

Model Peer Support Team Operational Guidelines

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The Model Peer Support Team Operational Guidelines are most appropriate for Colorado peer support teams structured under the Clinical Supervisor model. The Guidelines may be edited for peer support teams structured under the Advisor or Coordinator model and peer support teams of other states. The Model Peer Support Team Operational Guidelines is a companion document to the Model Peer Support Team policy. The limited duplication of information in these documents is intentional.

* See the article titled "Police Peer Support Teams: Questions and Answers" at the bottom of page one of www.jackdigliani.com for information about the Supervisor, Advisor, and Coordinator models for peer support teams.

Model Peer Support Team Operational Guidelines

The Peer Support Team functions as a peer support and debriefing resource for personnel of the police department and their families. In order to effectively meet this responsibility, the Peer Support Team (PST) adopts the following operational guidelines.

I. Peer Support

Members of the Peer Support Team are committed to functioning within the limits of their peer support training. Peer support interactions may continue as an adjunct to comprehensive professional counseling or any other ongoing professional or self-help program.

II. Clinical Supervision

The Peer Support Team is clinically supervised by the department-appointed licensed mental health professional. This person is designated the *PST Clinical Supervisor*. The clinical supervisor is responsible for the clinical oversight, clinical supervision, and the ongoing in-service training of the Peer Support Team. Clinical oversight and supervision of PST members is established to help insure the highest quality of peer support.

III. Team Coordinator

The PST coordinator is appointed by the chief of police. The team coordinator is the primary spokesperson for the PST and represents the team in matters involving department staff, agency, and interagency issues. The PST coordinator is administratively responsible for the PST's operational status. The team coordinator and the clinical supervisor function as co-chairs during PST team meetings.

Assistant team coordinators will be selected in accordance with department policy. Assistant team coordinators assist the team coordinator and clinical supervisor in the performance of their duties. They function as the PST coordinator in the absence of the team coordinator. An acting team coordinator will be appointed by the team coordinator during periods of absence of the team coordinator and assistant team coordinators.

IV. Primary Obligations of Peer Support Team Members

Professional Supervision

Peer Support Team members have a primary obligation to communicate their peer support activities to the PST clinical supervisor. Due to the varying nature of the issues involved in peer support, some peer support team member activity may be communicated at regularly scheduled PST meetings. In circumstances where more timely supervision or consultation is needed, team member activity should be communicated to the clinical supervisor as soon as practical. In emergencies or circumstances involving critical intervention, PST members should contact the clinical supervisor immediately.

If the information pertaining to a member's peer support activity is assessed by the team member as inappropriate for discussion in a regularly scheduled group PST meeting, the PST member should arrange to discuss the interaction(s) with the clinical supervisor privately.

Confidentiality

Issues discussed during peer support are confidential within the parameters specified by law, administrative regulation, department policy, and clinical supervision. Safeguarding acquired information is a primary obligation of team members. Subject to the limitations of law, information received in confidence shall not be revealed without the express consent of the person involved. Express consent to reveal information constitutes a waiver of confidentiality. In cases where express consent is granted, information will be provided only to those specifically designated to receive the information.

The statutory privilege for peer support team member confidentiality is specified in C.R.S. 13-90-107(m), *Who may not testify without consent*. Information "indicative of any criminal conduct" is not protected under C.R.S. 13-90-107(m). PST members must remain familiar with C.R.S. 13-90-107(m) and all limits of confidentiality specified in this and other statutes, administrative regulations, PST policy, and clinical supervision.

Team members must advise all persons with whom they interact in a peer support role of the limitations of peer support team member confidentiality. This includes that the information discussed will be communicated to the peer support team clinical supervisor.

In the event that information received in a peer support interaction must be revealed by mandate of law, PST members shall reveal such information only after an effort to elicit the person's voluntary disclosure has failed. In cases where it is appropriate, the peer support team member should inform the person of the obligatory actions necessary. Information revealed under such circumstances shall be provided only to the appropriate persons and public authorities.

In the unlikely event that PST members receive information during a peer support interaction that there is a viable threat of harm or violence toward another person or persons, a *duty to warn* exists. This information is not confidential. PST members must take action deemed appropriate for the circumstances. Additionally, PST members must warn the threatened person(s) and contact the team coordinator or clinical supervisor immediately.

PST members should contact the clinical supervisor immediately when there is any question or uncertainty about PST member confidentiality.

PST Scheduled Meetings

Attending scheduled PST meetings is a primary obligation of PST members. The Peer Support Team meets monthly to allow for clinical supervision, on-going training, and team cohesion. If a team member is unable to attend a meeting, he or she should:

1. notify the team coordinator or an assistant team coordinator in advance of the meeting when possible or contact the team coordinator or an assistant team coordinator as soon as practical after the scheduled meeting,
2. obtain a copy of any training materials presented at the meeting, and
3. schedule an individual supervision meeting or otherwise contact the clinical supervisor if he or she has engaged in any PST interactions since the previous supervisory contact.

Excessive absences from the PST monthly meetings and training will be addressed by the team coordinator, assistant coordinators, and the clinical supervisor on an individual basis. Continued excessive absences may result in the team member's removal from the PST.

V. Duty to Take Action

Peace officer members of the PST are required to make an arrest in cases where there is probable cause that a crime has been committed within a domestic relationship. Peace officer members and other PST members who are mandatory reporters must also take action in cases of actual or suspected child abuse or neglect, and in cases of at-risk elder abuse or exploitation. PST members comply with and engage in any other action mandated by law.

VI. Clarification of Peer Support Interactions

Peer Support Team members are responsible for clarifying the role in which they are functioning when interacting with others. Peer Support Team members must remain aware of potential conflicts of interest when providing peer support to individuals with whom they work or directly or indirectly supervise.

VII. Availability for Call-out

The Peer Support Team will provide Dispatch with a list of team members. In the event that PST support is requested through Dispatch, Dispatch will contact the team coordinator. If the team coordinator is unavailable, an assistant coordinator will be contacted. The coordinator or assistant coordinator contacted will assess the circumstances and arrange for appropriate PST response and intervention.

In the event that the PST coordinator and assistant coordinators cannot be contacted, Dispatch will continue to call team members in the order listed in Dispatch until a team member is contacted. The team member contacted will then act as coordinator. This team member will assess the circumstances and arrange for appropriate PST response and intervention.

VIII. Compensation

Peer Support Team members do not maintain a paid on-call status. Therefore, PST members are not eligible for on-call compensation. Peer Support Team members who are called out or otherwise function in their PST capacity during off-duty hours will be compensated as specified in department policy.

IX. Critical Incident Debriefing and Debriefing Process

PST members trained in critical incident debriefing facilitation may facilitate debriefings when appropriate. All PST member facilitated debriefings must be approved by the PST clinical supervisor.

The critical incident debriefing should be arranged on a date, time, and location that best accommodates involved personnel. Once scheduled, department and other appropriate personnel are provided notice. Participation in debriefing is voluntary.

Prior to the start of PST debriefings the "Limits of Confidentiality: Debriefing Statement for Peer Support Team Members" must be read.

Various debriefing protocols may be utilized depending upon the actual circumstances. Team members recognize that the debriefing process is dynamic. Peer Support Team members remain flexible and facilitate debriefings in a manner that best meets the perceived needs of participants.

Peer Support Team members may invite persons not directly involved in the incident to attend a debriefing if it is thought that they can positively contribute to or benefit from the debriefing process. All such invitations must be approved by the clinical supervisor, team coordinator, or an assistant coordinator.

Debriefing participants may be accompanied by personal support persons. Personal support persons may attend debriefings with their informed consent and if their participation is not prohibited by other sections of these operational guidelines.

X. Media

Media representatives are prohibited from attending debriefings. Any PST information released to the media will be accomplished as specified in department policy.

XI. Attorneys

Personal attorneys are prohibited from attending debriefings. This restriction is not intended to deprive any participant of legal representation. However, it is thought that the presence of a personal attorney inhibits the group process. Debriefing participants are encouraged to communicate to their attorneys that participation in an incident debriefing is voluntary and that debriefings facilitated by peer support team members and licensed mental health professionals are confidential within the limits prescribed by law.

XII. Other Agencies

The PST may be utilized to assist other agencies. The PST provides such assistance as specified by mutual aid policies.

XIII. Team Actions

Peer Support Team administrative concerns shall be discussed and decided at scheduled monthly meetings. Decisions or actions required by exigent circumstances may be made, implemented, or otherwise carried out by the clinical supervisor, team coordinator, an assistant coordinator, or acting coordinator.

XIV. Referral to Professional Counseling Services

Peer Support Team members may find it appropriate to inform those involved in peer support of available options for additional counseling. Available options include the PST clinical supervisor, Employee Assistance Program counselors, community private practitioners, self-help groups, and the various helping agencies within the community. It may also be appropriate to refer a person to specialized resources including but not limited to attorneys and financial advisors.

XV. Reach Out

Peer Support Team members may initiate a reach out. In a reach out, a PST member initiates supportive contact with a person who has been exposed to a critical incident, a life circumstance change, cumulative stressors, or other known or suspected stressor.

The act of reaching out is not confidential. PST members may communicate to other PST members that they have completed a reach out or that they plan to reach out to a particular person(s). Informing other PST members of completed or intended reach outs moderates similar actions on the part of other PST members. Such communication frequently prevents “over reaching out” and “support saturation” of persons by well-intentioned PST members.

If the person contacted in a reach out engages peer support, the peer support interaction is confidential within the limits of confidentiality specified for PST members.

XVI. Leave of Absence

Peer Support Team members may request a leave of absence from the PST for up to one year. A request for a leave of absence must be submitted in writing or by email to the team coordinator. If the team coordinator wishes to request a leave of absence, the request must be submitted to the clinical supervisor. Any request for a leave of absence must specify the length of absence requested and the date of anticipated return to active status. During a leave of absence the PST member may attend monthly or otherwise scheduled PST training.

XVII. Resignation from the Team

Peer Support Team members may resign from the team by submitting a written or email resignation to the team coordinator. Any team member considering resignation must be certain that all ongoing peer support interactions are appropriately terminated, referred to other team members or the clinical supervisor, or referred to professional counseling resources.

XVIII. Removal from the Team

“Members of the PST serve at the discretion of the chief of police” (cite department policy).

The chief of police may remove any team member from the Peer Support Team. The team coordinator in consultation with the clinical supervisor may request that the chief of police remove from the Peer Support Team any member who has been determined to have acted in violation of law, departmental policy, or the PST operational guidelines. Such a request may also be presented when a team member has been determined to have acted in a manner that undermines the credibility or fundamental ethical principles of the Peer Support Team.

XIX. Compliance with the Peer Support Team Operational Guidelines

“The Peer Support Team functions under the department-approved and adopted Peer Support Team Operational Guidelines” (cite department policy).