be most stressful.

The Facilitate phase is very similar to the Acknowledge phase, but it places slightly more emphasis on the individual’s emotional reactions to their circumstances. Peer support during this phase is focused on normalizing the individual’s response to their circumstances and providing reassurance or expressing concern regarding the individual’s reaction, as appropriate (Everly et al., 2006). The peer support leader continues to utilize the skills of paraphrasing and reflection with the goal of increasing the individual’s insight and understanding of their emotional state. To aid this process, peer support leaders may also offer additional information or provide some brief psychoeducation regarding common emotional reactions and what the individual might expect going forward.

The goal of the Encourage phase is for individuals to engage in effective coping by initiating helpful actions. In this phase, peer support leaders encourage individuals to reflect on their established coping skills (e.g., “In the past, how have you dealt with stressful situations?”) and may introduce new ones. Additionally, leaders may introduce cognitive reframing (i.e., thinking about circumstances from a new perspective) and facilitate conversations in which individuals identify and make a plan for overcoming potential barriers. Peer support may also consist of encouraging individuals to seek social support or providing information about other services that may benefit the individual. There are several additional mechanisms of action that peer support personnel may implement during this phase, and these mechanisms are described in detail elsewhere (Everly, 1995; Everly, 2020).

Finally, the Recovery or Referral phase is used to conclude the peer support interaction. As indicated by the title of this phase, there are two possible pathways for completing a peer support interaction within the SAFER-R model. Referrals to higher levels of care (e.g., crisis intervention, individual therapy) are indicated when there are concerns for the safety of the individual or when it is abundantly clear that the individual is struggling to complete activities of daily living (Arenliu et al., 2020; Minihan et al., 2020). Ideally, individuals are connected to the higher level of care during the peer support meeting such that personnel are able to help facilitate the process (e.g., beginning crisis intervention via phone, scheduling an appointment for individual therapy). When referrals to higher levels of care are not needed, the peer support interaction concludes by helping the individual formulate a concrete plan, with particular focus on small next steps, for improving their situation (i.e., recovery). In the case of either referral or recovery, the SAFER-R model emphasizes the importance of ending the interaction by fostering hope that the circumstances will improve.
Amidst the COVID-19 pandemic, we developed and implemented a pilot program at the University of Arizona in which we trained undergraduate and graduate students to deliver peer support using the SAFER-R model of PFA. As described below, and consistent with the tenants of PFA, this program was designed to offer support and connect students to additional resources as needed.

The Current Study: Wildcats RISE Program

The University of Arizona Health and Wellness Initiatives Office prepared for an increase in student mental health concerns after the onset of the COVID-19 pandemic and initiated a pilot program called Wildcats RISE (Resilience in Stressful Events) in the summer of 2020 with the intention to offer it to students in fall 2020. The Wildcats RISE program employed the SAFER-R model of PFA and, like other PFA models, it was created and structured for peer service delivery. In this case, undergraduate and graduate students (known as RISE Peer Leaders) served as volunteers and provided brief mental health support to other students at the university. The impetus for this pilot program came from research detailing the inability to sustain a large enough workforce of mental health professionals to meet the expected demand for psychological support in the context of COVID-19 (Everly, 2020). Everly (2020) emphasizes that it is not possible for licensed mental health professionals to meet the increased demand for mental health services following crises, disasters, or other events resulting in large-scale human suffering, making the availability and accessibility of additional options for support critical.

RISE was adapted from the Johns Hopkins Model of PFA, which focuses on peer-to-peer support for healthcare workers (Edrees et al., 2016). PFA is recommended by the CDC, NIH, and American Red Cross to address large scale mental health demands following community crises (Everly et al., 2006). Indeed, PFA is the standard of care for individuals following, or in this case, during, a traumatic event (Boscarino et al., 2005, 2011; Everly et al., 2016; McCabe et al., 2014). Further, as described above, research supports the effectiveness of PFA in mitigating the impact of traumatic stress (Despeaux et al., 2019; Everly et al., 2016; McCabe et al., 2014; Noullet et al., 2018). Similar to physical first aid, psychological first aid can be taught to anyone, including those without mental health expertise (Everly & Lating, 2017). PFA is particularly amenable to a higher education setting where peer-to-peer support models have been shown to be a scalable and effective intervention practice for mental health concerns (Ilakkuvan et al., 2015; Liang et al., 2002).

There were three aims for the current study:

**Aim 1:** Assess the feasibility and acceptability of an online peer support program for college and graduate students delivered during the COVID-19 pandemic.

**Aim 2:** Identify support needs among college and graduate students during the fall 2020 semester.

**Aim 3:** Improve delivery of the online peer support program through continuous self-evaluation.

**Method**

**Participants**

Using traditional marketing efforts and describing this pilot program as a novel micro-internship experience, we solicited applications from students who were interested in becoming RISE peer leaders and providing online peer support to their fellow students. Within 10 days, 90 students applied. After reviewing the applications, 46 students were invited for interviews. These students were chosen based upon their responses to
the application questions asking them to indicate their reason for wanting to become a peer leader, their availability to provide RISE services weekly, and their ability to complete both the asynchronous and synchronous training requirements. During the interviews, applicants were evaluated based on their coachability, fit within the position, comfort with vulnerability, and their ability to set healthy boundaries and engage in self-care (McCabe et al., 2014). Following the interview process, 24 students were selected to participate in our pilot training program. All 24 selected students completed the training program and became RISE peer leaders.

Among participants (i.e., RISE peer leaders), there were 19 (79.17%) females and five (20.83%) males. The majority of participants were undergraduate students (17; 70.83%). Many participants were racial/ethnic minorities (13; 54.17%), including three (12.50%) from international backgrounds. Following training, one female undergraduate participant and one male undergraduate participant withdrew from the program. Two female advanced clinical psychology doctoral students, one of whom identified as a racial/ethnic minority, served as mentors to the participants during training and throughout the program. These graduate student mentors also provided peer support services.

Marketing and Outreach
Marketing and outreach had a multifaceted and tiered approach. The website: (https://wellbeing.arizona.edu/wildcats-rise) was developed to be a primary source of information about the RISE program. The website included a schedule of the meeting times, information about and pictures of each RISE peer leader, a frequently asked questions sheet, and instructions on how to sign up to attend a meeting. Signing up for the meetings also occurred directly on the webpage.

The university newspaper and email listservs were used as mechanisms to generate awareness for the program among students, advisors, instructors, and others who regularly interact with students. In addition, we partnered with the university’s central marketing department and provided them with social media posts that they shared on the University of Arizona Twitter, Facebook, and Instagram pages. Moreover, local news and media outlets provided coverage on the RISE program, which included interviews with or quotes from RISE professional staff and student peer leaders.

Procedures
The format of Wildcats RISE has gone through a few iterations in efforts to gauge student interest and increase utilization. Initially, the only offering that students could sign up for were group encounters as this would allow for a larger number of students to be served should the demand be high. Group encounters involved RISE peer leaders working together in pairs to deliver virtual support groups during the same one-hour time slot each week. In addition to the several general groups for graduate and undergraduate students offered each week, we also offered groups specifically for students of color, international students, LGBTQ+ students, and Asian/Pacific students. The system was set up to allow a maximum of 10 students to attend each group meeting and students could sign up via the website on a first-come, first-serve basis one week prior to the group’s offering. If students wanted to attend a group more than once, they would need to sign up for each encounter separately.

Once students attended a group encounter, they could then connect directly with one of the leaders to schedule an individual encounter. RISE peer leaders were directed to meet with students individually in 15-minute encounters for a maximum of
three individual meetings throughout the semester. If students wanted or seemed to need more individual encounters, the RISE peer leader provided a referral to an outside source as that level of service utilization was deemed an indication of the need for a higher level of care. Students were able to attend group encounters as frequently as they desired. Both undergraduate and graduate leaders received ongoing mentoring from the two advanced clinical psychology graduate students, who provided assistance with safety concerns (e.g., suicidality) and making referrals.

Following six weeks of minimal participation using the format of focusing on group encounters, we began to place additional emphasis and attention on the individual encounters. Specifically, we added a mechanism for students to schedule one-on-one encounters with a RISE peer leader directly from the program website. This new mechanism allowed students to view the schedules and biographies of each RISE peer leader before signing up for an individual encounter. We implemented this change hoping that students who felt uncomfortable with the group format would be encouraged to utilize the individual services. As these changes occurred mid-semester, we used Mental Health Awareness Week (October 4-10, 2020) to promote the new model.

**Measures**

After each RISE encounter, the peer leaders completed a survey in which they answered various questions pertaining to the encounter. These post-encounter surveys were used to assess each of the aims for this pilot program, with the exception of determining the feasibility of the training program and the online peer support system. The post-encounter survey required RISE peer leaders to identify themselves (i.e., state their name), indicate whether it was an individual or group encounter, provide information about the type of group (if applicable), and note the date and time of the encounter. Additional questions, which are described below, were used to assess the specific aims of this pilot program.

*Feasibility* was assessed by our ability to develop and deliver a training program to the 24 undergraduate and graduate student participants (i.e., RISE peer leaders) and by our ability to implement a peer support program for students in an online environment.

*Acceptability* was assessed via program utilization rates, which were determined via two items on the post-encounter survey: (1) “How many students signed up to attend the [encounter]?” and (2) “How many students attended the [encounter]?” The information regarding the number of students who signed up to attend an encounter was also confirmed using the RISE program registration form. Additionally, we received qualitative feedback from students who used the peer support program and from university stakeholders that provided further evidence of program acceptability.

*Support Needs* were assessed with a one-item, open-ended question on the post-encounter survey for RISE peer leaders: “What themes did you see in the group this week/what was the focus of your individual interaction?”

There were two questions that prompted self-evaluation for the RISE peer leaders, one which assessed helpful strategies and the other which assessed areas for improvement. Regarding *Helpful Strategies*, RISE peer leaders responded to a one-item, open-ended question: “What is one thing you found helpful that you did [for the encounter] this week?” Similarly, *Areas for Improvement* were assessed using a one-item, open-ended question: “What do you want to do differently as a RISE leader the next time you meet with students?”

Lastly, it should be noted that the RISE peer leader post-encounter survey also
included a question assessing whether the RISE peer leader needed support or assistance from one of the graduate student mentors within the 24 hours following the encounter (i.e., “Do you need your [graduate student] mentor to follow up with you within the next 24 hours for anything?”).

Results

Aim 1: Feasibility and Acceptability of Online Peer Support Program

Feasibility

We developed an extensive training program to prepare the RISE peer leaders to deliver online peer support using the SAFER-R model of PFA. The training involved completing an asynchronous 10-hour course called “Assisting Individuals in Crisis” offered through The International Critical Stress Foundation. The cost of enrolling in this course was paid for by the university. In addition, the RISE peer leaders were required to complete a six-hour synchronous training, which focused on experiential learning and role playing to refining skills. During this training, Dr. George S. Everly Jr., renowned psychological first aid expert, and Dr. Amy Athey, Chief Wellness Officer at the University of Arizona, reviewed the SAFER-R model in detail and provided case examples, which the students then discussed and practiced in small groups. During the practice sessions, the students were evaluated and received feedback from both Dr. ’s Everly and Athey, as well as from four licensed professional counselors and two advanced clinical psychology doctoral students. The scenarios included in the synchronous training represented situations that could arise in group or individual encounters.

Finally, the synchronous training contained an overview of the logistics of the RISE program, including details on how students would sign up for group and individual RISE meetings as well as how the RISE peer leaders would connect and follow-up with the students who signed up. At the end of the training, it was determined by the training team that each of the RISE peer leaders had demonstrated sufficient competency in using the SAFER-R model of PFA to proceed as a RISE peer leader. Lastly, we found implementation of the program to be feasible via the use of a program website, online surveys for registration, and a videoconferencing platform. Students seemed able to navigate the system for signing up with ease and were efficiently connected to a RISE peer leader for support.

Acceptability

A total of 67 students signed up to receive RISE peer support services. Of the 67 students, 44 (65.67%) attended a RISE peer support encounter. Of these, nine (20.45%) attended individual peer support encounters while 35 (79.55%) attended group peer support encounters.

Additionally, we received spontaneous written feedback from several students who attended a RISE encounter and found it to be beneficial. One student stated, “I'm currently a senior working towards my bachelor's degree in psychology. I just attended a RISE meeting with [two RISE peer leaders] and thoroughly enjoyed the conversation.” Another student emailed the RISE program with the following message: “Thank you so much... I actually was able to connect to a RISE leader last Thursday despite the technical difficulties, and I got a lot of help out of it and plan to go back again to another session this week!” Yet another student expressed gratitude for the RISE peer support program as follows, “Many thanks for the priceless support you have showed me and all others going through issues. I feel MUCH better. Stay safe and take care.”

Further, our RISE peer leaders reported that they were able to utilize the principles of PFA to provide support to their friends and family members in day-to-day interactions. For example, one of our RISE peer leaders...
noted, “I was able to use the training in psychological first aid in many of my interactions with close family members and friends who I knew were in distress. I would use it without necessarily telling them I was using it. It happened naturally. I also was able to use it in my [campus] club with one of my co-board members. I noticed she was stressed and offered the service, letting her know that I was trained, and it could help her maybe feel better. She was willing to participate, and it went well!”

Aim 2: Support Needs Among College and Graduate Students During Fall 2020

Following each encounter, whether individual or group, the Wildcats RISE peer leaders completed a survey in which they described the support that the student(s) identified as being needed during the encounter (i.e., support needs), noted elements of the encounter that they perceived were beneficial for the student(s) in attendance (i.e., helpful strategies), and identified features of the encounter that they would want to do differently next time (i.e., areas for improvement). We obtained this detailed information for 29 of the encounters that students attended.

Support needs for each encounter were spontaneously generated by the student(s) in attendance as they were encouraged to discuss whatever issues brought them to the RISE encounter (see Table 1). The number of support needs identified in each encounter ranged from one to four. Three support needs were much more consistently identified than others: academic stress and difficulty (37.93% of encounters), social isolation and loneliness (37.93% of encounters), and the experience of general stress as well as a desire to learn coping strategies for stress reduction (27.59% of encounters).

<table>
<thead>
<tr>
<th>Support Needs</th>
<th>Number of Encounters Present</th>
<th>Percent of Encounters Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Stress and Difficulty</td>
<td>11</td>
<td>37.93%</td>
</tr>
<tr>
<td>Social Isolation and Loneliness</td>
<td>11</td>
<td>37.93%</td>
</tr>
<tr>
<td>General Stress; Coping Strategies for Stress</td>
<td>8</td>
<td>27.59%</td>
</tr>
<tr>
<td>Reduction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being New to College/Tucson</td>
<td>4</td>
<td>13.79%</td>
</tr>
<tr>
<td>Seeking Mental Health Resources</td>
<td>4</td>
<td>13.79%</td>
</tr>
<tr>
<td>Work/School/Life Balance</td>
<td>4</td>
<td>13.79%</td>
</tr>
<tr>
<td>Adjusting to Life at College During a Pandemic</td>
<td>3</td>
<td>10.34%</td>
</tr>
<tr>
<td>Financial Stress</td>
<td>3</td>
<td>10.34%</td>
</tr>
<tr>
<td>Uncertainty and Lack of Control</td>
<td>3</td>
<td>10.34%</td>
</tr>
<tr>
<td>Other (7 Support Needs)</td>
<td>13</td>
<td>44.83%</td>
</tr>
</tbody>
</table>

*Note: These support needs were topics that students chose to discuss during the support encounters with Wildcats RISE peer leaders. These support needs were identified from a total of 29 encounters. The number of support needs identified per encounter ranged from 1 to 4. Three encounters had multiple students in attendance. Seven encounters were those in which a student signed up for a one-on-one consultation.*
The “other” support needs mentioned in two encounters were being homesick, being concerned about the health of self and/or others, worrying about COVID rates and CDC guidelines, and experiencing symptoms of depression or anxiety. The “other” support needs mentioned during just one encounter included feeling overwhelmed by information from the news, managing relational issues, and processing microaggressions.

**Aim 3: Self-Evaluation to Improve Service Delivery**

**Helpful Strategies**

The Wildcats RISE peer leaders also identified elements of the encounter that they believed contributed to students’ experience of the encounter as having been helpful (see Table 2). The number of helpful strategies identified ranged from zero (RISE peer leaders for one encounter did not notice anything that seemed particularly helpful) to four per encounter. We obtained this information for a total of 29 encounters, including the one encounter in which the RISE peer leaders were unable to identify anything as being notably helpful. The most commonly identified helpful strategies were specific clinical skills (e.g., paraphrase, reflection; 27.59% of encounters), offering suggestions (e.g., coping strategies; 24.13% of encounters), and connecting students to additional campus resources (20.69% of encounters).

**Table 2**

*Helpful Strategies Identified by Wildcats RISE Peer Leaders*

<table>
<thead>
<tr>
<th>Helpful Strategies</th>
<th>Number of Encounters Present</th>
<th>Percent of Encounters Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific Clinical Skills (e.g., Paraphrase, Reflection)</td>
<td>8</td>
<td>27.59%</td>
</tr>
<tr>
<td>Offering Suggestions (e.g., Coping Strategies)</td>
<td>7</td>
<td>24.14%</td>
</tr>
<tr>
<td>Connecting Students to Additional Campus Resources</td>
<td>6</td>
<td>20.69%</td>
</tr>
<tr>
<td>Reviewing (and Individualizing) the RISE Training Materials</td>
<td>4</td>
<td>13.79%</td>
</tr>
<tr>
<td>Asking Questions</td>
<td>3</td>
<td>10.34%</td>
</tr>
<tr>
<td>Facilitating Connection Between Students by Pointing Out Shared Experiences</td>
<td>3</td>
<td>10.34%</td>
</tr>
<tr>
<td>Having Prepared Suggestions</td>
<td>3</td>
<td>10.34%</td>
</tr>
<tr>
<td>Other (5 Helpful Strategies)</td>
<td>7</td>
<td>24.14%</td>
</tr>
</tbody>
</table>

*Note:* These helpful strategies were identified based on the perceptions of the Wildcats RISE peer leaders. These strategies were identified in a total of 29 encounters. The number of strategies identified per encounter ranged from 0 to 4. Three encounters had multiple students in attendance. Seven encounters were those in which a student signed up for a one-on-one consultation.

The “other” helpful strategies that were identified in two encounters included emphasizing meeting logistics (e.g., introductions at the beginning of the meeting, encouraging participants to clarify misinterpretations) and using electronic
reminders to remember to complete tasks (e.g., sending a virtual meeting link). The “other” helpful strategies identified in only one encounter were having a co-leader for group encounters, using self-disclosure strategically, and having a consistent weekly schedule for RISE tasks.

Areas for Improvement
Finally, following each encounter, the RISE peer leaders noted aspects that they wanted to do differently the next time they met with students (i.e., areas for improvement; see Table 3). The number of areas for improvement that RISE peer leaders identified ranged from zero to two per encounter. Again, this information was obtained for 29 encounters. The areas for improvement that were identified following at least three encounters were engaging in more practice (e.g., using the SAFER-R model, employing clinical skills; 41.38% of encounters) and making meeting logistics more explicit (20.69% of encounters). Additionally, following five (17.24%) of the encounters, RISE peer leaders indicated that there were no areas that needed improvement as they perceived that the support encounter went very well.

Table 3
Areas for Individual Improvement Identified by Wildcats RISE Peer Leaders

<table>
<thead>
<tr>
<th>Areas for Improvement</th>
<th>Number of Encounters Present</th>
<th>Percent of Encounters Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice (e.g., Using the SAFER-R Model, Employing Clinical Skills)</td>
<td>12</td>
<td>41.38%</td>
</tr>
<tr>
<td>Making Meeting Logistics More Explicit</td>
<td>6</td>
<td>20.69%</td>
</tr>
<tr>
<td>NA (i.e., RISE Peer Leader Perceived that the Session Went Well)</td>
<td>5</td>
<td>17.24%</td>
</tr>
<tr>
<td>Other (7 Areas)</td>
<td>9</td>
<td>31.03%</td>
</tr>
</tbody>
</table>

Note: These areas for improvement were identified via self-reflection by the Wildcats RISE peer leaders. These areas were identified in a total of 29 encounters. The number of areas for improvement identified per encounter ranged from 0 to 2. Three encounters had multiple students in attendance. Seven encounters were those in which a student signed up for a one-on-one consultation.

Discussion
Due to COVID-19, the University of Arizona’s Health and Wellness Initiative aimed to establish a program to support the mental health and well-being of students. We sought to provide support using an evidence-based model that was accessible and non-threatening for both undergraduate and graduate students. PFA was chosen as a model for this pilot program because of previous literature establishing that PFA can be used to address psychological symptoms...
following traumatic events and natural disasters, such as COVID-19 (Allen et al., 2010; Arenliu et al., 2020; Blake et al., 2021; Cheng et al., 2020; Everly et al., 2014; Ping et al., 2020; Schreiber et al., 2019; Shah et al., 2020; Yue et al., 2020). More specifically, we trained undergraduate and graduate students to provide the SAFER-R model of PFA, which allowed us to widely disseminate the offerings of the RISE program. We were able to establish the pilot program quickly and efficiently by recruiting and training enrolled students and offering them a micro-internship experience. By providing individual and group encounters, we successfully identified and addressed various support needs among students during the fall 2020 semester. The trained RISE peer leaders also engaged in consistent self-evaluation (i.e., identifying helpful strategies and areas for improvement), which resulted in continuously improved service delivery.

Summary and Interpretation of Results

Feasibility and Acceptability of Online Peer Support Program

Based on the number of applications submitted by students aspiring to become RISE peer leaders as well as the numerous inquiries we received from others wanting to complete the training, it is clear that there is abundant interest in helping others navigate the difficult circumstances that have arisen due to COVID-19. In light of the demonstrated need for support among college students during the global pandemic (Aucejo et al., 2020; Son et al., 2020; Wang et al., 2020; Zhai & Du, 2020) and the veritable interest in helping others, we developed an extensive and effective training program to provide undergraduate and graduate students with the skills needed to deliver online peer support consistent with the SAFER-R model of PFA (Arenliu et al., 2020; Everly et al., 2014; Francis et al., 2020; McCabe et al., 2014). The competency of the trained students was assessed by a renowned leader in the field of PFA as well as by several licensed mental health professionals. In implementing and assessing this training program, we contribute meaningfully to research and practice in the domains of crisis intervention and PFA by demonstrating that undergraduate students are capable of developing basic clinical skills and effectively utilizing them so as to provide imperative support to their peers. Moreover, the SAFER-R model of PFA is categorized as a listen, mitigate, and refer (i.e., active) model, such that these trained undergraduate and graduate students were contributing to reductions in the psychological distress that their peers were experiencing rather than simply stabilizing such distress as is done with listen and refer models (Everly, 2020). Indeed, research has found that the addition of mitigation is what differentiates the effectiveness of the various PFA models (Despeaux et al., 2019). As described above, to reduce the burden on mental health systems during crises, it is critical that peer support programs such as RISE use active methods to alleviate the distress of support seekers and decrease the need for a referral to a higher level of care during a mental health “surge” (Everly, 2020).

Although this pilot peer support program was not as heavily utilized as anticipated, we received notable positive feedback from students utilizing the peer support services as well as from university administrators, suggesting that the program is acceptable to the target population. Indeed, many students spontaneously contacted the program administrator following utilization to express gratitude for the peer support service. Several students stated an intention to return for additional support, if needed, or to refer their friends to the program to receive support. Further, we received feedback from our RISE peer leaders that they were able to utilize the
PFA skills to provide informal support to their friends and family members. This outcome is consistent with literature suggesting that PFA need not be exclusively offered to victims of traumatic events, disasters, or crises, but rather trained PFA providers can use the same principles to support others in their daily lives (Everly et al., 2006). Thus, we argue that the benefits of this pilot peer PFA program for college and graduate students extended far beyond the documented service provision to the 44 students who attended a formal RISE peer support encounter.

Support Needs Among College and Graduate Students During Fall 2020.

This pilot peer support program enabled us to identify and address various support needs among college and graduate students during the fall 2020 semester. The most common support needs identified were academic stress and difficulty, social isolation and loneliness, and the experience of general stress as well as a desire to learn coping strategies for stress reduction. Importantly, some of the support needs identified in the current study were initiated by (i.e., specific to) the pandemic (e.g., COVID-19 rates and CDC guidelines, worry about the health of self and others) while others were described as being exacerbated by the pandemic (e.g., academic stress and difficulty, financial stress). These support needs align with other research on the mental health needs of college and graduate students within the context of the COVID-19 pandemic (Aucejo et al., 2020; Son et al., 2020; Wang et al., 2020; Zhai & Du, 2020). The findings of the current study regarding areas of psychological stress also align with research conducted with other samples (i.e., healthcare workers, the general public) during the COVID-19 pandemic (Arenliu et al., 2020; Blake et al., 2021; Francis et al., 2020; Ping et al., 2020). For example, support needs identified among members of the general population of Kosovo included fear of COVID-19, financial difficulties, and anxiety or depression (Arenliu et al., 2020). Similarly, Malaysian university students described experiencing increased anxiety regarding availability of food and other supplies as well as worry about contracting COVID-19 (Ping et al., 2020). Lastly, other research heavily emphasizes the emotional impact of a COVID-19 diagnosis or losing a loved one due to COVID-19 (Blake et al., 2021; Cheng et al., 2020).

Self-Evaluation to Improve Service Delivery

Self-evaluation resulted in improved service delivery via RISE peer leaders’ identification of strategies that seemed particularly beneficial (i.e., helpful strategies) as well as their recognition of ways in which they could improve (i.e., areas for improvement).

Regarding helpful strategies, the three most consistently identified were using specific clinical skills (e.g., paraphrase, reflection, validation), offering suggestions (e.g., teaching coping strategies), and connecting students to additional campus resources. Each of these helpful strategies closely aligns with a core competency of delivering psychological first aid (McCabe et al., 2014). Specifically, the identification of these three most helpful strategies suggests that the RISE peer leaders achieved proficiency regarding building rapport, delivering a brief intervention, and providing referrals (McCabe et al., 2014). Given that many hours of training focused on helping RISE peer leaders develop specific clinical skills, their identification of this as the most helpful strategy that they utilized in interacting with students suggests that the training was successful and that the RISE peer leaders were able to effectively implement these critical skills. Similarly, the identification of offering suggestions, particularly teaching coping skills, as another consistently helpful strategy demonstrates that the RISE peer leaders were effective in responding to students’ support needs. As
discussed above, several students utilized the peer support service in an effort to learn new coping skills for managing stress. The results suggest that RISE peer leaders acknowledged and addressed that support need for students in a way that students seemed to find beneficial. Further, coping strategies were reviewed during training, so this result again suggests that the training program was successful in equipping RISE peer leaders with the necessary skills to address the needs of their peers.

We established this program to address an anticipated increase in demand for mental health services brought about by COVID-19 and sought to integrate it within the university community to meet a perceived gap in services (i.e., preventive or low-acuity mental health and wellness following a crisis; Everly, 2020; Everly et al., 2014; McCabe et al., 2014; Minihan et al., 2020). RISE peer leaders’ identification of connecting students to other campus resources as a helpful strategy suggests that we achieved one of our goals: functioning as a conduit for students to get the help and resources they need. RISE peer leaders referred students to Counseling & Psychological Services (the university counseling center) for higher-acuity mental health support. RISE peer leaders also referred students to cultural centers and programs for academic assistance (e.g., tutoring). This function of connecting students to other campus resources was also a direct and appropriate response to the identified support needs of students, as discussed above.

Overall, we believe that the RISE peer leaders’ self-evaluation regarding helpful strategies allowed them to be aware of their impact on the students that they interacted with and made them better equipped to provide those same strategies in future peer support encounters, resulting in improved service delivery (Everly et al., 2014). It also allowed for assessment of the effectiveness of (1) the Wildcats RISE training program that we developed and (2) the implementation of this online peer support program.

The identified areas for improvement and the trends observed in this domain also suggest that this aspect of self-evaluation resulted in improved service delivery. By far, the most commonly identified area for improvement was engaging in more practice. RISE peer leaders noted particular skills that they intended to practice or review before their next peer support encounter, including active listening, asking open-ended questions, normalizing reactions, and improving transitions to the Recovery phase of the SAFER-R model (i.e., goal setting) (Everly, 1995; McCabe et al., 2014). Another commonly identified area for improvement was making meeting logistics more explicit. Again, RISE peer leaders noted specific ways that they planned to accomplish this goal such as dedicating more time for introductions and clearly setting expectations for the encounter. The specificity of RISE peer leaders’ self-evaluations regarding areas for improvement suggests that they had a clear plan and intent to make changes that resulted in improved service delivery.

Interestingly, engaging in practice was more often mentioned as an area for improvement early in the semester as RISE peer leaders were still processing the materials and information from the training, which is consistent with findings from other implementations of PFA training during COVID-19 (Arenliu et al., 2020). However, toward the end of the semester, as the RISE peer leaders felt more confident in their skills and the service they were providing, they were more likely to indicate that they felt the encounter had gone well and that there were no specific changes that needed to be made. Not only does this pattern speak to the aim of successfully using self-evaluation to improve service delivery, but it also provides further
evidence regarding the feasibility of training college and graduate students to deliver online peer support using the SAFER-R model of PFA.

**Challenges and Limitations**

We faced some challenges in developing and implementing this pilot peer support program, which should be noted as limitations of the current study. First, there was lower program registration and participation than anticipated. We believe that the lower than anticipated participation in this pilot program was due to lack of awareness of the program rather than lack of student need or lack of effectiveness of the program. Nevertheless, the somewhat limited number of students who participated in the program impacts the generalizability of the student support needs that were identified. Further, many students stated that they signed up to attend a group support encounter in order to interact with some of their peers who were experiencing similar struggles. While the group encounters did have two RISE peer leaders in attendance, we received feedback from some students who wished more people had been in attendance for the group encounter.

Second, given low attendance rates as well as low response rates, we were unable to collect enough data to investigate the effectiveness of this pilot program via self-report measures. While we intended to collect pre- and post-participation data on students' self-reported stress and perceived capability for managing future stressors, the implementation of a survey measure to gather this information proved difficult. We acknowledge that our assessment of the acceptability and effectiveness of this pilot program would be further validated with the adjunct of such data. Anecdotal evidence in support of program effectiveness comes from several students who spontaneously noted at the end of their encounters that they found the peer support that they received to be helpful in addressing their concerns. While it is possible that some students felt obligated to make such verbal expressions at the end of an encounter, this concern is attenuated given the numerous emails with similar sentiments (i.e., gratitude, benefit) that students sent directly to the program administrator following their encounters. Nevertheless, self-report data demonstrating that the program was effective in decreasing students’ perceived stress and increasing their perceived capability of managing future stressors would have strengthened the current study.

Finally, the structure of the program required students to sign up in advance to attend either individual or group peer support encounters, which often resulted in a delay between the time that students sought services and the time that they received them. It is possible that this delay contributed to the difference in the number of students who signed up for peer support encounters and the number who actually attended encounters. Given the delay, students may have no longer needed peer support because their experience of stress resolved or because they were able to seek support elsewhere. However, the concern remains that some of the students who signed up to receive support, and potentially those most in need of support, may have perceived this delay to be a notable barrier to actually receiving that support. Again, this possibility impacts the generalizability of the support needs that were identified as well as our suppositions regarding the effectiveness of this pilot peer support program. Strategies for addressing each of these challenges are described below.

**Recommendations and Future Directions**

We now outline several strategies that we will be implementing to address the challenges outlined above as we continue to provide this critical peer support service. We believe that utilization of these strategies
from program outset would greatly benefit future online peer support programs for college and graduate students. First, greater investment in marketing will ensure that there is widespread knowledge of the peer support program across the university. While we engaged in several traditional marketing efforts (e.g., articles in the school newspaper, social media, emails), we believe that these efforts were insufficient for generating awareness about our program. Abundant research clearly indicates that college and graduate students are struggling during the COVID-19 pandemic (Aucejo et al., 2020; Son et al., 2020; Wang et al., 2020; Zhai & Du, 2020). Likewise, the research suggests that PFA is an evidence-informed technique for providing support to individuals in psychological distress (Allen et al., 2010; Arenliu et al., 2020; Blake et al., 2021; Cheng et al., 2020; Despeaux et al., 2019; Everly et al., 2014; Ping et al., 2020; Schreiber et al., 2019; Shah et al., 2020; Yue et al., 2020). Thus, given the need for peer support and the availability of peer support, it seems likely that a greater number of students did not participate in the Wildcats RISE service simply because they were unaware that the service existed. Going forward, we plan to partner with marketing experts in an effort to determine the best strategies to facilitate student access as we perceive the lack of utilization to be a digital marketing challenge that requires additional expertise. We posit that with more resources and effort dedicated to marketing, the utilization of this program would be substantially increased (Arenliu et al., 2020).

Specific opportunities for increased marketing that will be utilized are ambassadors and embedded programs. We anticipate that the role of future Wildcats RISE peer leaders will include ambassador responsibilities. For example, Wildcats RISE peer leaders will be expected to market the program to clubs and organizations on campus, especially programs to which they already belong, and generate specific ideas for how to disseminate marketing materials to various departments on campus. Regarding embedded programs, we plan to create partnerships with colleges and departments within the university to facilitate buy-in from campus partners. Additional RISE peer leaders will be recruited from specific departments across the university and will provide peer support exclusively to students within that department. This embedded structure would function as a supplement to the university-level peer support program for undergraduate and graduate students and would enhance the ability to disseminate marketing materials and promote the availability of the service within departments. Further, embedded programs would increase students’ perception that the peer support provider is someone who truly understands their unique academic stressors and circumstances.

Second, new strategies to collect pre- and post-participation data on students’ self-reported stress levels will be utilized. For pre-participation data, we will include a one-item question for perceived stress as part of the registration process, such that students intending to utilize the peer support service must provide an indication of their stress prior to receiving support. For post-participation data, RISE peer leaders will ask students to verbally indicate, using the same one-item question for perceived stress, their level of stress at the end of the peer support encounter. RISE peer leaders will then document this information in a post-encounter reflection survey. Additionally, students will be prompted by the RISE peer leaders and via an email from the program to complete a more comprehensive post-participation survey that includes the one-item question for perceived stress as well as additional measures. These strategies should improve the ability to obtain pre- and post-
participation data that will allow for more objective assessment of the effectiveness of the online peer support program.

Third, we plan to implement new models of service delivery. To address the potential concern with the delay between registration and receiving support, we will be implementing an on-demand (i.e., drop-in) model for both individual and group peer support during the Spring 2021 semester. RISE peer leaders will be online at specified times during which students can log-in and immediately receive support. We believe this will substantially decrease barriers for students in accessing the service. Additionally, we will be expanding the availability of our PFA training program such that anyone interested in the training can receive it. Following training, these individuals will be better equipped to provide support to anyone in their lives who could benefit from it. Indeed, several of our current RISE peer leaders reported using PFA principles in their day-to-day lives (e.g., with friends and family) with great success. The more people in our university community who are able to provide psychological support using PFA, the better we will be able to address students’ mental health and wellness needs that have been initiated or exacerbated by the COVID-19 pandemic.

Conclusion

We were able to successfully develop and implement an online peer support program for students at the University of Arizona within the stressful and potentially traumatic context of COVID-19. Specifically, we trained 24 undergraduate and graduate students to effectively deliver peer support using the SAFER-R model of psychological first aid. While the demand for this program was not as large as initially anticipated, the response to the implementation of this pilot program has been uniformly positive based on feedback from students utilizing the service, those wanting to learn how to provide the service, and the broader university community. Through this novel program, we were able to identify and address the support needs of undergraduate and graduate students during an unprecedented and unpredictable time. The self-evaluation process that the trained student providers engaged in following each support encounter resulted in improved service delivery. We faced several challenges in implementing this pilot program and have detailed specific recommendations that we believe will adequately address each of those challenges for future implementations of similar programs. Future directions for our online peer support program include increasing marketing efforts, collecting pre/post data on participants’ stress and mental health symptoms, implementing a drop-in (i.e., on-demand) service, and establishing additional versions of this program that will be affiliated with specific colleges and departments within the university.

References


Blake, H., Gupta, A., Javed, M., Wood, B.,
RESILIENCE IN STRESSFUL EVENTS (RISE)


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