

Peer Support Team Utilization and Outcome Survey

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The **Peer Support Team Utilization and Outcome Survey** (Survey) is comprised of 10 questions designed to gather information about your experience with your department's peer support team.

1. **The Survey is voluntary.** Completion of the Survey is voluntary. If you choose to complete the Survey, your responses will provide important feedback to your department's peer support team.
2. **The Survey is anonymous.** Do not write your name on the Survey.
3. **The Survey is confidential.** Individual surveys are confidential. Survey results will be reported in group statistical data only.
4. **Survey Permission.** Permission for the distribution and data collection of the Survey has been granted by your department's chief or sheriff.
5. **Survey Approval by the Peer Support Team and Department Mental Health Professional.** Survey items and the collection of Survey data have been approved by your department's peer support team and mental health professional. *When completing the Survey, do not include interactions with the department's mental health professional in your responses.* The Survey is concerned only with your experience with non-mental health professional members of the peer support team.
6. **Survey Comments.** The Survey includes a "Comments" section. Comments are optional. You can help your peer support team to better serve you and your department by including information relevant to your peer support experiences. Comments will not be quoted in Survey results. They will be reported in group terms according to their theme, such as "found peer support to be ____."
7. **Use of Survey Information.** Survey information will be used to assess and improve the support efforts of your peer support team. It will also be used to help other law enforcement agencies develop or improve peer support services.
8. **If you choose not to participate.** If you choose not to participate, place your blank Survey in the provided receptacle.
9. **If you choose to participate, check the appropriate boxes:**
 - I am a: sworn law enforcement officer (includes CSOs)
 - civilian employee (includes dispatchers) other employee status
 - Years of service with your current department: less than 5 5 to 10 over 10
 - I am assigned to the:
 - Patrol Division
 - Investigations Division
 - Jail Division
 - Administrative Division
 - Support Services Division
 - Other
10. **Complete the Survey.** Please turn this page over, read the directions, and complete the Survey. Once completed, place the Survey in the provided receptacle. Thank you for your participation.

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Directions: Circle the response that best describes your interactions or overall experience with your department's peer support team. Do not include interactions with the department's mental health professional in your responses.

1. Have you ever participated in an interaction with a member of your department's peer support team for peer support, either in person or by any other means of communication?

Yes No Uncertain

If Yes to #1, continue to #2 and complete survey. If No or Uncertain to #1, respond to 1A and 1B, then skip to #8 and complete survey:

1A. I have not utilized the peer support team because: (check all that apply and/or fill in reason)

- I have not had a need for peer support
- I don't know how to initiate peer support
- I'm not the kind of person that asks for support from peer support team members
- For this reason _____

1B. Based on what you know about the peer support team, how likely are you to seek peer support should stressful circumstances arise for you in the future?

1 2 3 4 5
Not at all Likely Very likely

2. Based on your overall experience with peer support, how helpful was peer support in aiding you to better address the issue(s) discussed or better manage the stress associated with the issue(s)?

1 2 3 4 5
Not at all Helpful Very helpful

3. For your most recent peer support interaction, did the peer support team member explain, review, or remind you of the limits of peer support confidentiality before the interaction?

Yes No Uncertain

4. Based on your overall experience with peer support, would you seek peer support in the event of future stressful circumstances?

Yes No Uncertain

5. Based on your overall experience with peer support, would you recommend peer support to other department employees that you know are dealing with stressful circumstances?

Yes No Uncertain

6. Do you feel that peer support has directly or indirectly helped you to better perform your job?

Yes No Uncertain Not applicable

7. Do you feel that peer support has directly or indirectly helped you to improve your home life?

Yes No Uncertain Not applicable

8. Has a member of your department's peer support team ever contacted you with an offer of peer support, either in person or by any other means of communication?

Yes No Uncertain

9. Have you ever experienced work-related circumstances where you felt you should have been contacted by the peer support team and were not contacted?

Yes No Uncertain

10. Within the limits specified by statute and department policy, how confident are you in the confidentiality of peer support interactions?

1 2 3 4 5 I don't know enough about peer support confidentiality to rate my confidence
Not at all Confident Very confident

Comments _____

