



A Guide for Developing a

PEER

SUPPORT

PROGRAM



Helping the Helper Help

**Emergency Medical Services Division
Critical Incident Stress Management Program**

TO WHOM IT MAY CONCERN:

On behalf of the Seattle/King County Public Health Department - Emergency Medical Division and citizens of King County, thank you for considering the emergency services worker your organization's most valuable resource. This Peer Support Team Program was developed to aid your organization in establishing a group of trained employees who can assist their fellow co-worker through rough times and crisis. A printed copy and diskette of this program is enclosed.

Certainly the pressures in today's workplace can affect the employee's ability to perform to their level best. Employees in crisis and under extreme stress are susceptible to illness, injury and can make an increased number of mistakes. Through the efforts of the King County Critical Incident Stress Management Program, this Peer Support Team guide provides an agency with the necessary information to implement a Peer Support Program.

Our goal is to provide the emergency services worker the means to perform their job at the highest state of readiness. Our Division prides itself in providing quality education and training, research supported patient care guidelines and supportive services such as citizen CPR training, injury prevention, dispatch training and critical incident stress management for the emergency services worker and their family.

This Peer Support Team Program Guide is another tool in supporting the emergency services personnel by training persons who can assist their co-worker with a variety of personal stress, whether day-to-day or a critical incident.

I pledge our support with your organization's implementation of a Peer Support Team. Please call us at (206) 296-4956 or e-mail at <http://www.metrokc/ph/ems.gov/html/cism>.

Sincerely,

Thomas Hearne

Tom Hearne, Manager
EMS Division

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**King County Emergency Medical Services
Community Programs and Education Section
Critical Incident Stress Management Program**

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PEER SUPPORT OVERVIEW

The Development and Basic Philosophy of Peer Support Programs

History

The concept of psychological support based on peer assistance is relatively new, and one which has developed from industrial settings. In essence, assistance is offered by a group of specially trained employees so to assist their co-workers in coping with personal or job related problems.

While peer support programs may seem similar to the earlier developed self help movement, in fact they are quite different. Peer support programs focus on everyday experiences of everyday typical people. The helpers are themselves employees who can relate to other employees of their common trade, profession or working environment. Peer support programs are preventative in their orientation and they encourage people to seek assistance in the early stages of a problem. Peer programs are ultimately based on the premise that people who experience a common circumstance or find themselves in a common predicament can, by virtue of their understanding, facilitate recovery in others. In many instances peers have been in the same or similar situation as the troubled employee. Peers often understand the plight of their co-workers and are, generally, perceived by their co-workers "to understand".

Peer support programs began in public service organizations in Chicago in 1955, as an approach to dealing with employees with drug and alcohol problems. Emergency services have been at the forefront of developing peer support services. The earliest recorded emergency service is the Los Angeles Police Department, which was established in 1981, following a shooting incident.

It is likely that many of the peer support programs which "listen and refer" will be expanded into programs in which peers play a more substantial role. The initial fears that "unqualified staff would cause harm" appear to have been groundless. Experience has shown that peers are highly responsible in referring co-workers for professional assistance when they get "out of their depth", and it has also become apparent that more can be achieved by peers than was previously thought possible.

It makes sense to have a team of peers who are trained in and capable of delivering both individual and group interventions. The intensive training in group interventions, overview of Critical Incident Stress Management (CISM) training, carefully developed specifications of team roles, responsibilities and guidelines on how the team is to function. This should include detailed training in one-on-one counseling. This more comprehensive training would simply reflect the developed sophistication of peer support activities as they are practiced today. While not all members of a peer team would engage in individual and group interventions, the team as a whole would be able to cater for all kinds of support which might be requested.

PEER SUPPORT TEAM MISSION

To provide fellow Emergency Service Personnel psychological and emotional support through pre-incident education, spousal/family support, On-Scene support and Demobilization intervention, Post-Incident Defusing or one-on-one interaction.

The Peer Support Team will be comprised of agency members who have been specially trained in Crisis Intervention and Stress Management techniques and who work in conjunction with Mental Health Professionals who specialize in providing support to emergency service personnel.

What is the Peer Support Program?

- Peers help peers with day-to-day stressors and high stress environments
- Peers know when and how to intervene in crisis situations
- Peers have an organized approach to cope with stress in the work place

There have been increasing requests from employees for support for general work stress and crisis situations. The Peer Support Program has been created to meet these needs. Developed by Mental Health Professionals, it is designed to be available to all employees. The components of the program include: one-to-one peer support; routine peer support team meetings; crisis intervention group meetings (defusing); pre-incident training and spousal/significant others support and training.

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Who are the Peer Counselors?

Peer Support Team Members are co-workers who have volunteered to participate in the Peer Support Program. They have received the training necessary for certification as Peer Counselor. They represent all levels of the employee, as well as personnel from other departments, working at their regular assignments. Each agency will decide how to address the need from various departments.

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What do Peer Support Team Members do?

Peer Support Team Members understand the stress of the emergency services environment. They want to be of help, and are trained to listen and talk with peers who want or need opportunities to talk. Peer Support Team Members value trust. They respect the need for anonymity and confidentiality. Communication between a Peer Support Team Member and a peer is considered confidential, except for those matters that involve a life threat or violation of the law.

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What types of problems do Peer Support Team Members address?

Peer Support Team Members are trained to do initial crisis intervention for many types of problems. Some of the more common issues are work-related, dealing with the job related stress, and personal life issues. Other issues may be more personal, such as divorce, illness, disability, career concerns, family relationships, or financial difficulties. In the event that more help is needed, appropriate referrals are made. When several employees are adversely affected by the same event, the Peer Support Team member will assess the situation and make recommendations to command staff about what type of crisis intervention services are needed and can facilitate the setting up of those services.

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How is the Peer Support Program connected with EAP?

Employees have the option of visiting the Employee Assistance Program and at any time may choose it for assessment and/or ongoing counseling. The Peer Support Program can be seen as the connecting link between the employees and EAP services. The Peer Support Program and Employee Assistance Programs compliment each other to help employees.

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Who can become a Peer Support Team Member?

The 16 hours training course is offered periodically throughout the year. Application forms are available for individuals interested in becoming a Peer Support Team Member and may be obtained from the Program Coordinator.

Peer Support Program Proposal

Goals

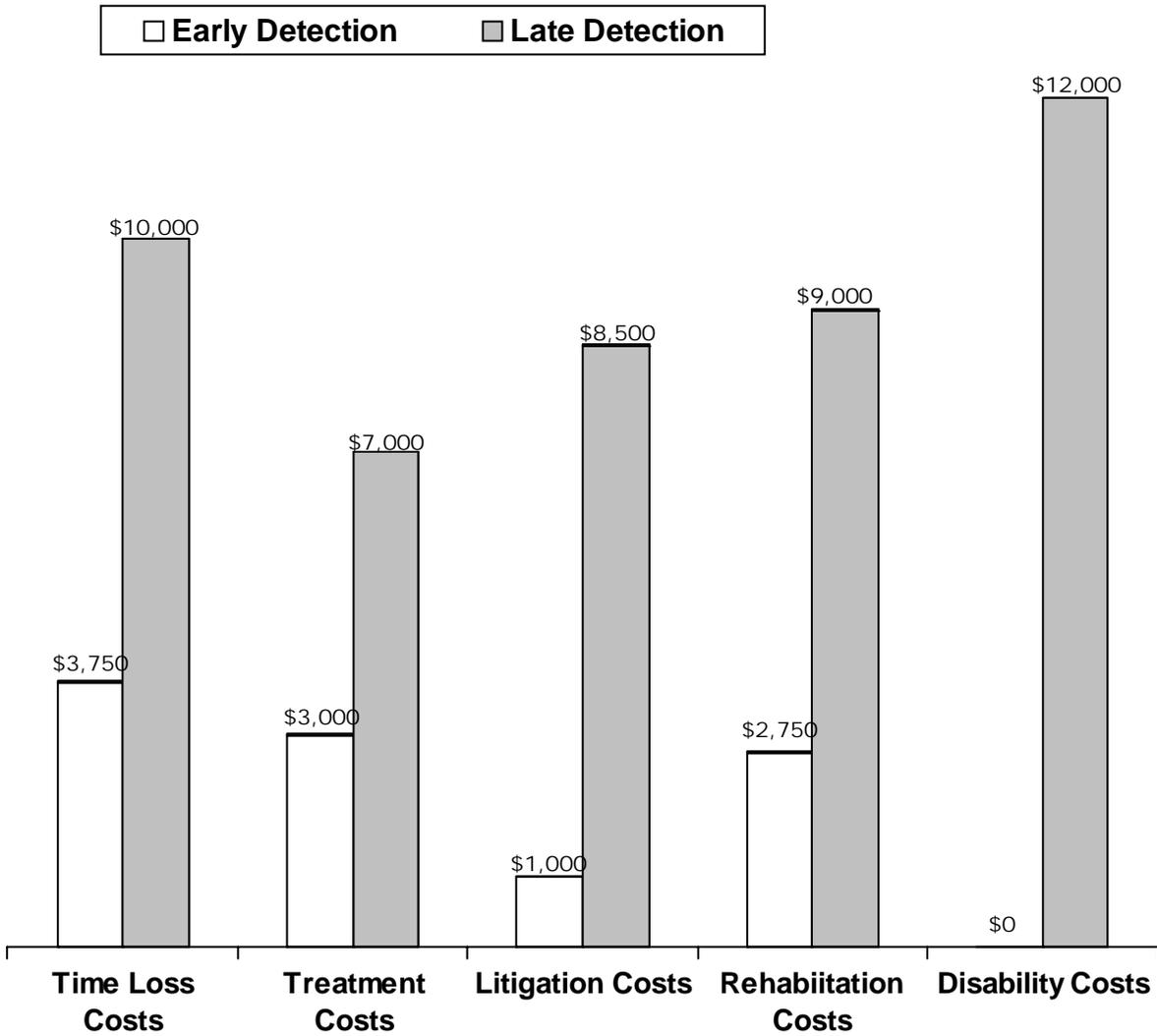
There is an increasing need for the emergency service professionals to have psychosocial support for personal crisis situations and general work stressors. Persons who are under personal stress are influenced by this stress in their daily lives and work habits. Add to that the increased stress in the work environment due to increased public awareness, cost containment issues, ethical dilemmas, potential legal implications, staffing fluctuations, work redesign, personal crisis and you have a great potential for stress related illnesses, burnout, and less than optimal performance which greatly affects the organization. The Peer Support Program will provide emergency services personnel the opportunity to help each other during times of personal or professional crisis situations, to keep each other mentally well and prevent loss of valued employees.

1. To provide an avenue that will aid emergency workers in resolution of crisis situations in their personal and professional environments.
2. To foster the physical, emotional, and social health of the emergency services professional.
3. To help support the Peer Support Program Board in their goal to increase emergency worker satisfaction.
4. To provide information about the various aspects of peer support through educational materials and their resources.
5. To provide a liaison between the emergency worker and employee resources for support.
6. To develop and implement a peer support training program.
7. To afford the emergency worker's family/support system the resources so that they may in turn support the emergency services worker (RE: King County Family Support Program).

Benefits

1. A happier and healthier employee.
2. Higher retention of personnel with decreased costs of recruiting and training new employees.
3. Decreased use of sick leave, medical benefits and administrative expenses.
4. An avenue for employees to know what support resources are available to them and their families.
5. Enhanced job satisfaction and increased safety.

Cost Effectiveness of Rapid, Professional Crisis Intervention



A study of 200 clinical cases by Barrington Psychiatric Center, as reported in the EAP Digest, September / October 1988.

Types of Peer Support Programs

Peers ‘Listen, And Refer’

Peers in these teams provide a 24 hour first contact point for work employees and then refer them on to appropriate professional counseling services. Peers receive training in basic listening skills, problem solving and decision making. In this approach, it is made quite clear that peers are not qualified to, and in practice do not, provide a counseling service. Instead, they link workers in need with the appropriate specialist services within the community.

Peers Provide Basic Crisis Intervention

Peers provide basic short-term crisis intervention for troubled workers. Peers are trained in stress management and crisis intervention (a minimum of three and usually up to five days initial training followed by regular continuing education). Since they may be involved in discussing co-workers problems in some detail, a thorough assessment is made to ensure that selected peers are respected by their co-workers and trusted to maintain confidentiality. Peers also refer employees to professional counselors, but less emphasis is given to this approach than for peers who ‘listen and refer’ (for example, the Los Angeles Police Department's Peer Support Program).

Self-help Groups

These consist of fellow workers who have all experienced a particular kind of more extreme situation, such as involvement in a shooting incident; for example, New York Police Department's self-help support group: Police Organization Providing Peer Assistance (POPPA).

Critical Incident Stress Management (CISM) Teams

Peers may be part of a Critical Incident Stress Debriefing Team (CISD). Team members are comprised of peers and mental health professionals. These two groups of people train and work together. CISD teams were established to undertake group interventions with emergency service personnel (such as demobilizations, defusings and debriefings) following major incidents (for example, King County CISM Team).

The CISM model strongly emphasizes that Peers from a CISM Team not debrief their own. Debriefing your own presents a number of problems such as: the CISM Peer may be affected by the event themselves and will not be able to remain neutral, or Emergency Service Workers may not feel safe in speaking up in the debriefing with a co-worker. The opportunity for all who attend a debriefing to speak up and feel safe is essential. An agency needs to be large enough to form a CISM Team that can insure that Peer Members of the CISM team do not know the workers they are debriefing and are not directly affected by the event. Otherwise an outside Debriefing Team will be needed.

Peer support members can be instrumental in assessing the impact an event has had on workers and making recommendations to command officers as to what CISM services may be needed, ie:

Defusing, Critical Incident Stress Debriefing, Demobilization. They may be used as a liaison with the King County CISM team and as support for services provided by the CISM team.

Family Support

King County CISM Team offers specific services in support of the emergency service worker's primary support system their family and significant other(s). The family is an important source of support when a critical incident stress event occurs. The Peer Support Team should play an active role in pre-incident education and family support service needs.

Members of a Peer Support Program

<p>Advisory Board Peer Support Team Coordinator Clinical Director/Consultant Peer Support Team Members</p>
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Advisory Board

The functions of the Peer Support Advisory Board are:

1. To oversee the program
2. To develop and advise on policy
3. To constitute a line of authority from the Clinical Director to the agency
4. To receive information on the progress of the program
5. To fund the program
6. To provide administrative support to the program
7. Evaluate the program's operation

Each Agency will need to assess who will need to serve on the advisory board to meet the above needs.

Peer Support Team Coordinator

The Peer Support Team Coordinator is the most senior peer support member of the team. He/she manages the program and coordinates the team of peers and is the main link between the program and the Clinical Director/Consultant. The functions of the Peer Support Team Coordinator are:

1. To manage the peer support team
2. To manage all matters relating to CISD activities
3. To maintain records of team activities
4. To facilitate the recruitment of new team members
5. To develop field education specific to the team
6. To assist the Clinical Director/Consultant with his or her duties

Mental Health Professional

The Mental Health Professional manages all matters related to the psychological or clinical aspects of the program. Depending on the size and funding of the Agency the Mental Health Professional can be designated as a Clinical Director or Clinical Consultant. The functions of the Clinical Director or Consultant are:

1. To supervise/consult and advise on all of the clinical aspects of the program
2. To ensure quality of service
3. To offer clinical support and program guidance to the Team Coordinator
4. To train and assist in the selection of new team members
5. To develop and supervise mental health professionals as required
6. To assist in cross training of team members and ongoing continuing education
7. To assist in the development of policy and written operational protocols

Peer Support Team Members

Peer Support Team Members are the main service providers. Their functions are:

1. To provide crisis intervention and basic support for staff and their families.
2. To provide referral to mental health professionals through the EAP or Medical Insurance, where appropriate.
3. To provide a crisis intervention response.
4. To triage in a crisis event and make recommendations to command officers about what kind crisis intervention services are needed.
5. To assist in facilitating a CISM team to provide appropriate crisis intervention services when an event affects a group of responders or the whole department.
6. To assist in field education about psychological support services
7. To undertake training and supervision necessary to the role

Lines of Authority

A decision needs to be made as to whether the ultimate responsibility for the peer support program lies with the Agency, the Advisory Board, the Clinical Director/Consultant or the Peer Support Team Leader. Different systems exist and are possible to implement. Whoever has the authority, one individual should be responsible for the team's operation.

For all matters relating to Critical Incident Stress Debriefing (CISD) activation, it is recommended that the guidelines established by the King County CISM Program (24 Hour Request 253-372-1400) be followed. The Peer Support Team Leader will consult with the Clinical Director/Consultant over decisions about appropriate actions and ensure that the involved emergency service personnel and the members of the Peer Support Team are notified of a CISD.

A communication system should be established whereby emergency responders can activate Peer Support. Emergency Responders will typically initiate contact but a co-worker can alert a Peer Team Member if they are concerned. No information about contact will be followed up with the initiating co-worker.

Peer systems do not typically allow administration/management to direct peers to contact an employee, nor do they permit peers to engage in freelance or unsupervised activities. Administrators/managers can alert the Peer Coordinator if they concerned about an employee's well being, but no feedback or follow up will be provided to the administrators/managers as to whether contact was made or not in accordance with confidentiality. (see confidentiality)

Peer Support Application

Peers are usually individuals who make application to the Peer Support Team and are interviewed by a selection committee. Peers must come with recommendations. The Peer Support Team can elicit feedback from Agency personnel regarding candidates to ensure candidates will be well received and utilized.

The peer support process occurs as a routine part of a workday. Agencies who implement a Peer Support Team should support their team members with training opportunities, work replacement in circumstances where their expertise is needed and any other support that aids the team member in performing their tasks. A 2-3 day peer support training will be offered to these employees who will function as peer support people for their respective units. Ongoing continuing education through team meetings and educational opportunities is essential.

Development & Operations

Time must be allowed for a core working committee to develop the Peer Support Team program, set up training structure, develop and administer in-service classes to explain to employees the peer support concepts.

Program Development -- 20 hours per core committee member

Development of the program initially may include writing policies and procedures, printing brochures, fliers, planning and delivering program overview training classes; interview and process applicants.

Ongoing Operations --12 hours per quarter for the Program Coordinator.

- Ongoing training classes for Peer Support Team members to prepare the classroom, educational material printing, interviewing of new employees/families a minimum of once a year.
- Peer Support Team meetings a minimum of four times each year.
- Peer group meetings as deemed needed by each Agency's Peer Support Team.

Peer Support Program

Standard Operating Guidelines

PURPOSE

The purpose of the Peer Support Program is to prevent and/or lessen the potential negative impact of a stress upon emergency services personnel by providing emotional support, information and assistance.

The Program will provide the emergency services personnel psychological and emotional support through one-on-one discussions, pre-incident education, spousal/significant other support, on-scene support and demobilization intervention, post-incident defusing.

The Peer Support Team will be comprised of agency members who have been specially trained in stress management, critical incident stress and crisis intervention techniques and who work in conjunction with designated mental health professionals.

A critical incident is any event, on duty or job related off-duty, involving actual or threatened death or serious injury, which has the potential to create a sense of fear, helplessness, overwhelm or general distress. Furthermore, a Peer Support Team offers the employee a sounding board for personal life crises.

POLICY

1. The Peer Support Program shall consist of volunteer Peer Support Team Members who have had training in active listening skills, referral, crisis intervention and some of the issues and feelings associated with critical stress. These volunteers will be trained to provide support and reassurance to fellow employees who are experiencing job or personal stress, a critical incident and/or are in crisis.
2. The Peer Support Program does not take the place of a critical incident stress debriefing (CISD).
3. Peer Support is not to be considered a substitute for professional counseling. Peer Support Team Members are not trained mental health professionals; they are peer support providers.
4. All Peer Support activities shall be voluntary. Employees may choose utilize or reject Peer Support.

STATEMENT OF UNDERSTANDING

For those Peer Support Team Members who volunteer their time and efforts to participate in the Peer Support Program, it is understood that they make themselves available for co-workers without requirement for compensation unless otherwise arranged. Some agencies requires that Peer Support Team Members receive compensation for the time. In either case, the Peer Support Team is established to benefit co-workers.

Peer Support Team Members shall sign a Memo of Understanding of their commitment.

CONFIDENTIALITY

It is highly recommended that command officers allow Peer Support Team members to maintain confidentiality to ensure that emergency service personnel will trust and utilize their services. Peer Team members are required to report any illegal activity. This means that a mutual respect and support be developed between command staff and Peer Team members. Peer Team members are trained in confidentiality and its exceptions. The Peer Support Team Coordinator is available for consultation regarding confidentiality issues for Peer Team members. The Peer Support Team Coordinator can seek consultation from the Clinical Director/Consultant as needed. This model has encouraged personnel to trust Peer Team members which allows emergency service personnel to receive referrals as needed. Peer Team Members do notify a worker of issues they cannot hold confidential, i.e, abuse of a child or other illegal activity, if the worker is a danger to them self or others.

The goal of this model is to be proactive in getting assistance, including professional assistance, before things get out of control and affect job performance. This model creates a culture of support crucial to healthy living, and is even more important in professions where there is a high degree of stress.

1. The Peer Support Program is a confidential program. No records identifying employees who utilize the program will be maintained.
2. Peer Support Team Members shall not discuss information obtained while acting in a peer support capacity with anyone other than the Clinical Director/Consultant or his/her designee for the purpose of mental health support unless required by law. Peer Support Team Members shall not divulge shared information with other employees, family members, friends, supervisors or management, or the general public. It is highly recommended that Peer Support Team Member cannot be found insubordinate for failure to divulge information obtained as a Peer Support Team Member under any administrative investigation of employee misconduct. Peer Support Team Members are required by law to report illegal activity or if the employee is a danger to self or others. Peer Support Team Members may consult with the organization's Clinical Director/Consultant, who will also maintain confidentiality.
3. Employees shall be advised that confidentiality will be maintained except in the following circumstances:

- a) The protection of confidentiality within the Department shall not apply to employee misconduct that constitutes illegal activity. A Peer Support Team Member shall divulge information, obtained from an employee who acknowledges participation in misconduct that constitutes illegal activity, to the proper authority (e.g. personnel's supervisor, law enforcement).
- b) Confidentiality cannot be maintained when an employee shares information with a Peer Support Team Member who is subpoenaed to testify unless covered under RCW 5.60.060 Peer Support Group Counselor. * applies to law enforcement and fire agencies .

RCW 5.60.060 Who are disqualified -- Privileged communications

- (6) (a) A peer support group counselor shall not, without consent of the law enforcement officer or fire fighter making the communication, be compelled to testify about any communication made to the counselor by the officer or fire fighter while receiving counseling. The counselor must be designated as such by the sheriff, police chief, fire chief, or chief of the Washington state patrol, prior to the incident that results in counseling. The privilege only applies when the communication was made to the counselor while acting in his or her capacity as a peer support group counselor. The privilege does not apply if the counselor was an initial responding officer or fire fighter, a witness, or a party to the incident which prompted the delivery of peer support group counseling services to the law enforcement officer or fire fighter.
- (b) For the purposes of this section, "peer support group counselor" means a:
 - (i) Law enforcement officer, fire fighter, civilian employee of a law enforcement agency, or civilian employee of a fire department, who has received training to provide emotional and moral support and counseling to an officer or fire fighter who needs those services as a result of an incident in which the officer or fire fighter was involved while acting in his or her official capacity; or
 - (ii) Nonemployee counselor who has been designated by the sheriff, police chief, fire chief, or chief of the Washington state patrol to provide emotional and moral support and counseling to an officer or fire fighter who need those services as a result of an incident in which the officer or fire fighter was involved while acting in his or her official capacity.
- c) A Peer Support Team Member who, as a consequence of obtaining any information from an employee, believes that the employee is an immediate danger to him/herself or others, shall consult with the Program's Clinical Director/Consultant, who will determine what steps should be taken. The Clinical Director/Consultant shall notify the employee's Supervisor if appropriate.

Program Administration

- a. The Peer Support Program is administered by the Program Coordinator. The Program is overseen by the Peer Support Program Advisory Board (see Organizational Chart).

Peer Support Program Advisory Board Membership:

Peer Support Program Coordinator (Board Chair)

Clinical Director/Consultant (State Licensed Mental Health Professional)

Administration or Management Representative

One Peer Support Team Members (if the board feels extra representation is appropriate)

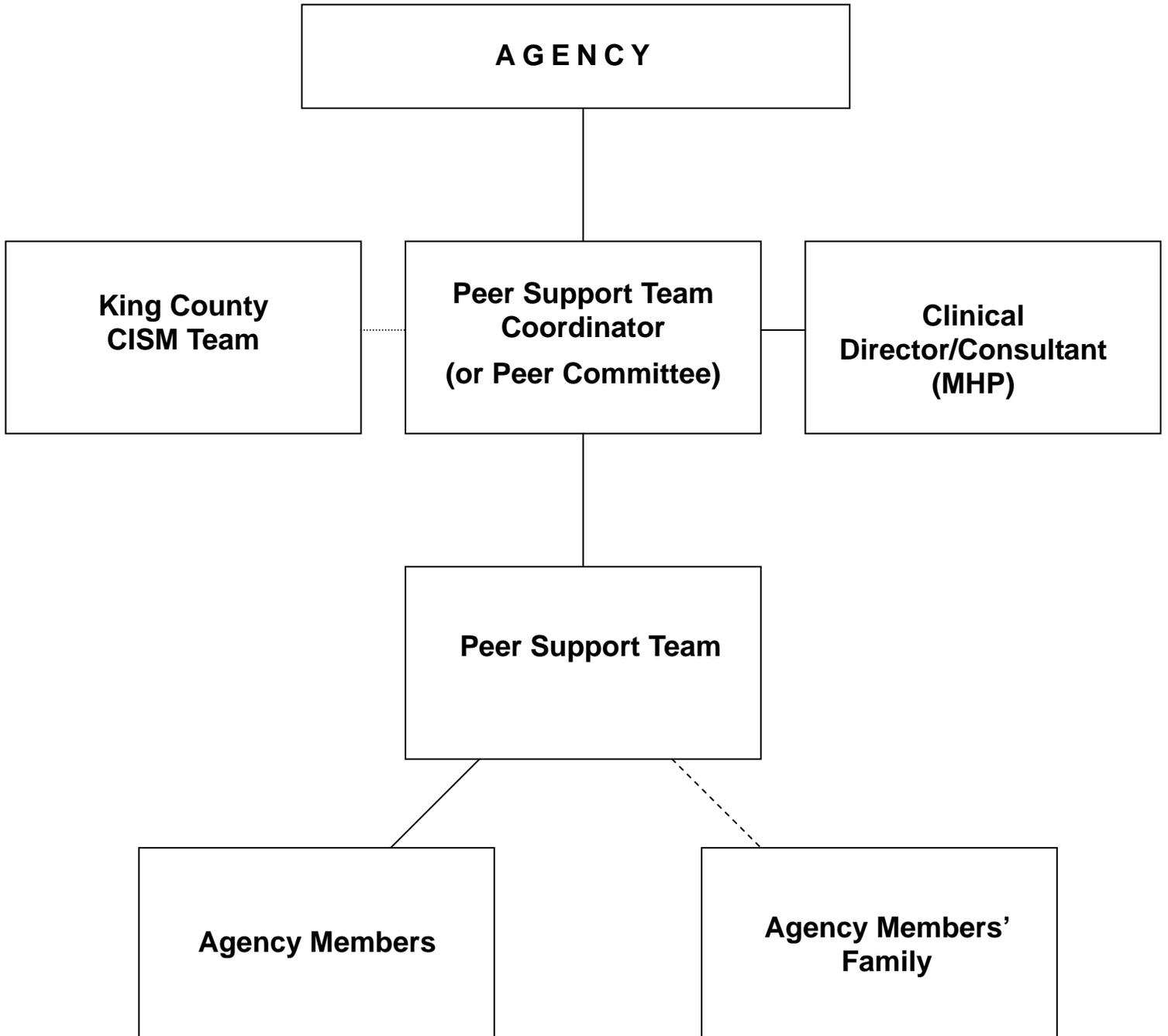
HR Representative (if applicable)

Representative from Labor (Union) [if applicable]

It is strongly recommended that the advisory board be kept to a minimum number of participants that can best support the Peer Support Team.

- b. The Program Coordinator, Clinical Director/Consultant, Administration/Management Representative shall hold permanent positions on the Advisory Board.
- c. Bargaining units that have representation on the Advisory Board shall appoint their representative(s).
- d. The Chairperson shall assign new individuals to the Peer Support Team Members positions so that each position alternates on an even numbered year and the other on an odd numbered year.
- e. The Advisory Board shall meet at least twice a year to review the policy, procedures (SOP), and evaluate the program. The Advisory Board may meet more frequently as deemed necessary by the Chairperson. The Board shall provide policy and procedure recommendations to agency's Administration.

Peer Support Organization Overview



Job Descriptions

Program Coordinator.

The Program Coordinator shall:

- (1) Coordinate the recruitment, selection and training of Peer Support Team Members.
- (2) Maintain a listing of professional resources for potential referrals.
- (3) Coordinate liaisons between Peer Support Team Members, Supervisors, Union representatives, training division, investigation teams, referral psychologists, and the organization.
- (4) Maintain an accounting of resources utilized by the Program, including the number of times the Team has been utilized.
- (5) Establish and maintain evaluations of the Program and Team Members.
- (6) Coordinate the educational materials for the Peer Support Program.
- (7) Attend related training seminars to maintain expertise.
- (8) Compile annual report of activities to the Advisory Board, agency administration and Union.
- (9) Ensure that Peer Support Team Members adhere to the Program's confidentiality policies.
- (10) Provide ongoing evaluation of the Program using employee surveys and other methods deemed appropriate by the Advisory Board.
- (11) Provide Program awareness through employee orientation and awareness.
- (12) Maintain and distribute current Peer Support lists to appropriate individuals.
- (13) Receive complaints regarding any part of the Program, process, advise Advisory Board of major complaints, and notify complainants of action taken.
- (14) Assess training needs, report significant trends, and track the composition and geographic locations of Peer Support personnel for accessibility.
- (15) Advise the Clinical Director/Consultant, agency administration and Advisory Board of any issues that might result in liability with the Peer Support Team and/or Program.

Clinical Director/Consultant

The Clinical Director/Consultant for the Peer Support Team shall:

- (1) Assist in the selection and training of Peer Support Team Members.
- (2) Provide Peer Support Team with clinical support.
- (3) Provide consultation to Peer Support Team Members.
- (4) Select referral professionals.

Peer Support Team Members

The primary responsibility of the Peer Support Team Members is to provide listening support, referral information and psychological support for peers who have been involved in a critical incident, job related stress and/or are suffering personal crises. The Peer Support Team Members are not authorized to act as a psychological counselor to employees. The role of the Peer Support Team Members is one of support in dealing with the employees' reactions to a critical incident, job related stress or personal crisis. A Peer Support Team Member shall not hamper or impede any investigation or attempt to act as a representative for the employee. The Peer Support Team Members shall:

- (1) Be recommended to the Peer Support Program.
- (2) Successfully complete a recognized basic 16 hours Peer Support Team training course.
- (3) Complete 8 hours continuing education/training annually.
- (4) Recognize that an assignment as a Peer Support Team Member is voluntary, and be available to provide emotional/psychological support to co-workers.
- (5) Maintain contact with the Program Coordinator for 'call-out'.
- (6) Keep all communications strictly confidential except as provided in the confidentiality policy statement. (Refer to 'Confidentiality')
- (7) Upon alert of an employee's Supervisor, make contact with employees to see if they want peer support (no follow up with the supervisor will be made in accordance with confidentiality). The employee can refuse support.
- (8) Be available for support, if requested by an employee and/or their support system during anniversary of a critical incident or tragedy.
- (9) Abstain from any intimate/social relationship (e.g., dating) with any employee, employee's family member or agency's personnel to whom the Peer Support Team Member has provided support.
- (10) Abstain from religious or financial entanglements with employees.
- (11) Avoid espousing any particular moral standard or philosophy to the employee.

Supervisors

This outline is meant to aid the Supervisor in their role in relationship to the Peer Support Program.

- (1) A Supervisor may alert the Peer Support Team Coordinator of concern about an employee's well being under the following circumstances:
 - (a) When an employee has been involved in a critical incident and, in the opinion of the Supervisor, peer support would be appropriate.
 - (b) When a Peer Support Team Member has been requested to assess the need for a group debriefing (CISD) following a critical incident.
 - (c) When an employee is exhibiting stress reactions.
- (2) If an employee declines support, the Supervisor shall respect the employee's decision and provide the employee with a Peer Support Program pamphlet and/or other resources.
- (3) Supervisors can assist in the selection of Peer Support Team Member by making recommendations of employees they feel worthy as a Peer Support Team Member.

Agency Employees (see Using Peer Support Services)

Recruitment and Selection

Recruitment and selection of candidates for service as Peer Support Team Members should be an ongoing function of the Program. Peer Support Team Members will be selected from employees who have demonstrated an ability to cope with a traumatic event and effectively deal and command respect with their peers. Persons seeking a position on the Peer Support Team should complete the application process.

- a. Interested employees may submit a memorandum to the Peer Support Advisory Board or Program Coordinator indicating their interest in participation in the Program and describing their reasons for wanting to be on the Peer Support Team.
- b. The Program Coordinator will make a recommendation to the Advisory Board regarding the employee's suitability for participation based upon job performance, observed interpersonal skills, maturity, judgment, and personal and professional credibility. Recommendations may be withdrawn at any time by notifying the Program Coordinator.
- c. The Program Coordinator and Clinical Director/Consultant shall jointly interview recommended employees and select candidates based upon qualifications and the needs of the organization. One other member of the Peer Support Team can be included in this process, or an outside peer representative (ie: Peer Support Team Coordinator or Team Member from another agency, Peer Member of a CISM Team.)
- d. Feedback will be elicited from personnel who will be using Peer Support services, as to who they believe have the traits wanted (see "Who Makes a Good Peer Team Member), in a new Peer Support Team member. A list of applicants will be distributed to the agency's personnel (specific to each department in larger agencies) with a request to select the top 3 peers who fit the criteria and they would find approachable.

Termination from the Peer Support Team

- a. A Peer Support Team Member who fails to fulfill any of the responsibilities of a Peer Support Team Member may be removed from the Program upon the approval of the Advisory Committee.
- b. Failure of the Peer Support Team Member to maintain a minimum number of continuing education hours.
- c. The integrity of the Program is essential to its effectiveness. Any rumor of a breach of confidentiality or other inappropriate activity by Peer Support Team Member shall be sufficient cause for that individual to be removed from the Program.
- d. Peer Support Team Member may resign from the Program by notifying the Program Coordinator in writing.

Using Peer Support Services

- a. Department employees and their family/significant others may contact Peer Support Team Members directly for support services in dealing with reactions to critical incidents and/or personal crisis and stress. Departmental or supervisory approval or notification is not required. Peer Support rosters will be distributed to all Supervisors, all worksites, and other areas such as dispatch centers, bulletin boards.
- b. Supervisors may request a Peer Support Team Member whenever a critical incident occurs or when peer support appears necessary. Direct contact can be made through the communications center or other means of communication, e.g. alpha/voice pager, cellular phone, email, etc.
- c. At the request of a Supervisor, the communications center shall contact Peer Support Team Members, as appropriate, from the Peer Support roster using the following guidelines:
 - (1) If a specific Peer Support Team Member is requested, that person shall be contacted.
 - (2) The nearest Peer Support Team Members as appropriate, will be contacted for non-critical incident response.
 - (3) If possible, the responding Peer Support Team Member should be of an equal or higher rank/classification than the involved employee (if known).
 - (4) When requested to respond, Peer Support Team Members should be provided with, at minimum, the name and rank of the employee(s) involved, the location of the employee(s) and the nature of the critical incident.
- d. Peer Support Team Members responding to an emergency scene request shall coordinate their activities with the on-scene Incident Commander and the involved employee's immediate supervisor.
- e. If unable to contact the on-call Peer Support Team Member when needed, the Commander should notify the Program Coordinator or any other Peer Support Team Member.

Establishing a Peer Support Team

The steps to be taken in establishing a team are as follows:

1. Determine organizational support for a Peer Support program
2. Determine policies and kind of Peer Support Desired
3. Establish the Program and Select a Program Coordinator/Advisory Board
4. Recruit and Select Peer Support Team Members
5. Train Peer Support Team Members
6. Implement the Program
7. Educate employees in the Peer Support Program and how to access it.
8. Program Dynamics to be Addressed
9. Evaluate the Program

Preface

The following points need to be considered in developing a policy on peer support programs and in selecting individuals.

Peers should be representatives of the organization as a whole, with the majority of positions being filled by those from the majority rank being served. Where possible, they should represent all relevant groups in the organization, both sexes and all geographical localities.

Peers should not be seen as management or union appointments, nor should they be drawn only from small sectors within an organization (e.g. operations, communication sections)

Who Makes a Good Peer Support Team Member:

- Good rapport with fellow emergency workers
- Respect for management and union
- Good listening skills
- Sensitivity to the problems of others
- Understanding of confidentiality issues
- Willingness to learn
- Peers must be prepared to work within the guidelines and limitations of their organization's peer support program, they must be prepared to consult with mental health support staff and to refer staff to professional services when appropriate.

It is recommended that those who are selected into teams should be free of major personal problems themselves.

Peers need to have some length of employment (minimum of 2 years) before they apply for a peer support role. A reasonable length of time within the service is seen as an important requirement both for the peer's credibility as well as his or her understanding of the nature of the work. Peers should not be too young. Studies suggest that those under 24 years of age are more vulnerable to the effects of posttraumatic stress.

Selection Committee

Selection of employees into the peer team should be undertaken by a committee comprised of the Peer Support Team Coordinator, the Clinical Director/Consultant, and a peer member of the Peer Support Team. It may also be useful to consider having an additional position on the selection committee filled by a person from outside the organization, who is familiar with peer programs (ie: a Peer from the King County CISM program).

Peer Training Introduction

There are various “Peer Training” programs being offered. The initial training program should follow the standard Basic Peer Support Training Model established by the King County CISM Program or the International Critical Incident Stress Foundation, Inc. See: *Peer Support Training*

There should be ongoing review of peer personnel in order to assess subsequent training needs, monitor performance, prevent burn-out, and provide psychological support to the team members as appropriate. This would best be accomplished by holding quarterly Peer Training Sessions.

Peer Training will include the following skills:

1. Learn how to listen to reactions. Listen to what is being said. Don't give advice unless you are trained to do so. You can direct people to services but most important is that you are just able to listen and acknowledge what the person in crisis is saying or feeling.
2. Don't try to fix it. Since emergency service personnel are action oriented they often feel they need to “do something” to fix it. In these cases just being a supportive presence is all you need to “do”.
3. Learn what help and services are available in your area or who knows what support services are available and how to access them. Helping link a person in crisis into resource or support services is the best thing you can do.
4. Learn what the critical incident stress reactions are so you can help the person identify what is happening to them and link them into CISM services.
5. Duty to warn - If the person is talking about doing harm to themselves or others you are required by law to notify the appropriate persons. Notify your Peer Team Leader to assist you. Even though this can be a scary time, if handled with support and caring for the person in crisis it can be a successful link to services.

ICISF Basic Peer Support Training (an example)

- The Dynamics of Stress and Perception The Concept of "Success Without Stress"
- Uniqueness of Emergency Service Personnel (ESP) Stress
- What Makes Us Different?- It's O. K. to be
- Different Examination of the Concept of Holistic Wellness
- Exploring the Model of Stress for ESP The Psychology of Stress -
- The Defense never rests
- On-the-job Stress Management Techniques
- Listen and communication exercises
- The concept of CISM as a comprehensive crisis intervention program
- The role of the individual crisis intervention in the comprehensive CISM program

- Terms and concepts relevant to the study of crisis, traumatic stress and crisis intervention
- Differential utilities of selected crisis communication techniques
- Demonstration of selected crisis communication techniques
- Psychological reactions to crisis and trauma
- SAFER protocol for individual crisis intervention and it's role in comprehensive CISM
- Demonstration of the use of SAFER protocol for individual crisis intervention
- Review of common problems encountered while working with individuals in crisis

Step by Step Process of Establishing a Peer Support Program

1. Determine support for the program

There needs to be an adequate number within the management hierarchy and amongst the field personnel who are in support of the development of a peer support program. Awareness raising and information sessions should be conducted at all levels to educate personnel about the nature and management of critical incident stress and the value of CISD interventions and peer support programs.

2. Determine policies and kind of Peer Support desired

Peer Support Program policies need to be developed. A template of a sample policy is outlined in this document.

3. Recruit and Select Peer Support Team Members

Recruitment and selection of candidates for service as Peer Support Team Members will be an ongoing function of the Program. Peer Support Team Members will be selected from employees who have demonstrated an ability to cope with a traumatic event and effectively deal and command respect with their peers.

For law enforcement agencies, all Peer Support Team members, including the Clinical Director/Consultant, must be designated as such by the sheriff, police chief, or chief of the Washington state patrol, prior to providing peer support counseling.

4. Train Team Members

Peer Support Team Member shall receive 16 hours of initial training. The initial training program should follow the standard Basic Peer Support Training Model established by the King County CISM Program or the International Critical Incident Stress Foundation, Inc.

Mental health personnel should have experienced in:

1. Working with emergency services and emergency service personnel
2. Dealing with persons who encounter trauma
3. Understand critical incident stress and intervention procedures
4. Mental health professionals are not meant to run peer training programs solely on the basis of their professional qualifications.

5. Implement the Program

Each member of the Peer Support Team shall sign the Memorandum of Understanding which an example is included the Appendix.

6. Educate employees in the Peer Support Program and how to access it

As an on-going task, all levels of personnel within the emergency service should be educated in the fundamentals of the stress, management of critical incident stress, and the role of trained peers in achievement of this goal. It will contribute to program's credibility if management, union and the personnel are seen to be supportive of the program.

Program organizers might also consider a meeting with the family/significant others of selected peers so that they can be given information about peer support role and about how critical incident stress can affect both the emergency worker and his/her family/significant others.

Contact information, including personal details, geographical location and job of each of the peers should be provided for all personnel in a way that is convenient, accessible and able to be easily updated; for example, a card which can be carried in a pocket or wallet, or a list which can be easily updated should be considered. It is important that emergency workers are able to choose a particular peer support person for themselves and that the means of accessing that person is known, is simple and does not entail going through a third person.

8. Program Dynamics to be Addressed

A "go slow" approach must prevail even though some peers may feel frustrated in their attempts to help or a lack of progress in this area.

Unless pre-incident education has occurred for personnel not to feel threatened when they admit to suffering reactions following involvement in traumatic incidents, they will remain silent rather than risk the criticism and perhaps ridicule of their fellow workers. Those in management positions may feel threatened by a program that operates relatively independently in their area of command. They need reassurance that adequate safeguards are built into it and that peers will not interfere with operational activities.

They need to be prepared to relinquish a little of their 'control' and to have enough knowledge of this area to realize that the existence and effects of critical incident stress does produce higher levels of stress in their emergency workers and result in a deterioration in their performance. The mental health professionals who will work with the peers must also adopt a slow cautious approach. They need to have an understanding of critical incident stress and appropriate intervention techniques and their credibility will be enhanced if they first gain knowledge and some experience in the operations of the particular service. They need to have an understanding of the emergency service worker's need for control over themselves and emotions and to tailor their interventions accordingly. In particular, they must be prepared to respond immediately they are activated and to work within the command system of the emergency service.

9. Program Evaluation

There are three basic reasons for evaluating the Peer Support programs:

1. To assess the value of the program
2. To improve the Program, its communication process,
3. To evaluate the Peer Support Team Members

Criteria for the program's evaluation should be decided upon when the program is being designed. The Program's Coordinator should define the details of when and how necessary data will be collected and then forwarded to the Advisory Board for their interpretation.

This data evaluation gives the organization's administration the necessary information of the program's operation.

Critical Incidents & Response

What is a Critical Incident?

A critical incident is an event that involves actual or perceived, it may also be threatened death or serious injury and which can create a sense of helplessness or general distress.

“Any incident faced by emergency services personnel that causes them to experience unusually strong emotional reactions which has the potential to interfere with their ability to function either at the scene or later. All that is necessary is that the incident, regardless of type, generates unusually strong feelings in the emergency workers.”

Jeffrey T. Mitchell, Ph.D.

Examples of critical incidents include:

- Shootings
- Death or dismemberment of a child
- Mass Casualties
- Being helpless to aid a victim, e.g. failed rescue attempts
- Physical encounters with assailants
- Death of a co-worker
- Being unable to respond directly to assist someone when an incident is heard over the radio or telephone
- Death or injury to civilians in which departmental personnel or equipment were involved

Typical Feelings Following a Critical Incident

- | | |
|----------------|-----------------|
| - Frustration | - Anxiety |
| - Anger | - Depression |
| - Irritability | - Fear |
| - Numbness | - Sadness |
| - Guilt/Shame | - Alienation |
| - Helplessness | - Vulnerability |

Common Reactions Following a Critical Incident

- | | |
|-----------------------------|---------------------------|
| - Headaches | - Difficulty Sleeping |
| - Flashbacks | - Intrusive Thoughts |
| - Changes in Eating Habits | - Nightmares |
| - Gastrointestinal Problems | - Decreased Sexual Desire |
| - Fatigue | - Mood change |
| - Relationship Difficulties | - Apathy |

If you are experiencing any of these feelings or reactions, remember most will diminish with time. The most important thing to know is that these are normal reactions to an abnormal experience. You can lessen the negative effect of these normal reactions by talking about them

with others. Don't try to keep it to yourself. The sooner you talk about your reactions and feelings, the greater the chances you can reduce any negative impact.

It is also important to know that not all people will react to a critical incident in the same way. Some will experience physical reactions, others psychological reactions and still others may not be affected at all. Many factors influence a person's reaction to a critical incident and what doesn't affect a person at one point in his/her life may have an effect at another time.

Before the Incident (Pre-incident)

Coping with any stress means that one has coping skill and support already in-place. Individuals should constantly recognize and nurture support systems availability to them. Health living habits go to the root of healthy mental health.

During the Incident

Stay focused upon safety to yourself and follow your operational objectives. Believe that your training will carry you through the incident.

As operationally possible, take care of your physical health and needs, i.e. food, refreshments and rest. Remember that the large incidents are like a relay race, you are only one in the team that works together for the same goal(s).

After the Incident

TALK ABOUT IT

Talk with family, friends, peer support, clergy or counselors. Sooner is better.

TAKE CARE OF YOURSELF PHYSICALLY

Exercise Maintain a Balanced Diet Get Enough Rest

AVOID EXCESS SUGAR CAFFEINE OR ALCOHOL

Don't fall into the trap of using alcohol to blunt negative feelings. Remember that caffeine and alcohol may make you jumpy and intensify sleeping problems.

How the Peer Support Program Helps

The King County Critical Incident Stress Management Program has developed the Peer Support Program in an effort to lessen the potential negative emotional impact of an on-duty (or off-duty) critical incident and crisis to an employee. The backbone of the Peer Support Program is the volunteers who have been through a critical incident and who have experienced some of the issues and feelings associated with such an event. Peer Support Team Members have been trained how to best help a fellow employee. The Peer Support Program provides someone who will listen, share feelings and answer questions to help an employee involved in a critical incident deal with his/her situation in a confidential environment.

Peer Support is not a substitute for professional counseling which any employee may receive help from their the Employee Assistance Program or through the employee's medical insurance.

Peers Support Team Members are required by Washington state law to report employee disclosures where the employee may be a danger to themselves or others or if they have violated a law. Peer Support Team Members need to make this disclosure requirement clear to employees seeking support prior to support taking place. Peer Support Team Members can seek consultation from the Peer Support Team Coordinator and Clinical Director/Consultant (as directed by the Peer Support Team Coordinator) as needed in these instances.

Finally, Peer Support does not take the place of the critical incident stress debriefings after a critical incident. Emergency services worker must remember that everyone in the critical incident should be involved in the CISD.

Crisis Intervention

Actually, any event can be considered a critical incident if it has the ability to distress a person by overwhelming their ability to cope. Some of these incidents may involve and affect one or two people, while others are so powerful that they can effect and entire shift, platoon, division, or department.

Almost all emergency service personnel will experience events that are classed, justifiably so, as critical incidents, and will have obvious reactions to the stress. Fortunately, for most, the felt reactions are temporary and recovery will be forthcoming in a few weeks. Other persons may take several months to fully overcome the effects of the stress reactions. A small percentage (2-4%) may experience such profound effects that their jobs, families, health, happiness are impaired on a permanent basis.

Most reactions and symptoms are first seen or felt at the scene of an incident, or shortly thereafter. However, sometimes the reactions do not surface for days, weeks, or in some cases even months after an incident. This is often called delayed stress. Delayed stress reactions are like those that occur at the scene, in that they are the result of a specific incident. This delay can be caused by a number of different reasons, including the person trying to suppress their emotions and reactions. This delayed stress is more difficult to recognize and deal with because of the passage of time since the incident. Not only is it more difficult to relate the reactions to a specific incident, but this time delay will also frequently distort or exaggerate the typical symptoms. This delayed stress is also much more difficult to resolve since it has been part of the person for a longer time and has established roots. Frequently, it will take professional help to resolve, and will be beyond the scope of any ability of peer support personnel.

Stages of Personal Crisis

Almost all crisis situations will occur with similarities. There are some identifiable stages or progression. They are:

- **Pre-crisis phase**--Here is a person in a general state of balance.
- **Impact phase**--In which the critical incident occurs
- **Crisis phase**--Here the person is aware of the event. And perceives it as a threat. This phase will often have two parts: confusion and disorganization; trial and error reorganization
- **Resolution phase**-- Here a person regains controls of their emotions and works toward a solution.
- **Post Crisis phase**-- Here the person comes out of the crisis and resumes normal activities. Some people can remain permanently emotionally injured by the effects of the experience, while others are made stronger and healthier by it.

Compassion Fatigue

Compassion stress is defined as the natural consequent behavior and emotions about a traumatizing event experienced. It is the stress resulting from helping or wanting to help a traumatized person. All of us involved in critical incident stress management are exposed to compassion fatigue issues that can affect our effectiveness in providing support. Moreover, not only are emergency service professionals vulnerable to compassion fatigue, so are the family and friends of people exposed to primary stressors (i.e. 'victims') vulnerable to secondary traumatic stress (compassion stress) and stress disorder (compassion fatigue).

Recognizing Employees in Crisis

Alcoholism
Marital problems
Family problems
Financial problems
Undiagnosed physical illness
Drug abuse
Personality changes
Interpersonal problems
Legal problems
Vocational problems

Supervisors are in the best position to know the extent of absenteeism, tardiness and deterioration of work performance that may be associated with the excessive use of alcohol, or with other problems. However, few supervisors possess the professional capabilities necessary for diagnosing employee problems or counseling employees. Consequently, the supervisor will be expected to do **ONLY** that for which he/she has received training, **SUPERVISE!**

DOCUMENT WHAT YOU SEE - NOT what you suspect (or what you are led to believe)

DIAGNOSE UNACCEPTABLE JOB PERFORMANCE - Nothing else

PATTERNS OF JOB PERFORMANCE DETERIORATION

1. Absenteeism
2. On-the-job absenteeism
3. High accident ratio
4. Concentration difficulties
5. Confusion
6. Spasmodic work patterns
7. Frequent job changes
8. Reporting in abnormal condition
9. Lowered job efficiency
10. Friction with co-workers/citizens

ALLOW THE DIAGNOSIS OF THE COMPLEX CAUSES TO THE PROFESSIONALS

Categories of Employee Problems

Range of Problems

Problems that can adversely affect an employee's job performance span the entire Medical-Behavior spectrum:

- | | |
|---------------------------------|-----------------------|
| 1. Alcoholism & Substance Abuse | 7. Situational stress |
| 3. Other physical illness | 8. Legal |
| 4. Marital | 9. Financial |
| 5. Family | 10. Vocational |

Alcoholism

Evidence indicates that a significant number of the problems identified are alcohol-related. Alcohol is the major drug of impact on the nation's work force in terms of both lives and money.

Alcoholism is a "democratic" illness. It is no respecter of education, profession, sex, social standing or economic status. Alcohol affects all segments of the population. Ninety-five percent (90%) of those who are alcoholic are employed. Fifty percent (50%) are college educated. Forty-five percent (40%) are professional or managerial. Fifty percent (50%) are in supervisor positions.

Alcoholism is a treatable illness, and there are a variety of available treatment resources. The employees may choose one that is appropriate to his/her needs; in any case, specialized help is usually necessary for recovery. Early identification of the illness greatly increases the chances of successful treatment.

Drug Abuse

Although alcohol is the major drug of impact within the occupational setting, abuse of other drugs can contribute to job performance deficiency. It is important to understand that use of "hard" drugs is not the only drug abuse problem. Misuse of more commonly accepted drugs such as Benzadrines and tranquilizers also create job performance difficulties.

Other Physical Illness

Sometimes an employee experiences job performance difficulties because of an illness or physical disability of which he/she may or may not be aware of. Visual and auditory problems may exist for months or even years before they are detected. Illnesses such as diabetes (it is estimated that more than 500,000 Americans suffer from an unknowing diabetes disease), etc., may be the cause of decreasing or deficient job performance. Often a physical checkup is all that is required to diagnose a correct these problems.

Marriage and Family

Problems within the family unit are often the cause of poor job performance. Marital relationships usually produce stress at one time or another and often this stress is quite severe. Washington has one of the highest divorce rates in the nation and divorce is on the increase; there was one divorce to every two marriages in 1976. Understandably, concern about a marital problem can divert attention from the job and create job performance difficulties. An employee's

job performance may also be affected by problems with his/her children. Any of these situations may require professional assistance.

Personal and Interpersonal

Personality problems may occasionally be the cause of job performance difficulties. The manifestations of such problems may be erratic behavior and work performance, increased absences and a decrease in the quality of work. They may also produce interpersonal conflicts with co-workers. Personal problems include a wide range of issues from clinical depression to poor communications skills. Professional counseling may be needed to identify and assist with these problems.

Financial

Almost everyone has experienced financial difficulties at one time or another and can understand the impact of such difficulties. Financial problems tend to weigh heavily on one's mind and can result in an inability to concentrate fully on the job at hand. Some officials estimate that financial problems rank second among off-the job problems that cause job performance difficulties. Professional agencies that offer assistance in budget management and debt management can effectively alleviate difficulties of this kind.

Legal

Legal problems alone are not often the cause of poor job performance; however, they may be part of marital or financial problems. Referral to an appropriate attorney may be necessary.

Vocational

Occasionally, the cause of job performance problems may be the employee's unsuitability or dislike for his/her job. A change in jobs and retraining for a new job may be necessary. This will require special assistance and a high degree of cooperation between employer and employee, but it can be accomplished when there is a plan that all parties can agree on.

Combinations

It should be noted that in most cases job performance difficulties are caused by a combination of these problems rather than any one problem. Alcoholism, for example, may also involve any or all of the other problems noted above. The alcoholic person is usually experiencing marital, financial, medical and personal problems in addition to alcoholism. The alcoholism of another member of the family may be the roof of a family problem.

Other problems not involving alcoholism may occur in conjunction with one another. An example of this would be financial and marital problems. Financial difficulties are often the cause of marital problems.

While some problems may be resolved with relative ease, others are more complex and require the aid of special resources. It is the employee's responsibility to avail himself/herself to these resources, should he/she need them to bring his/her job performance back to acceptable levels. The Employee Assistance Program stands ready to help, whatever the problems may be.

PEER SUPPORT TRAINING

Peer Support Training is about helping people in a healthy way. We all have difficult situations that arise in our lives such as: conflicts at home with our spouse/significant other, our children, our teenagers, our adult children, and our aging parents. We have difficult situations that happen at work such as: conflicts with supervisors and co-workers, grievance issues, promotions, preparation for retirement, disabilities, on-the-job injuries, and critical incidents.

In this training you will learn how to listen and how to support someone through the process of dealing with some of life's problems. You will learn how to talk to someone who is "stressed out", someone who has major financial problems, someone who has a loved one that is abusing alcohol or drugs, someone who is dealing with an aging parent or a suicidal teenager. You will learn what to say when a friend or co-worker is diagnosed with cancer or who has lost a loved one.

You will also learn how to listen and support someone who is having difficulties at work with his/her boss. Someone who is being traumatized at work, someone who is angry and about to "blow it" at work, someone who is being disciplined, or someone who wants to talk about a critical incident or a job incident that is troublesome for him/her.

The skills you will learn will make it easier for you to help someone. So if people always come to you with their problems or you'd like to be prepared for when they do, this training is for you.

Initial Training

The initial training program should follow the standard Basic Peer Support Training Model established by the King County CISM Program or the International Critical Incident Stress Foundation, Inc. (See Training Curriculum)

- a. Peer Support Team Member shall complete 16 hours of initial training in:
 - (1) Information on typical immediate, short and long term psychological reactions to critical incidents.
 - (2) Skills in active listening, providing support, referral to professionals, debriefing, and defusing.
 - (3) Policies and procedures of the Peer Support Program, legal issues, and the responsibilities and limitations of the Peer Support Team Members.
- b. Annual maintenance training will provide Peer Support Team Members with:
 - (1) Updates on relevant information.
 - (2) Maintenance of skills.

Basic Peer Support Training Outline

Active Listening Skills
Problem Solving Skills
Supportive Confrontation Skills
Assessment and Referral Skills
How to Deal with the Problems Associated with Traumatized Co-Workers
Alcohol and Drug Abuse Issues
Relationship Problems
Children and Elderly Issues
Resources Available for Peer Support (including familiarity with Department EAP)

Appendix

SAN FRANCISCO POLICE DEPARTMENT

PEERS SUPPORT PROGRAM GUIDELINES

The Peers Support Program is the backbone of the San Francisco Police Department's Employee Assistance Program.

The purpose of the Program is to provide support and assistance to members and their families in handling job related or personal problems.

Peers support is a process whereby a person discusses an issue with a non-professional--usually a friend or co-worker. The person defines a problem and decides upon a solution himself/herself. The peers support member utilizes good active listening skills, helps clarify issues, and supports the person through the problem-solving process.

I. ORGANIZATION

The Peers Support Program (P.S.P.) shall have a coordinator who acts as liaison between Administration and the Steering Committee. The coordinator shall be responsible for the administration and coordination of the Program at the direction of the Steering Committee.

The Steering Committee is a seven member administrative body. It is a component of the Employee Assistance Program but functions as an independent unit. It reports administratively to the Chief through the Officer-In Charge of Personnel.

The Steering Committee shall represent a cross-section of the Police Department by race, gender, rank and assignment. See General Order I-21, Section II.

II. PARTICIPATION IN THE PEERS SUPPORT PROGRAM

A. SELECTION CRITERIA

1. Submission of memorandum requesting membership
2. Completion of the Membership Agreement Form
3. Applicant qualifications
4. Department needs (adequate unit and watch representation, training, affirmative action, etc.)
5. Approval of the Steering Committee
6. Approval of Officer-In-Charge of Personnel Section and Staff Services Division

Priority for applicants will be determined by individual qualifications and Department needs.

B. REQUIREMENTS FOR ACTIVE STATUS

Continued active status as a peers support member is dependent upon participation and compliance with the following:

1. Attend annual Update Training (on duty)
2. Complete monthly Statistical Sheets
3. Maintain Confidentiality
4. Adhere to the Rules and Procedures of the P.S.P. as listed in General Order D-21
5. Observe the P.S.P. guidelines

C. REJECTION AND REMOVAL CRITERIA

1. Candidate Status

If candidate fails to fulfill the selection criteria, the request for membership shall be denied.

2. Active Status

- a. If a peers support member fails to adhere to the requirements of the Peers Support Program as listed in Section IIB above, he/she shall lose active status
- b. The member shall reapply for active status by submitting an intra-departmental memorandum.

D. STATISTICAL SUMMARY SHEETS

1. In order to evaluate properly the Peers Support Program and its effectiveness, all peers support members shall complete monthly statistical sheets.
2. Monthly statistical sheets will be forwarded to each Peers - support member by the P.S.P. Coordinator.
3. All Peers support members shall complete and forward the statistical sheet to the P.S.P. Coordinator.
4. Completion of the form is mandatory for maintaining active status.
5. Failure to complete (3) consecutive monthly statistical sheets will result in removal from active status. Reapplication for active status will be dependent upon the same criteria as for new applicants.

III TRAINING

A. INITIAL

P.O.S.T. Certified Basic Course (24 hours)

B. UPDATE

P.O.S.T. Certified Update Course (16 hours) Annual training is mandatory

IV. CONFIDENTIALITY

- A. A peers support member shall maintain the confidentiality entrusted to him/her and not discuss any information developed in a peers counseling session.
- B. CONFIDENTIALITY IS A MORAL/ETHICAL ISSUE. If a peers support member determines that a situation requires specialized assistance, he/she shall obtain the person's approval to discuss the situation with a member of the Employee Assistance Program, the Stress Unit, or a professional referral. Again, the contacted person will preserve the confidentiality.
- C. The Peers support member shall advise the person that confidentiality is to be strictly maintained except in these instances:
 - 1. Where the information received by the peers support member must be revealed by law, such as cases of child abuse or felony criminal conduct.
 - 2. Where the Peers support member gathers information by virtue of his or her duty assignment at the time of the incident, (i.e., A supervisory officer or other person required to investigate by a General Order or on the orders of a superior).
 - 3. Where the peers support member is directly involved as a participant or witness.
 - 4. Where there is reason to believe that the person intends to seriously injure him/herself or another person. In the case of threatened serious bodily injury, a reasonable attempt shall be made to warn the intended victim(s).
 - 5. Where due to substance abuse the person is a clear and immediate danger to self, citizens or fellow officers.
 - 6. In the above cases (IV C 1 through 5), an appropriate supervisor shall be notified.

V. CLIENT-PRIVILEGE

- A. CLIENT-PRIVILEGE IS A LEGAL ISSUE. No person without a professional license (or is supervised according to statutes) has a right to claim client-privilege in a court of law.
- B. Situations such as police shootings, excessive force law suits, and even D-17 civil law suits present requirements for the peers support member to advise a person that the contents of their conversation could be subject to subpoena.

VI. INTERNAL INVESTIGATIONS

- A. It may occur that a peers support member is supporting an individual who becomes the subject of a disciplinary investigation. A peers support member should be guided by the confidentiality policy of the Peers Support Program. Peers support members may not hamper or impede the actual investigation nor may they attempt to shelter the individual from the Department.

- B. The Peers support member's role in disciplinary situations will be one of support in dealing with the problems faced by the person in the disciplinary process. If at any time a peers support member finds it necessary to invoke the confidentiality provisions of the Program, he/she should consult the Peers Support Program Coordinator for guidance and assistance.

employee would. They are free to testify on behalf of another employee and, with the permission of the employee, to provide information that would normally be considered confidential. When asked or subpoenaed by the Department or other board or body to provide testimony, Peers support members shall appear and testify. They should be free to respond to questions asked about their knowledge of the individual but must not violate the confidentiality of that relationship except as required by, law and Department policy.

VII. DUTIES OF SUPERVISORY OFFICERS

- A. Supervisors who are peers support members cannot abdicate their supervisory responsibilities.
- B. Supervisors may refer subordinates to the Employee Assistance Program, the Stress Unit, another peers support member, or an outside referral.

VIII. REQUESTS TO BE DETAILED TO THE E.A.P.

If an off-duty peers support member is called upon to assist a member in an extended crisis situation, the peers support member may need to request to be carried "detailed" to the Employee Assistance Program for his or her next scheduled tour of duty. Such details are to be requested through the Officer-In-Charge of Personnel, who shall:

1. Obtain approval from the Peers support member's Bureau Chief
2. Notify the detailed Peers support member's station or **Unit**

Peer Support Team
Recruiting and Selection Process

Checklist to Screen Applicants for Peer Counselor

Name _____ Discipline _____
County of Residence _____

1. Employed in emergency services work? Yes _____ No _____
Volunteer in emergency services work? Yes _____ No _____

2. Knowledge of CISM and/or stress management? Yes _____ No _____
_____ through training
_____ through participation in debriefings as a participant
_____ through continuing education
_____ as a CISD team member
_____ CISD Model Trained When: _____

3. Knowledges in Counseling? Yes _____ No _____
_____ individual counseling
_____ group work
_____ other (list)

4. Work history and/or other experience? Yes _____ No _____
_____ leadership ability
_____ self confidence
_____ ability to communicate effectively
_____ ability to work as a team

5. References provided? Yes _____ No _____

6. Application complete to make a judgment? Yes _____ No _____

7. Disposition
_____ Reject application (Describe below criteria applicant is lacking)
_____ Request additional information (Describe below what is needed)
_____ Refer applicant for interview
_____ Check references
_____ Set up interview (Date) _____

Comments: (Continue on reverse side)

Peer Support Reference Materials

Guidelines for Establishing Peer Support Program In Emergency Services; Robinson, R. & Murdoch, P.

Guide to Developing Fire Service Labor/Employee Assistance & Critical Incident Stress Management Program; 99, International Association of Firefighters and Dept. of Occupation Health & Safety
ISBN 0-942920-42-2

Emergency Services Stress: Guidelines on Preserving the Health and Careers of Emergency Services Personnel; 89, Mitchell, Bray
ISBN 0893936870 (essential book on CISM)

Critical Incident Stress Debriefing: CISD - An Operations Manual for Prevention of Traumatic Stress Among Emergency & Disaster Workers; 95, Mitchell, Everly
ISBN 1883581028 (a must).

Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder in those who treat the traumatized; '95. Figley
ISBN 0876307594

EMS Stress An Emergency Responder's Handbook for Living Well; '94; Ray Shelton, Jack Kelly
ISBN 0-815175124

Burnout to Balance: EMS Stress, 2001
Judi Light Hopson
ISBN 0-13-007806-9

National Fire Academy Model Stress Management Program:
<http://www.usfa.fema.gov/cgi-shl/pdfdownload.pl?file=/pdf/usfapubs/fa-100.pdf>

<http://www.fema.gov/diz99/d1279n19.htm>