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Peer Support Teams Fill an Emotional Void in Law Enforcement Agencies

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P psychologically healthy police officers are far more likely to provide high-quality, professional services to the members of their communities. Police departments make a significant investment in selecting mentally and emotionally healthy individuals as part of their hiring process. Police chiefs can protect and enhance that investment by various methods aimed at promoting wellness. One effective strategy for stimulating a culture of psychological wellness within an agency is the development and maintenance of a peer support program. Such programs need not be the exclusive purview of large departments with behavioral health sections; small departments would also greatly benefit from the training of their staff in peer support techniques.

The mission of a peer support program is to provide emotional, social, and practical support to police personnel during times of personal or professional crisis. It may also offer peer-to-peer assistance in anticipating and addressing other potential personal challenges or difficulties. Consider the following scenario:

Officer Bob Tasker (not his real name) had recently completed probation in a large, cosmopolitan police department. He was no longer under the watchful eye of his field training officer and felt proud to be a patrol officer. Soon after, he was dispatched to a motor vehicle accident and expected to see the usual fender bender, but when he arrived on scene, he did not see a crash. Instead, he saw two young boys—one eight years old and one nine years old—lying in the street. While running across the street, they were hit by a car. The nine-year-old boy was moving; the younger one was not. Tasker decided to attend to the little boy who was not moving. He tried to rouse him by moving his shoulder. The little boy was unresponsive. Then, Tasker looked into the eight-year-old boy's eyes. They were blank. And, in looking back, he began to believe that was the moment when he "froze."

Tasker knows that he froze for less than one minute and had no awareness until the paramedics arrived. He then took names of witnesses, protected the scene, and gave information to the accident investigators, doing all that was required to do a good job. The nonresponsive eight-year-old boy died. The nine-year-old survived.

After completing his duties at the accident scene, Tasker resumed his patrol. Later, he felt bad about not doing what he had been taught in the academy: airway, breathing, circulation. He had trouble sleeping, started drinking to fall asleep, and felt incredibly guilty. He never told anyone about his reaction to this incident. He suffered with his guilt for 10 years. It was only when a newly formed peer support team was established in his department that he asked for help.

Franklin, the officer who assisted as part of the peer support team, was a 22-year veteran of the agency. Franklin listened attentively to members of the peer support team and thought about the times that he, himself, had paused when assessing a crime scene. He recognized Tasker's distress and the inappropriate guilt. Tasker knew and respected Franklin, who said, "So you have been carrying this guilt for 10 years, thinking

that you 'froze' and are afraid that you might do that again, despite the evidence that you have not frozen or even come close to doing so since this incident. Is that right?"

Tasker replied, "That about sums it up."

Franklin then disclosed some of his own stories and said, "I wonder if you simply 'paused' like I have so many times. I don't think of it as 'freezing.' It makes sense to pause when confronted by an overwhelming scene."

Tasker replied, "I never thought of it that way." Hearing this from someone who had been in a similar situation was different than hearing it from his wife or other members of his supportive family. It was then that Tasker began his journey to healing.

Although a peer support program is an effective tool for influencing healthy responses to the psychological challenges of working in the public safety profession, it should be seen as augmenting, not replacing, psychological services or other employee assistance programs. Sworn or nonsworn peer support members are specifically trained colleagues, not counselors or therapists. Consider the following scenario:

Sergeant Smith and his wife had been arguing for several years. She claimed that he had abused her and their children. She wanted a divorce and full custody of the children. She threw him out of the house, and he was temporarily bunking with Jones, a single coworker. Smith needed to find more permanent housing and hire an attorney. He was not sleeping well, was drinking more than usual, and felt like he was going crazy. Jones suggested that Smith contact the peer support team, but he refused. He thought he could handle it on his own and did not want to discuss his home affairs with coworkers. He was not making any progress on his goals and was barely able to get to work. Finally, Smith's captain pulled him into her office and told him that she had noticed that his work was suffering and that some of his subordinates had been making mistakes that needed to be addressed, but that Smith was letting them slide. This intervention prompted him to agree to see a fellow sergeant who was a member of the peer support team. Smith was able, for the first time, to talk about what was going on in his life. While Smith's problems were not miraculously solved, the peer was able to steer him to appropriate professional resources and stayed in touch with him as he worked his way through the situation.

Policies and Procedures

Agencies that do not yet have a peer support program but are in the process of forming one would be wise to create a steering committee to provide organizational guidance and structure. The ongoing utilization and viability of a peer support team depends on buy-in from sworn and nonsworn employee organizations, supervisors, communications personnel, administrators, and licensed mental health professionals. A representative steering committee will help to integrate the different groups' concerns into the peer support team's policies and standard operating procedures. The IACP Police Psychological Services Section recommends that a licensed mental health professional with experience working with public safety personnel be included to provide ongoing professional consultation to the peer support team.¹

The policies and procedures for a peer support program will inevitably vary from agency to agency; however, it is recommended that each agency create a policy and procedures handbook. This handbook should contain a description of the program and a listing of procedures for practical administrations of the program. It should also describe the skills and techniques that may be used by a peer supporter to assist persons who are faced with stressful situations.

A program coordinator should serve to ensure that the peer supporters participating in the program act in accordance with the goals and objectives established for the program. Major duties of the program coordinator include supervising the program on a daily basis, serving as a member of the peer support advisory committee, recruiting and coordinating the screening of the peer support applicants, and coordinating peer supporter training. Duties also include developing resources to assist individuals when problem areas are identified, maintaining statistical data of reported contacts by peer supporters, and offering guidance to peer supporters when problems occur. The program coordinator may also coordinate follow-up response of peer supporters when referrals are made. Peer supporters who are on

duty and have been assigned by the program coordinator to assist fellow peers should be compensated as part of their normal workweeks. The program coordinator or a designee must approve any off-duty emergencies in order to be compensated. A peer support advisory committee should act as the policy setting board for the program's operation and future direction, subject to review and approval by the agency's peer support program coordinator. The committee also participates in the selection process of peer supporters.

Selection

Prospective peer supporters should meet the following criteria:

- agree to maintain confidentiality within the guidelines provided in the handbook,
- be empathic and possess excellent interpersonal and communication skills,
- be motivated and willing to manage time effectively,
- successfully complete the selection process,
- attend and successfully complete the minimum training program, and
- agree to participate in any necessary ongoing training.

The peer support advisory committee should recommend candidates suited for appointment as peer supporters to the peer support coordinator for final approval. Agencies should select peer support volunteers who are in good standing with their departments and who have received recommendations from their superiors or peers. The peer support advisory committee may provide guidance about what groups should be represented in the interview panel, but it is strongly encouraged that one of the members be the mental health professional who will be working with the program.

The selection process may include a review of applicants' interests and motivations for being team members, such as their previous education and training, as well as personal exposure to traumatic experiences and the responses to those experiences. There are desirable personal qualities such as maturity, good judgment, empathy, teamwork, and personal and professional credibility that should be evaluated through the interview process. It can be useful to provide applicants with scenarios to gauge applicants' empathy, interpersonal skills, and judgment.

One of the most difficult aspects of maintaining a peer support program is deciding when a member should no longer be part of the program. It is crucial to have a procedure in place that establishes criteria and a process for deselection from the program. Quality control is essential for the health and viability of the program. Possible criteria include a breach of confidentiality, the failure to attend training, or the loss of one's good standing with the department.

Members of the peer support team are volunteers and may have situations develop in their own personal or professional lives that interfere with their abilities to effectively participate in the program. From the outset, members should be advised that the option is always available to take a leave of absence if and when personal issues or obligations require.

Training

Initial training should focus on skill development in such areas as communication, active listening, and problem assessment. Continuing training is necessary to enhance problem-solving skills, provide a venue for group sharing, and allow for an exchange of experiences among program participants. Most initial training sessions last a minimum of three days to one week, and continuing trainings are daylong mandatory programs held quarterly. It is important for program fidelity that peer supporters attend all initial and quarterly training sessions. The program's manual should clearly state the training expectations and outcomes should peer supporters fail to attend training sessions.

Initial training should provide information on privacy; confidentiality; role conflict (for example, multiple relationships); and ethical issues. Each peer supporter should be given the opportunity to demonstrate the skill that is being taught. Additionally, conflict management and stress management are critical topics that should be covered during the initial training program. Assistance with critical traumatic incidents, alcohol and substance abuse, suicide assessment, and crisis intervention must be strongly emphasized in the training program. On-site visits by the peer supporters to local alcohol and substance abuse treatment facilities and mental health facilities are encouraged. Familiarity with these programs may facilitate quick access when services are needed. A licensed mental health professional should assist in

developing a training program that provides information and scenarios for actual role-plays, an ongoing assessment process to determine skill sets, and continuing training to address ongoing needs.

Confidentiality

Peer support programs are designed to provide emotional support during and after times of professional and personal crisis to employees, by employees; consequently, there is a need to promote trust and ensure privacy. Preserving confidentiality of persons using the services of peer supporters is critical. Peer supporters must be able to convey trust and anonymity and assure confidentiality within the program guidelines to all personnel.

To assure colleagues using the program that the peer supporters will be able to ensure privacy, each department must provide a formal policy statement from the chief of police. The statement should state that the department believes that police personnel must be free to express themselves about any job-related or personal problems and that trust, anonymity, and privacy will be maintained. To that end, no peer supporter should be questioned or ordered to divulge information for the purpose of general inquiry or to subject any employee to ridicule or embarrassment. No information obtained through the peer support program should be conveyed to supervisors or be used for investigations. Peer supporters are, however, affected by departmental policy, legal mandates, and state-imposed limitations and regulations. In some states, peer support personnel are granted legally privileged communication, but the confidentiality in most programs is by agency policy. Privileged or not, examples of exceptions to confidentiality can include making an immediate report of any information communicated by an employee that involves the commission of a crime, a serious violation of a departmental policy or procedure, a threat of violence toward a known third party, or suicidal intent. It is essential that the peer supporter inform the employee seeking assistance, prior to initiating discussions, what the limitations and exceptions are regarding the confidentiality of information disclosed.

To manage the program effectively, the program director or administrator should collect statistical information to measure the number and type of contacts between program personnel and the type of service or referral offered. To best preserve confidentiality, no formal or private records should be maintained outside of the anonymous statistical records for program management. All peer supporters should be required to sign a confidentiality agreement to affirm their commitment to ensure the confidentiality of the program participants for both their issues and their identities.

Critical Incidents and Officer-Involved Shootings

Officers or other public safety personnel can be seen as having experienced a critical incident when two, interwoven conditions have been met:

1. The officer has been involved in an event that is sudden, unexpected, unusual, and includes the loss or the threat of loss of life; and
2. Involvement in that event requires a much greater than normal degree of psychological and, perhaps, physical adjustment.

For example, many officer-involved shootings become critical incidents for not only the officer who is directly involved but also the officers and other public safety personnel who are peripheral to the shooting, such as backup and cover officers, dispatchers, and fellow squad members who may arrive after the event. Peer support response in the form of immediate, positive social support is aimed at assisting the officer to decrease physical and emotional overarousal. This calming, social support is precisely what a peer supporter is trained to provide. A few examples of some of those actions might include encouraging the officer to step away from the scene and any media attention, providing the necessary transportation, ensuring against isolation, previewing the investigative process, making sure a firearm is replaced if necessary, facilitating contact with family members, and helping with any physical or equipment needs.

Peer support provides a lot more than providing support after a shooting. Consider the following scenario:

Officer Fields did not get a wanted promotion. He started taking it out on his family by being argumentative and abusive. He became overly aggressive on the job and began to slack off. Eventually he had to be suspended. If peer support had been available, a peer could have made a preemptive intervention before Field's behavior and attitude

became problematic at home and at work to the degree that disciplinary action had to be taken.

Other critical incidents may be more difficult to detect because the “event” element of the incident may seem more routine and the public safety personnel are exposed after, not during, the situation. Examples include horrific car wrecks, extraordinarily grotesque crime scenes, and crimes and accidents involving children. The members of a peer support program can serve as the agency’s designees to stay alert to the possibility that these types of calls may evolve into critical incidents for the involved personnel. The peer support organization can initiate contact with personnel in these sorts of situations as appropriate to the circumstances.

Some “events” are not work-related. Consider the following scenario:

Officer Rich received a call that she needed to contact her domestic partner. She thought that one of her kids might have stubbed a toe, sprained a wrist, or even broke an arm—something that she could easily take care of with a phone call. Instead, she was told that her mother had unexpectedly been taken to the hospital. She did not know why or what her mother’s condition was. Soon, she was met by her lieutenant and the police chaplain and was told that her mother had suffered a massive stroke and had passed away. Members of her peer support team, of which she was an active peer supporter, met her. Rich had been a member since the support team began and never thought that she would need the services herself. Her designated peer was able to normalize her grief and help her to arrange her work schedule to accommodate her temporary needs.

The distress experienced by employees in critical incidents or personal events is exacerbated at times by how they are treated by their departments following the event. For example, if the only contact an injured officer has is the lieutenant asking when the officer expects to be returning to work, the assumption may be that no one cares about the officer’s welfare—the “police family” has let the officer down. Instead, a peer supporter could be assigned to keep in contact with the officer and allow for an experience of the police family being a resource and helping to promote the officer’s recovery.

In these tough fiscal times, chiefs of police face difficult decisions. Departmental requirements for equipment purchases are relatively easy choices. However, choosing to establish a new peer support program that will increase morale and hopefully save highly trained personnel may be the more fiscally sound choice. It is likely more expensive to replace an officer than a police car.

Consultation with Licensed Mental Health Professionals

There are many situations that law enforcement personnel may experience, both personally and professionally, that will elicit the need for licensed mental health professionals. Many agencies offer assistance with these stressors through peer support programs, chaplains, and licensed mental health professionals. In an ideal world, all three assisting factors would work as a team to improve the mental health of the affected individual. Law enforcement personnel vary greatly in their willingness to talk to others about the heavy emotional demands placed on them as part of their employment in a law enforcement agency. Some are comfortable talking exclusively to peers about certain situations because they are operating under the belief that their peers are the only ones who will understand what they are experiencing. Others believe that the spiritual support of a chaplain is what is needed to reduce the negative emotional demands. Still others feel secure talking only to a licensed mental health professional. In an approach that involves all three entities, there will undoubtedly be sufficient support for all involved personnel.

In accordance with the peer support program, a licensed mental health professional should be one of the members on the peer support advisory committee and should assist in the selection process of peer supporters. Members of the IACP Police Psychological Services Section, psychologists specifically trained in the area of law enforcement, are available to assist in the establishment of a peer support program. Such licensed mental health professionals should be available to supervise, guide, and assist peer supporters with any concerns they may have as they continue through the program and should be available and on-call 24 hours a day, 7 days a week. Licensed mental health professionals also should design the necessary peer support training curriculum and assist in teaching peer supporters basic and continuing (updated) curricula. Experienced law enforcement mental health professionals should conduct

the quarterly meetings among members of the peer support team, any involved chaplains, and other mental health professionals to ensure that all entities are working together to assist the agency in a positive manner. ■

Note:

¹IACP Psychological Services Section, "Peer Support Guidelines," ratified at the 113th Annual Conference of the International Association of Chiefs of Police (Boston, Massachusetts, 2006), may be found online at http://www.theiacp.org/psych_services_section/pdfs/Psych-PeerSupportGuidelines.pdf (accessed June 8, 2011).

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