

Peer Support Standard Operating Guideline

1. Purpose

- 1.1 The goal of peer support is to provide all public safety employees in an agency the opportunity to receive emotional and tangible support through times of personal or professional crisis and to help anticipate and address potential difficulties. Ideally, peer support programs are developed and implemented under the organizational structure of the parent agency. For a peer support program to work effectively, it must have support from the highest levels within an organization.
- 1.2 These guidelines are intended to provide information and recommendations on forming and maintaining a peer support structure for Durham County Fire/EMS personnel. The guidelines are not meant to be a rigid protocol but reflect the commonly accepted practices of the behavioral health professionals. The guidelines work best when applied appropriately to each individual and agency situation.

2. Scope

- 2.1 All Durham County Fire/Emergency Medical Services (EMS) personnel.

3. Definitions

- 3.1 A peer support person (PSP) is a specifically trained colleague, not a counselor or therapist. A peer support program can augment outreach programs such as behavioral health assistance programs (BHAPs), in-house treatment programs, and out-of-agency psychological services and resources, but not replace them. A peer support person is trained to provide both day-to-day emotional support for department employees as well as to participate in a department's comprehensive response to critical incidents. PSPs are trained to recognize and refer cases that require professional intervention or are beyond their scope of training to a licensed mental health professional.
- 3.2 To increase the level of comfort and openness in PSP contacts, there must be assurances that such information will be protected. There are three levels of non-disclosure of personal information to differentiate in this context:
 - 3.2.1 Privacy is the expectation of an individual that disclosure of personal information is confined to or intended for the PSP only.
 - 3.2.2 Confidentiality is a professional or ethical duty for the PSP to refrain from disclosing information from or about a recipient of peer support services, barring any exceptions that should be disclosed at the outset (See Section 6).

3.2.3 Privilege is the legal protection from being compelled to disclose communications in certain protected relationships, such as between attorney and client, doctor and patient, priest and confessor; or in some states, peer support persons and sworn or civilian personnel.

3.3 Some examples of applicable activities for a PSP include the following:

- 3.3.1 Hospital visitation
- 3.3.2 Career issues support
- 3.3.3 Post-critical incident support
- 3.3.4 Death notification
- 3.3.5 Substance abuse and EAP referrals
- 3.3.6 Relationship issues support
- 3.3.7 Support for families of injured or ill employees
- 3.3.8 On-scene support for personnel immediately following critical incidents

4. Administration

4.1 Departments should have a formal policy that grants peer support teams departmental confidentiality to encourage the use of such services. Such a departmental policy must be mindful of the jurisdiction's laws regarding legal privilege and confidentiality that apply to PSPs. PSPs shall not be asked to give, nor shall they release, identifying or confidential information about personnel they support. The only information that management should receive about peer support cases is anonymous statistical information regarding utilization of PSP services.

4.2 Departments are strongly encouraged to use a steering committee in the formation of the peer support program to provide organizational guidance and structure. Participation by relevant employee organizations and Durham County Fire/EMS administrators is encouraged during the initial planning stages to ensure maximum utilization of the program and to support assurances of confidentiality. Membership on the steering committee in subsequent stages should include a wide representation of involved parties as well as a mental health professional licensed in the department's jurisdiction, preferably one who is knowledgeable about the culture of emergency services.

4.3 It is beneficial for PSPs to be involved in supporting individuals involved in personally disturbing incidents such as when a coworker is injured or killed. PSPs often provide a valuable contribution by being available to make the appropriate referrals in response to fire/EMS professionals dealing with general life stressors or life crises. PSPs also make an invaluable addition to group interventions in conjunction with a licensed mental health professional.

- 4.4 In order for the department that has a PSP team to meet the emerging standard of care in peer support programs, the department should have clinical oversight and professional psychological consultation continuously with a licensed mental health professional who is qualified to provide that consultation to the PSP team. The role and scope of the professional mental health consultant will be mutually determined by the agency and the mental health professional.
- 4.5 A peer support program shall be governed by a written procedures manual that is available to all personnel.
- 4.6 Individuals being offered peer support may voluntarily accept or reject a PSP by using any criteria they choose.
- 4.7 Management may choose to provide non-compensatory support for the PSP program.
- 4.8 Departments are encouraged to train as many employees as possible in peer support skills. Peer support team size varies throughout agencies depending on the size and resources available to each agency. The number of PSPs depends on many variables: the call volume and geographical area covered by the agency; the size of a department; who is transferring, retiring, or promoting; and the agency budget.
- 4.8.1 Ideally, peer support teams will have enough trained and accessible members to provide services to all department personnel, across all shifts. Team size needs to be manageable by program leaders or coordinators. Departments are encouraged to have members of the agency available to increase the commonality when responding to personnel in different departmental positions (e.g., a field technician versus an office employee).
- 4.8.2 Larger departments are encouraged to disseminate PSPs across shifts and throughout the agency. Many critical incident response teams already exist across services (police, fire, paramedics, dispatchers, and so on). Additionally, building interagency team relationships is beneficial for major incidents where the agency's PSPs themselves are close to the incident and may desire support (such as after an employee death or suicide).
- 4.8.3 Program managers are advised to consider long-term team planning in order to balance the impact of transfers, promotions, and retirements on the team size and availability.

4.9 A peer support program coordinator should be identified to address program logistics and development. This individual coordinates peer support activation, makes referrals to mental health professionals, collects utilization data, and coordinates training and meetings.

4.10 The peer support program is not an alternative to discipline. A PSP does not intervene in the disciplinary process. A PSP may provide support for the employee(s) under investigation or during a disciplinary process but should refrain from discussing the incident itself. Further, the employee(s) must be cautioned that any information shared with the PSP regarding the incident in question may not be confidential based on agency policies and jurisdictional requirements.

5. Selection/Deselection

5.1 PSPs should be volunteers who are currently in good standing with their departments and who have received recommendations from their superiors and/or peers. It may be helpful to include an interview process. The interview panel may consist of peer support members and the licensed mental health professional associated with the peer support team.

5.2 Considerations for selection of PSP candidates include, but are not limited to, previous education and training; resolved traumatic experiences; and desirable personal qualities such as maturity, judgment, personal and professional ethics, and credibility.

5.3 A procedure should be in place that establishes criteria for deselection from the program. Possible criteria include breach of confidentiality, failure to attend training, or loss of one's good standing with the department.

5.4 PSPs must be provided with the option to take a leave of absence and encouraged to exercise this option when personal issues or obligations require it.

6. Consultation Services from Mental Health Professionals

6.1 A peer support program must have mental health consultations and training. Preferably, this consultation should be available 24 hours a day and should be with a licensed mental health professional who is familiar with public safety and the specific nature of the agency involved.

6.2 PSPs need to be aware of their personal limitations and should seek advice and counsel in determining when to disqualify themselves from working with problems for which they have not been trained or problems about which they may have strong personal beliefs.

7. Confidentiality

- 7.1 Departments should have a policy that clarifies confidentiality guidelines and reporting requirements and avoids role conflicts and multiple relationships.
- 7.2 PSPs must respect the confidentiality of their contacts, must be fully familiar with the limits of confidentiality, and must communicate those limits to their contacts. The extent and limits of confidentiality needs to be explained to the individuals directly served at the outset and, ideally, will also be provided through agency- wide trainings.
- 7.3 Limits to confidentiality must be consistent with state and federal laws as well as departmental policy. Recipients of peer support should be advised that there is usually no confidentiality for threats to self, threats to others, and child and elder abuse. Additional exceptions to confidentiality may be defined by specific state laws or department policies. In general, the fewer confidentiality restrictions, the more confidence department members will have in the program. These should be well defined in the PSP manual, including procedures to follow when one of these exceptions to confidentiality occurs.
- 7.4 It is essential that PSPs advise members of the level of, and limits to, confidentiality and legal privilege that they can offer. PSPs must demonstrate knowledge of the limitations to these protections.
- 7.5 PSP members must have a well-informed, working knowledge of the three overlapping principles that have an impact on the boundaries surrounding their communications with members within the role of peer support. Those principles are *privilege, confidentiality, and privacy*.
- 7.6 PSPs must not provide information to supervisors or fellow peer support members obtained through peer support contact and should educate supervisors on the confidentiality guidelines established by the department.
- 7.7 A PSP must not keep written formal or private records of supportive contacts other than non-identifying statistical records that help document the general productivity of the program (such as number of contacts).
- 7.8 PSPs should sign a confidentiality agreement, indicating their agreement to maintain confidentiality as defined above. The agreement should also outline the consequences to the PSP for any violation of confidentiality.

8. Role Conflict

- 8.1 PSPs refrain from entering relationships if the relationship could reasonably be expected to impair objectivity, competence, or effectiveness in performing his or her role or otherwise risks exploitation or harm to the person with whom the relationship exists. For example, PSPs avoid religious, sexual, or financial entanglements with receivers of peer support. PSPs must receive training related to handling the complexities that can develop between PSPs and receivers of peer support.
- 8.2 Because of potential role conflicts involved in providing peer support, including those that could affect future decisions or recommendations concerning assignment, transfer, or promotion, PSPs should not develop peer support relationships between supervisors or subordinates.
- 8.3 A trained PSP knows when and how to refer peers, supervisors, or subordinates to another PSP member, chaplain, or mental health professional to avoid any potential conflicts of interest. This includes recognition that a large number of contacts between a PSP and any one individual may be an indication that a referral is needed.
- 8.4 Supervisors may have additional requirements regarding the reporting of issues such as sexual harassment, racial discrimination, and workplace injury that may place the supervisor or the agency in jeopardy if the procedures are not followed. PSPs cannot abdicate their job responsibility as officers or supervisors by participating in the program. Each agency must evaluate supervisor responsibilities and the viability of having supervisors as PSPs.

9. Training

- 9.1 The steering committee identifies appropriate ongoing training for PSPs.
- 9.2 PSPs should be required to advance their skills through continuing training as scheduled by the program coordinator. It is recommended that four hours of update training per quarter be provided to peer support members.
- 9.3 Relevant introductory and continuing training for PSP could cover the following topics:
- 9.3.1 Confidentiality
 - 9.3.2 Role conflict
 - 9.3.3 Limits and liability
 - 9.3.4 Ethical issues
 - 9.3.5 Communication facilitation and listening skills

- 9.3.6 Nonverbal communication
- 9.3.7 Problem assessment
- 9.3.8 Problem-solving skills
- 9.3.9 Cross-cultural issues
- 9.3.10 Psychological diagnoses
- 9.3.11 Medical conditions often confused with psychiatric disorders
- 9.3.12 Stress management
- 9.3.13 Burn-out
- 9.3.14 Grief management
- 9.3.15 Domestic violence
- 9.3.16 HIV and AIDS
- 9.3.17 Suicide assessment
- 9.3.18 Crisis management intervention
- 9.3.19 Work-related critical incident stress management
- 9.3.20 Alcohol and substance abuse
- 9.3.21 When to seek licensed mental health consultation and referral information
- 9.3.22 Relationship issues and concerns
- 9.3.23 Military support
- 9.3.24 Local Resources (e.g., social services, AA meetings, child care, and so on)