

Peer Support Guidelines

Ratified by the IACP Police Psychological Services Section
San Diego, California, 2016

1. Purpose

- 1.1 The goal of peer support is to provide all public safety employees in an agency the opportunity to receive emotional and tangible support through times of personal or professional crisis and to help anticipate and address potential difficulties. Ideally, peer support programs are developed and implemented under the organizational structure of the parent agency. Receiving support from the highest levels within an organization helps a peer support program to work effectively.
- 1.2 These guidelines are intended to provide information and recommendations on forming and maintaining a peer support structure for sworn and civilian personnel in law enforcement agencies. The guidelines are not meant to be a rigid protocol but reflect the commonly accepted practices of the IACP Psychological Services Section members and the agencies they serve. The guidelines work best when applied appropriately to each individual and agency situation.

2. Definitions

- 2.1 A peer support person (PSP), sworn or civilian, is a specifically trained colleague, not a counselor or therapist. A peer support program can augment outreach programs such as employee assistance programs (EAPs), in-house treatment programs, and out-of-agency psychological services and resources, but not replace them. A peer support person is trained to provide both day-to-day emotional support for department employees as well as to participate in a department's comprehensive response to critical incidents. PSPs are trained to recognize and refer cases that require professional intervention or are beyond their scope of training to a licensed mental health professional.
- 2.2 To increase the level of comfort and openness in PSP contacts, assurances can be made that such information will be protected. There are three levels of non-disclosure of personal information to differentiate in this context:
 - 2.2.1 Privacy is the expectation of an individual that disclosure of personal information is confined to or intended only for the PSP.
 - 2.2.2 Confidentiality is a professional or ethical duty for the PSP to refrain from disclosing information from or about a recipient of peer support services, barring any exceptions recommended to be disclosed at the outset (See Section 6).

- 2.2.3 Privilege is the legal protection from being compelled to disclose communications in certain protected relationships, such as between attorney and client, doctor and patient, priest and confessor, or in some states, peer support persons and sworn or civilian personnel.
- 2.3 Anonymous statistical information is tracked using a form (electronic or paper) that PSPs fill out to show the utilization of the peer support program; e.g., number of contacts (family or employee), time spent (in person or telephonically), type of service, referrals given, and follow-up services. Anonymous statistical information can be used as a guide for a department to increase the amount of PSPs, to monitor the hours worked per PSP, and also to justify to the department why a peer support program is necessary. It also helps the department recognize training needs in various divisions.
- 2.4 Some examples of applicable activities for a PSP include the following:
 - 2.4.1 Hospital visitation
 - 2.4.2 Support with career-related issues
 - 2.4.3 Post-critical incident support
 - 2.4.4 Death notification
 - 2.4.5 Substance abuse and EAP referrals
 - 2.4.6 Support with relationship and family issues
 - 2.4.7 Support for families of injured or ill employees
 - 2.4.8 On-scene support for personnel immediately following critical incidents

3. Administration

- 3.1 Departments can create a formal policy that grants peer support teams departmental confidentiality to encourage the use of such services. Such a departmental policy is recommended to be mindful of the jurisdiction's laws regarding legal privilege and confidentiality that apply to PSPs. It is highly encouraged PSPs not be asked to give, or release, identifying or confidential information about personnel they support. Management can receive information about peer support cases through anonymous statistical information regarding utilization of PSP services.
- 3.2 Departments are strongly encouraged to use a steering committee in the formation of the peer support program to provide organizational guidance and structure. Participation by relevant employee organizations and police administrators is encouraged during the initial planning stages to ensure maximum utilization of the program and to support assurances of confidentiality. Membership on the steering committee in subsequent stages is encouraged to include a wide representation of involved sworn and civilian parties as well as a mental health professional licensed in the department's jurisdiction, preferably one who is knowledgeable about the culture of law enforcement.

- 3.3 It is beneficial for PSPs to be involved in supporting individuals involved in critical incidents, such as an officer-involved shooting or when an employee is injured or killed. PSPs often provide a valuable contribution by being available to make the appropriate referrals in response to officers and other employees dealing with general life stressors or life crises. PSPs also make an invaluable addition to group interventions in conjunction with a licensed mental health professional.
- 3.4 In order for the department that has a PSP team to meet the emerging standard of care in peer support programs, it is preferred that the department have clinical oversight and professional psychological consultation continuously with a licensed mental health professional who is qualified to provide that consultation to the PSP team. The role and scope of the professional mental health consultant can be mutually determined by the agency and the mental health professional.
- 3.5 It is recommended a peer support program be governed by a written procedures manual that is available to all personnel.
- 3.6 Individuals being offered peer support may voluntarily accept or reject a PSP by using any criteria they choose.
- 3.7 Management may choose to provide non-compensatory support for the PSP program.
- 3.8 PSPs are recommended to carry identification that is visible and also identifies their agency and that they are a member of a peer support team.
- 3.9 Departments are encouraged to train as many employees as possible in peer support skills. Peer support team size varies across agencies depending on the size of and resources available to each agency. The number of PSPs can depend on many variables: such as the crime level and geographical area covered by the agency; the number and size of divisions within a department; who is transferring, retiring, or promoting; and the agency's budget.
- 3.9.1 Peer support teams are encouraged to have enough trained and accessible members to provide services to all sworn and civilian department personnel, across all shifts and divisions. Team size is recommended to be manageable by program leaders or coordinators. Departments are encouraged to have sworn and civilian members of the agency available to increase the commonality when responding to personnel in different departmental positions (e.g., a sworn officer versus a telecommunications operator).
- 3.9.2 Larger departments are encouraged to disseminate PSPs across sworn and civilian personnel, divisions, and shifts throughout their agency. When economically and logistically feasible, they can make their PSP services available to adjacent agencies. Smaller departments may need to combine

resources with adjacent agencies, particularly for training and critical incident support. Many critical incident response teams already exist across services (police, fire, paramedics, dispatchers, and so on). Additionally, building interagency team relationships is beneficial for major incidents where the agency's PSPs themselves are close to the incident and may desire support (such as after an employee's death or suicide).

- 3.9.3 Program managers are advised to consider long-term team planning in order to balance the impact of transfers, promotions, and retirements on the team size and availability.
- 3.9.4 A peer support program coordinator is recommended to be identified to address program logistics and development. This individual coordinates peer support activation, makes referrals to mental health professionals, collects utilization data, and coordinates training and meetings.
- 3.9.5 The peer support program is not an alternative to discipline. It is highly recommended a PSP does not intervene in the disciplinary process. A PSP may provide support for the employee(s) under investigation or during a disciplinary process but ideally will refrain from discussing the incident itself. Further, it is recommended that the employee(s) are cautioned that any information shared with the PSP regarding the incident in question might not be confidential based on agency policies and jurisdictional requirements.

4. Selection/Deselection

- 4.1 Ideally, PSPs are volunteers who are currently in good standing with their departments and who have received recommendations from their superiors and/or peers. It may be helpful to include an interview process. The interview panel may consist of peer support members and the licensed mental health professional associated with the peer support team.
- 4.2 Considerations for selection of PSP candidates include, but are not limited to, previous education and training; resolved traumatic experiences; and desirable personal qualities such as maturity, judgment, personal and professional ethics, and credibility.
- 4.3 It is beneficial that a procedure be in place that establishes criteria for deselection from the program. Possible criteria include breach of confidentiality, failure to attend training, or loss of one's good standing with the department.
- 4.4 PSPs can be provided with the option to take a leave of absence and encouraged to exercise this option when personal issues or obligations require it.

5. Consultation Services from Mental Health Professionals

- 5.1 It is recommended that a peer support program have mental health consultations and training. Preferably, this consultation will be available 24 hours a day and is recommended to be with a licensed mental health professional, who is specifically trained in Police and Public Safety Psychology and understands the specific nature of the agency involved.
- 5.2 It is beneficial for PSPs to be aware of their personal limitations and seek advice and counsel in determining when to disqualify themselves from working with problems for which they have not been trained or problems about which they may have strong personal beliefs.
- 5.3 After a large-scale event, it is recommended PSPs attend a mandatory critical incident debriefing to discuss the impact the event had on their team.

6. Confidentiality

- 6.1 It is prudent for departments to have a policy that clarifies confidentiality guidelines and reporting requirements for PSPs. It is recommended for a department's policy to avoid role conflicts and multiple relationships with individuals performing PSP roles.
- 6.2 It is beneficial for limits to confidentiality to be consistent with state and federal laws as well as departmental policy. It is recommended that recipients of peer support be advised that there is usually no confidentiality for threats to self, threats to others, and child and vulnerable adult abuse. Additional exceptions to confidentiality may be defined by specific state laws or department policies. In general, the fewer confidentiality restrictions, the more confidence department members will have in the program. These can be well defined in the PSP manual, including procedures to follow when one of these exceptions to confidentiality occurs.
- 6.3 It is advised that PSP members have a well-informed, working knowledge of the three **overlapping** principles that have an impact on the boundaries surrounding their communications with members within the role of peer support. Those principles are *privilege*, *confidentiality*, and *privacy*.
- 6.4 PSPs are counseled to respect the confidentiality of their contacts, to be fully familiar with the limits of confidentiality and legal privilege and be able to communicate those limits to their contacts. The extent and limits of confidentiality can be explained to the individuals directly served at the outset and, ideally, will also be provided through agency-wide trainings.
- 6.5 PSPs are advised not to provide information to supervisors or fellow peer support members obtained through peer support contact and can educate supervisors on the confidentiality guidelines established by the department.

- 6.6 It is recommended for a PSP to not keep written formal or private records of supportive contacts other than anonymous statistical information that can help to document the general productivity of the program (such as number of contacts).
- 6.7 PSPs are advised to sign a confidentiality agreement, indicating their agreement to maintain confidentiality as defined above. It is recommended that the agreement outline the consequences to the PSP for any violation of confidentiality.
- 6.8 After a large-scale event, PSPs are advised to participate without giving up confidentiality, in the “After Action” report requested by the agency. This report is produced in conjunction with the chaplains and mental health professionals involved in the event.

7. Role Conflict

- 7.1 PSPs are advised to refrain from entering relationships if the relationship could reasonably be expected to impair objectivity, competence, or effectiveness in performing their role or otherwise risks exploitation or harm to the person with whom the relationship exists. For example, PSPs avoid religious, sexual, or financial entanglements with receivers of peer support. PSPs are recommended to receive training related to handling the complexities that can develop between PSPs and receivers of peer support.
- 7.2 Because of potential role conflicts involved in providing peer support, including those that could affect future decisions or recommendations concerning assignment, transfer, or promotion, it is preferred that PSPs not develop peer support relationships between supervisors or subordinates.
- 7.3 A trained PSP knows when and how to refer peers, supervisors, or subordinates to another PSP member, chaplain, or mental health professional to avoid any potential conflicts of interest. This includes recognition that a large number of contacts between a PSP and any one individual may be an indication that a referral is needed.
- 7.4 Supervisors may have additional requirements regarding the reporting of issues such as sexual harassment, racial discrimination, and workplace injury that can place the supervisor or the agency in jeopardy if the procedures are not followed. PSPs are advised not to abdicate their job responsibility as officers or supervisors by participating in the program. Each agency is recommended to evaluate supervisor responsibilities and the viability of having supervisors as PSPs.

8. Training

- 8.1 The steering committee identifies appropriate ongoing training for PSPs.
- 8.2 PSPs are recommended to advance their skills through continuing training as scheduled by the program coordinator. It is recommended that four hours of update training per quarter be provided to peer support members.

8.3 It is advised that PSPs be provided with a mechanism for providing feedback to the program coordinator, including but not limited to, the request of specific training, program-related problems in the field, or the need for new or additional resources.

8.4 Relevant introductory and continuing training for PSPs could cover the following topics:

8.4.1 Confidentiality – federal and state laws as well as agency policies

8.4.2 Role conflict

8.4.3 Limits and liability

8.4.4 Ethical issues

8.4.5 Communication facilitation and listening skills

8.4.6 Nonverbal communication

8.4.7 Problem assessment

8.4.8 Problem-solving skills

8.4.9 Cross-cultural issues, including diversity and implicit / explicit bias

8.4.10 Common psychological symptoms

8.4.11 Medical conditions often confused with psychiatric disorders

8.4.12 Stress management and resiliency

8.4.13 Burn-out

8.4.14 Grief management

8.4.15 Domestic violence

8.4.16 Medical issues with significant psychological or lifestyle impact

8.4.17 Suicide assessment

8.4.18 Crisis management intervention

8.4.19 Work-related critical incident stress management

8.4.20 Dependency and abuse (alcohol, substance, gambling, and other addictive behaviors)

- 8.4.21 When to seek licensed mental health consultation and referral information
- 8.4.22 Relationship / family issues and concerns
- 8.4.23 Military support
- 8.4.24 Local resources (e.g., social services, AA meetings, child care, and so on)
- 8.4.25 Organizational stress and communication
- 8.4.26 Brief screening tools
- 8.4.27 Wellness and self-care (for employees and PSPs)