

Peer Support Guidelines
Ratified by the IACP Psychological Services Section
Boston, Massachusetts, 2006

Philosophy

The goal of peer support is to provide all public safety employees in an agency the opportunity to receive emotional and tangible peer support through times of personal or professional crisis and to help anticipate and address potential difficulties. Ideally, peer support programs should be developed and implemented under the organizational structure of the parent agency. These guidelines are intended to provide information and recommendations on forming and maintaining a peer support structure for sworn and nonsworn 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. Each of the guidelines may not apply in a specific case or in all situations, particularly regarding the issue of privilege for peer support persons, which varies from state to state. Informed consent of agency members utilizing their peer support programs is emphasized in such matters. Knowledge of state and federal law and decisions as to what is or is not done in a particular instance are ultimately the responsibility of each agency and its peer support personnel.

Definition

1. A peer support person (PSP), sworn or nonsworn, is a specifically trained colleague, not a counselor or therapist. A peer support program can augment outreach programs such as employee assistance programs and in-house treatment programs, but not replace them. PSPs should refer cases that require professional intervention to a mental health professional.

Administration

2. A formal policy statement should be included in the departmental policy manual that grants peer support teams departmental confidentiality to encourage the use of such effective support services. Department policy may be affected by the levels of legal privilege and confidentiality that apply to PSPs at the state level as well as state-imposed limitations to confidentiality. PSPs shall not be asked to give information about members they support. The only information that management may receive about peer support cases is the anonymous statistical information regarding the utilization of a PSP.

3. It is helpful 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 should include a wide representation of involved sworn and nonsworn parties as well as a mental health professional licensed in the department's jurisdiction.

4. It is beneficial for PSPs to be involved in supporting individuals involved in critical incidents, such as an officer-involved shooting, or any situation in which an officer is injured or killed. PSPs also make an invaluable addition to group interventions in conjunction with a licensed mental health professional. This includes PSP help for those in the outer circles of involvement (knew the principals, but weren't on the scene). However, the IACP Psychological Services Section's Officer-Involved Shooting Guidelines recommend that a confidential post-shooting individual intervention be conducted by a licensed mental health professional.

5. In order for the department that has a PSP team to meet the emerging standard of care of police psychological practice, the department should ensure that the PSP team includes clinical oversight and a continuing relationship with a licensed psychologist or licensed mental health professional who is qualified to provide supervision and consultation to the PSP team in clinical matters as needed. The role and scope of the overseer is to be mutually determined by the agency and the mental health professional.

6. A peer support program shall be governed by a written procedures manual that is available to all personnel.

7. Individuals receiving peer support may voluntarily choose or reject a PSP by using any criteria they believe are important.

8. Management may provide non-compensatory support for the PSP program.

9. Departments are encouraged to train as many employees as possible in peer support skills. Peer support team size varies throughout agencies depending on the size and resources available to each agency. The number of peer supporters depends on many variables: 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, of course, the budget.

- a. Ideally, peer support teams will have enough trained and accessible members to provide services to all sworn and nonsworn department personnel, across all shifts and divisions. Team size needs to be manageable by program leaders or coordinators.
- b. Larger departments are encouraged to disseminate PSPs across divisions, shifts, and sworn and nonsworn personnel throughout the agency. Conversely, 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 officer death or suicide).
- c. Finally, long-term team planning also needs to balance the impact of transfers, promotions, and retirements on the team size and availability.

10. A peer support program coordinator who has a block of time devoted to program logistics and development should be identified. This individual would coordinate peer support activation, make referrals to mental health professionals, collect utilization data, and coordinate training and meetings.

11. The peer support program is not an alternative to discipline. A PSP does not intervene in the disciplinary process, even at a member's request.

Selection/Deselection

12. PSPs should be chosen from volunteers who are currently in good standing with their departments and who have received recommendations from their superiors or peers.

13. 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, and personal and professional credibility.

14. A procedure should 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.

15. PSPs should be provided with the option to take a leave of absence and encouraged to exercise this option, should personal issues or obligations require it.

Consultation Services from Mental Health Professionals

16. A peer support program must have a procedure in place for mental health consultations and training. Ideally, this consultation should be available 24 hours a day.

17. PSPs should be aware of their personal limitations and should 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.

Confidentiality

18. Departments should have a policy that clarifies confidentiality guidelines and reporting requirements and avoids role conflicts and dual relationships.

19. PSPs must respect the confidentiality of their contacts, must be fully familiar with the limits of confidentiality, and must communicate those limits to their contacts. Such communication needs to be given to the individuals directly served and ideally will also be provided through agency-wide trainings.

20. Limits to confidentiality should be consistent with state and federal law as well as departmental policy, and usually include threats to self, threats to others, child and elder abuse, and serious violations of the law. Additional exceptions to confidentiality may be defined by specific state laws or department policies (such as sexual harassment and worker's compensation). These should be well defined in the PSP manual, including procedures in the event one of these rare exceptions to confidentiality should occur.

21. It is essential that PSPs advise members of the level of confidentiality and legal privilege that they can offer. PSPs must demonstrate knowledge of the limitations to these protections in their department as well as knowledge of how they might be affected by potential federal proceedings.

22. PSPs must not provide information obtained through peer support contact to supervisors and should educate supervisors of the confidentiality guidelines established by the department. Agencies should not use PSPs in internal affairs investigations.

23. A PSP must not keep written formal or private records of supportive contacts other than non-identifying statistical records that help document the general productivity of the program (such as number of contacts).

Role Conflict

24. PSPs should avoid conflicting peer support relationships. For example, PSPs should avoid religious, sexual, or financial entanglements with receivers of peer support. PSPs should receive training related to handling the intense feelings that can develop between PSPs and receivers of peer support.

25. PSPs, who are also supervisors, should be trained to be sensitive to potential role conflicts involved in providing peer support, including those that could affect future decisions or recommendations concerning assignment, transfer, or promotion. PSPs should therefore not develop peer support relationships with supervisors or subordinates.

26. A trained PSP should know 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.

27. Supervisors may have additional requirements regarding the reporting of issues such as sexual harassment, racial discrimination, and workplace injury that may place the supervisor or the agency in jeopardy if the procedures are not followed. PSPs cannot abdicate their job responsibility as officers or supervisors by participating in the program. Each agency must evaluate supervisor responsibilities and the viability of having supervisors as PSPs.

Training

28. The steering committee shall identify appropriate ongoing training for PSPs.

29. PSPs should be required to advance their skills through continuing training as scheduled by the program coordinator.

30. Relevant introductory and continuing training for PSP could cover the following topics:

- a. confidentiality
- b. role conflict
- c. limits and liability
- d. ethical issues
- e. communication facilitation and listening skills
- f. nonverbal communication
- g. problem assessment
- h. problem-solving skills
- i. cross-cultural issues
- j. psychological diagnoses
- k. medical conditions often confused with psychiatric disorders
- l. stress management
- m. burn-out
- n. grief management
- o. domestic violence
- p. AIDS
- q. suicide assessment
- r. crisis management
- s. trauma intervention
- t. alcohol and substance abuse
- u. when to seek mental health consultation and referral information