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Peer Support Guidelines

Ratified by the IACP Police Psychological Services Section

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Philosophy

1. The goal of peer support is to provide all public safety employees within an agency the opportunity to receive emotional and tangible peer support through times of personal or professional crises and to help anticipate and address potential difficulties. A peer support program must have a procedure for mental health consultation and training. A peer support program is developed and implemented under the organizational structure of the parent agency.
2. To ensure maximum utilization of the program and to support assurances of confidentiality, there should be participation on the steering committee by relevant employee organizations, mental health professionals, and police administrators during planning and subsequent stages. Membership on the steering committee should have a wide representation of involved sworn and non-sworn parties.
3. Sworn peer support officers are officers first and peer supporters second. Any conflicts of roles should be resolved in that context.
4. A Peer Support Person (PSP), sworn or non-sworn, is a specifically trained colleague, not a counselor or therapist. A peer support program can augment outreach programs, e.g., 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. A procedure should be in place for mental health consultations and training.
5. It is beneficial for PSPs to be involved in supporting individuals involved in a critical incident such as an officer-involved shooting. PSPs also make an invaluable addition to group debriefings in conjunction with a licensed mental health professional. However, the IACP Police Psychological Services Section's Officer-Involved Shooting Guidelines recommend that a confidential post-shooting individual debriefing should be conducted by a licensed mental health professional.

Selection

6. PSPs should be chosen from volunteers who are currently in good standing with their departments and who have received recommendations from their superiors and/or peers.
7. 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.

8. A procedure should be in place that establishes criteria for de-selection from the program. Possible criteria include breach of confidentiality; failure to attend training; or losing one's good standing with the department. PSPs should also be provided with the option to take a leave of absence and encouraged to exercise this option, should personal issues or obligations require it.

Training

9. Relevant introductory and continuing training for a PSP could include the following:

- Confidentiality Issues
- Communication Facilitation and Listening Skills
- Ethical Issues
- Problem Assessment
- Problem-Solving Skills
- Alcohol and Substance Abuse
- Cross-Cultural Issues
- Medical Conditions Often Confused with Psychiatric Disorders
- Stress Management
- AIDS Information
- Suicide Assessment
- Depression and Burn-Out
- Grief Management
- Domestic Violence
- Crisis Management
- Nonverbal Communication
- When to Seek Mental Health Consultation and Referral Information
- Traumatic Intervention
- Limits and Liability

Administration

10. A formal policy statement should be included in the departmental policy manual that gives written assurances that, within limits of confidentiality, PSPs will not be asked to give information about members they support. The only information that management may require about peer support cases is the anonymous statistical information regarding the utilization of a PSP.

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

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

13. Management could provide non- compensatory support for the PSP program.

14. Departments are encouraged to train as many employees as possible in peer support skills.

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

16. 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.

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

Consultation Services From Mental Health Professionals

18. PSPs must have a mental health professional with whom to consult. Ideally, this consultation would be available 24 hours a day.

19. 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.

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

Confidentiality

21. PSPs must inform department members of the limits of their confidentiality and consider potential role conflicts (e.g., supervisor providing peer support). These should be consistent with the law as well as departmental policy and may include the following:

- Threats to self

- Threats to specific people

- Felonies as specified by the department

- Serious misdemeanors as specified by the department

- Child, spouse, and elder abuse

22. PSPs should be trained to be sensitive to role conflicts that could affect future decisions or recommendations concerning assignment, transfer, or promotion. PSPs cannot abdicate their job responsibility as officers by participating in the program.

23. PSPs must not volunteer information to supervisors and should advise supervisors of the confidentiality guidelines established by the department.

24. PSPs must advise members that information told to them is not protected by legal privilege and that confidentiality is administratively provided and may not be recognized in court proceedings.

25. PSPs should avoid conflicting peer support relationships. For example, PSPs should not develop peer support relationships with supervisors, subordinates, or relatives. PSPs should avoid religious, sexual, or financial entanglements with receivers of peer support and avoid espousing particular values, moral standards, and philosophies.

26. A PSP must not keep written formal or private records of supportive contacts.