

# JUNEAU POLICE DEPARTMENT PROCEDURES



<b>Title:</b>	<b>Peer Support Team</b>	<b>Chapter: 2.030</b>
<b>Date Issued:</b>	<b>December 28, 2023</b>	
<b>Revised:</b>		
<b>Reviewed:</b>		

## I. PURPOSE

The purpose of this policy is to provide guidelines and expectations for the department as it relates to the Peer Support Team.

## II. POLICY

It is the policy of JPD to select, train, and utilize a Peer Support Team to fulfill Critical Incident Stress Management functions and provide emotional support for department employees and their significant others.

## III. DEFINITIONS

*Critical Incident* – An incident that falls outside of a person’s typical or expected ability to cope.

*Critical Incident Stress Debriefings (CISD)* – A formal one-on-one or group discussion conducted by a qualified mental health professional that is designed to assist participants in understanding their emotions and strengthening their coping mechanisms following a critical incident.

*Critical Incident Stress Management (CISM)* – A formal process used to assist an individual who has been involved in a traumatic event which includes CISDs.

*Element Leaders* – A PSP, selected by the Wellness Steering Committee, who is responsible for providing peer support to their PST members, as well as, providing administrative support to the Wellness Coordinator.

*Mandated Reporting Exceptions* – Exceptions include reports of child, vulnerable adult, or elder abuse or neglect or if a provider feels the person they are seeing is at imminent risk of killing themselves or someone else.

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*Peer Support Person (PSP)* – A peer support person is trained to provide both day-to-day emotional support for department employees, as well as, to participate in the department’s comprehensive response to critical incidents. PSPs are trained to recognize and refer people who require professional intervention or are beyond their scope of training to a licensed qualified mental health professional.

*Peer Support Team (PST)* – A peer support team is a group of specifically trained sworn, non-sworn, or significant other peers, but they are not a counselor or therapist. A peer support team is meant to augment outreach programs like the Employee Wellness Program. They are not a replacement for professional psychological services and resources.

*Qualified Mental Health Professional (QMHP)* – An individual who is licensed as a mental health professional and has an in-depth understanding of the law enforcement culture.

*Wellness Steering Committee* – A committee that includes representation of involved sworn and non-sworn employees, the Wellness Coordinator, and QMHP that provides organizational guidance and structure for the Wellness Program.

*Wellness Coordinator* – A member of command staff appointed by the Chief of Police whose role will be to administer the Employee Wellness Program

## **IV. PROCEDURES**

### **A. Administration of the Peer Support Program**

1. The Peer Support Program is overseen by the Wellness Coordinator and a Qualified Mental Health Professional.
2. JPD has an established steering committee for the Wellness Program.
3. In order for the department to meet the emerging standard of care in peer support programs, the department has clinical oversight provided by the QMHP.
4. The peer support program is governed by this written policy which is available to all personnel.
5. Individuals being offered peer support may voluntarily accept or decline peer support for any reason and may request any PSP.

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6. Element Leaders will be responsible for providing peer support to the members of their element, as well as, providing administrative support to the Wellness Coordinator when necessary.
7. PSPs who are employees of JPD will be compensated for time spent on peer support team activities.
8. The Wellness Coordinator and steering committee will plan ahead to balance the impact of transfers, promotions, resignations, and retirements to maintain effectiveness and availability.
9. The Wellness Coordinator or designee will address program logistics and oversee day-to-day operations. The Wellness Coordinator will coordinate peer support activation, make referrals to a QMHP, collect utilization data, and coordinate training and meetings.
10. To assist in maintaining a quality program, employees are encouraged to provide feedback, positive or negative, to the Wellness Coordinator or Element Leaders about their experiences with the PST.

## **B. Selection and Retention of Peer Support Persons**

1. JPD's Peer Support Team will consist of employees and significant other Peer Support Persons and be divided into two elements. Both elements are overseen by the Wellness Coordinator and a QMHP.
2. The employee element will consist of one (1) Element Leader and six (6) Peer Support Persons, at a minimum.
3. The significant other element will consist of one (1) Element Leader and four (4) Peer Support Persons.
4. JPD will conduct formal selection processes which will include:
  - a. A written application to be a PSP. The application includes information related to education, references, work history in law enforcement, time or experience as a significant other of a JPD employee, and questions relating to why the applicant would be successful as a PSP.
  - b. Three recommendations
    - i. For the employee PST members: one from the employee's supervisor, one from someone outside of work, and one from a peer at work.
    - ii. For the significant other PST members: three recommendations from anyone who can speak to why the applicant would be a good fit for the PST.
  - c. An in-person interview

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- d. A review of the applicant's personnel file.
  - e. The selection process will be run by the Wellness Steering committee.
  - f. Final approval for placement onto the PST will rest with the Chief of Police or designee.
5. PSPs must remain in good standing with the PST. A PSP can be removed from the team by the Wellness Coordinator or QMHP for reasons that include, but are not limited to, the following:
- a. Breach of confidentiality
  - b. Repeated and unexcused absences from training
  - c. Failure to fulfill their duties
  - d. Loss of good standing within the Department
  - e. Significant mental health or substance abuse concerns that are not managed or being addressed.
  - f. Discontinuation of relationship to employee (for significant other PST members)
  - g. If the Wellness Coordinator and QMHP feel that the PSP is not a good fit based on their effectiveness, approach, or abilities as a PSP.
6. PSPs are provided with the option to take a temporary leave of absence from the PST when personal issues or obligations arise. If the leave of absence extends beyond 30 days, the Wellness Coordinator or QMHP may remove the PSP from the team.

## **C. Peer Support Team Duties**

1. Some examples of applicable activities for PSPs include, but are not limited to, the following:
  - a. Emotional support for personal and/or work related stressors
  - b. Periodic wellness events
  - c. Post-critical incident support
  - d. Hospital visitation
  - e. Assistance with employee related death notifications
  - f. Mental health referrals
  - g. Support with relationship and family stressors
  - h. Support for families of injured or ill employees
  - i. Support for personnel immediately following critical incidents
  - j. Other stressful events impacting employee and family wellness

## **D. Training**

1. All PSPs will receive initial training by a qualified instructor.

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2. The Wellness Coordinator and QMHP will identify topics for ongoing training.
3. Ongoing training will be provided to PSPs on a quarterly basis, at minimum.
4. PSPs are encouraged to provide feedback to the Wellness Coordinator or QMHP if they have requests for specific training, if they see program related problems in the field, or if they see a need for new or additional resources.
5. The types of ongoing training include, but are not limited to: Confidentiality, dual relationships, limits and liability, ethical issues, communication facilitation and listening skills, non-verbal communication, problem assessment, problem solving skills, cross-cultural issues, stress management and resiliency, burn-out, grief management, suicide risk assessment, CISM, substance dependence and abuse, mental health consultation and referral information, relationship and family issues, local resources, and wellness and self-care.

## **E. Consultation Services from Qualified Mental Health Professionals**

1. The PST will have mental health consultation available as needed through the QMHP.
2. The PSPs need to be aware of their personal limitations and seek consultation when they may have to remove themselves from working with a peer due to not having the training or skills, dual relationships, or about topics they may have strong personal beliefs or reactions about.
3. After a large-scale event, it is mandatory that involved PSPs attend a Post Action Staff Support debriefing to discuss the impact the event had on their team.

## **F. Role Conflict**

1. PSPs are advised to refrain from entering relationships if the relationship could reasonably be expected to impair objectivity, competence, or effectiveness in performing their role.
  - a. PSPs should not provide peer-support to people in instances where those relationships already exist. This includes significant other PSPs with their partner, regardless of whether both are trained.
  - b. PSPs should not have a dual role in critical incidents whenever possible (e.g., A PSP should not be used as a SWAT entry

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team member on a critical incident and then be asked to provide peer support or conduct CISM duties).

2. PSPs will not use their peer support role or duties to enter into relationships that exploit or harm the person with whom the relationship exists. This is grounds for termination from the team and may result in departmental discipline.
3. A significant other PSP won't be used as peer support if their significant other was closely involved in the critical incident.

## **G. Reporting**

1. PSPs will submit anonymous statistical information through an electronic form to show the utilization of the peer support program; e.g. number of contacts (family or employee), time spent (in person or telephonically), type of service, referrals given, and follow-up services. This anonymous statistical information can be used as a guide for the department to ensure an adequate number of PSPs are available, monitor hours worked per PSP, and also to justify to the department why a peer support program is necessary.

## **H. Privacy, Confidentiality, and Privilege**

1. To increase the level of comfort and openness in PSP contacts, information shared with a PSP will be protected. There are three levels of non-disclosure of personal information to differentiate in this context.
  - a. Privacy is the expectation of an individual that disclosure of personal information is confined to or intended only for the PSP and clinical oversight, when necessary.
  - b. Confidentiality is the professional and ethical duty that mandates the PSP not to disclose information from or about a recipient of peer support services, barring a mandated reporting exception.
  - c. Privilege is the legal protection a PSP would have from being compelled to disclose communications in certain protected relationships.
2. The JPD Peer Support Teams are trained to respect and protect the confidentiality of their contacts, to be fully aware of the limits of confidentiality and legal privilege and to be able to communicate those limits to their contacts. The extent and limits of confidentiality will be explained to the individuals directly served at the outset and, ideally, will also be provided through agency-wide training.

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3. PSPs are prohibited from providing information gained through peer support contacts to supervisors or leadership outside of mandated reporting limitations. PSPs will be trained to educate their supervisors on the confidentiality guidelines established by this department.
4. PSPs are prohibited from providing information gained through peer support contacts to fellow peer support members unless needed for consultation or continuity of care.
5. A PSP will not document or record their contacts, formally or informally, other than providing anonymous statistical information submitted through the designated electronic PST form.
6. PSPs will sign a confidentiality agreement, indicating their agreement to maintain confidentiality as defined above. It includes the consequences to the PSP for any violation of confidentiality.
7. After a large-scale event, the QMHP, after collaboration with PSPs, will prepare an "After Action Report" (AAR) and provide it to command staff.
8. The AAR contains only anonymous information and serves to educate command staff on the successes and areas of improvement for the department as it relates to wellness.
9. PSPs will not be asked by anyone to give, or release, identifying or confidential information about employees or significant others they support.
10. The Department won't use the peer support program as an alternative to discipline.
11. A PSP will not be asked questions about an employee's confidential information for the purposes of an Internal Affairs Investigation (IA). A PSP may provide support for an employee who is under investigation but should not intervene or be involved in the IA or disciplinary process. They will serve only as emotional support for the employee.

Jeremy Weske

A handwritten signature in black ink that reads "Jeremy Weske".

Acting Chief of Police