Police Peer Support Teams

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Many officers* and police administrators have questions about police peer support teams. Some police administrators are unclear about the role of a peer support team, especially considering that most modern-day police jurisdictions provide counseling services through health insurance plans and Employee Assistance Programs (EAP). It is not surprising that some police administrators ask, “With employee insurance coverage and an EAP, why do we need a peer support team?” Good question. The answer is simple - peer support teams occupy a support niche that cannot be readily filled by either health plan counseling provisions or an EAP. This is because well-trained and highly functioning peer support teams provide support that is qualitatively different than that provided by health insurance therapists or EAP counselors. In fact, peer support teams provide support that it is qualitatively different than the counseling of even the best police psychologists. The difference? The difference is the *power of the peer*. The power of the peer is the factor that is a constant in the support provided by peer support team members. It is the factor that is not present in any other support modality. Therefore, if an agency wishes to do the best it can to support its officers, a peer support team is necessary.

Incidentally, a peer support team is one of the most valued resources for a police psychologist. Experienced police psychologists understand the power of the peer, which is the reason why many police psychologist counseling and proactive support programs are designed to incorporate the efficacy of peer support.

1. *What is a police peer support team*?

A police peer support team (PST) is a group of selected personnel (may include officers, civilians, employees, and non-employees) (1) who are formally established and recognized as a peer support team in agency policy, (2) who have been specially trained in the principles of Level II peer support (see #6), (3) who function under agency approved operational guidelines, and (4) who provide peer support under the clinical supervision of a licensed mental health professional (see #8).

2. *What are the functions and goals of agency-established, properly trained, and clinically supervised police peer support teams*?

Agency-established, properly trained, and clinically supervised peer support teams have two primary functions. They (1) provide peer support for officers confronting challenging stressors of everyday life and (2) serve as an essential component of the agency’s response to officer-involved critical incidents. Members of high functioning peer support teams also assume an officer-wellness training role and participate in proactive officer-wellness programs.

In agencies that utilize a department psychologist, peer support team members assist as appropriate in individual and group psychologist-designed support and counseling interventions.

3. *How does a police agency start and select a peer support team*?

There are several ways for an agency to initiate a peer support team. A full discussion of this issue is beyond the scope of this paragraph but suffice it to say that much depends upon the planned structure of the peer support team and the personnel rules of the agency.

Many police administrators seeking to initiate a peer support team start by identifying officers interested in peer support. These officers are then tasked with collecting relevant PST information and presenting it to staff. Administrators may also simply assign someone to collect and present PST information.

Another way in which peer support teams are initiated is that interested officers will approach agency administrators. This process starts with interested officers writing a proposal for a PST and submitting it to administrators. If the proposal is approved, the officers collect and present PST information to staff. Such information may also be part of the initial proposal.

Regardless of how it begins, presentations about peer support usually include information about the need for peer support, role of peer support, available peer support team structures, other-agency peer support team policy and operational guidelines, peer support team training, confidentiality and clinical supervision, anticipated short and long term costs, and peer support team state statute provisions (if applicable). From here, the department may decide to establish a steering committee (see International Association of Chiefs of Police Psychological Services Section Peer Support Guidelines at www.iacp.org) or move forward with a department-wide memo seeking those employees that have an interest in becoming part of a peer support team During this time, work can begin on developing a peer support team policy and operational guidelines. Once those with interest are identified, a process to determine candidate aptitude, commitment, and credibility is developed. Many agencies require candidates (1) to be in good standing within the department, no discipline for at least the past two years, (2) to submit a letter of recommendation from a current or past supervisor, (3) to submit a personal statement outlining the reasons the candidate wishes to become a member of the peer support team, how personal stressors are managed, and any previous training, education, and history that might be relevant, and (4) to complete a personal interview with a specially created interview board. (This process is, in itself, an assessment of interest – a candidate must be sufficiently interested to collect and complete the required documentation and participate in the interview).

The department must decide who will comprise the board, but it is especially helpful to have experienced members of other-agency peer support teams included. A board of no less than three and no more than eight is recommended. Board members should be provided with any written material required of the candidates. Board members may also be provided with prepared questions to help standardize interview inquiries. These questions should be designed to assess aptitude, interest, commitment, and credibility. Allowing some time at the beginning of the interview for the candidates to tell the board about themselves has historically worked well. Peer support team interviews usually last for twenty to thirty minutes. Following the interview, candidates are rated by board members on a pre-designated scale. The scale can be something as simple as “no concerns - some concerns – major concerns.” Board members then discuss their ratings and personal assessments of each candidate. Candidates are either selected for the team, placed on an eligibility list (if the number of qualified candidates exceeds the number of authorized peer support team members), or declined. Once peer support team members have been selected, a team coordinator is officially appointed. The team coordinator assumes administrative responsibility for team and becomes the contact person for all additional communication. After the peer support team policy and operational guidelines are in place, team members have been appropriately trained, and a clinical advisor or supervisor is on board, the peer support team can be launched.

4. *How are police peer support teams launched*?

Launching a peer support team is not difficult. For most agencies, the best way to start is with a memo issued by the chief, sheriff, or top administrator. The memo acts as a formal announcement that a department peer support team has been created and that peer support is now available. The memo should mention that team members have been specially trained and are clinically supervised. *Most importantly*, the memo should specify the confidentiality parameters of peer support team members and recipients of peer support. It is recommended that information about other available support services - like insurance counseling provisions,

Chaplains, and EAP - also be included. This is because the memo should not only provide employees with information about the newly developed peer support team, but also offer a comprehensive review of all available support services.

In addition to the chief's memo, past successful peer support team launches have included a department-wide email message from the PST coordinator. Such a message further outlines the parameters of the peer support team and includes a "readiness to help" statement. Soon after the chief's message and the coordinator's message are distributed, selected PST members should visit all work groups and each shift briefing. During these visits, PST members present peer support team information, discuss PST confidentiality, distribute prepared peer support team brochures, and respond to any questions. The PST brochures normally include information pertaining to PST availability, PST contact numbers, a brief description of PST confidentiality, and some information about PST clinical supervision. Peer support team posters including the names, contact numbers, and photographs of peer support team members can also be fashioned and posted throughout the department.

To keep department employees informed of peer support, many established peer support teams choose to publish and distribute a quarterly peer support team newsletter. A periodic newsletter is a great way to distribute relevant information and to remind employees of the availability of peer support (to view a peer support team newsletter visit www.jackdigliani.com).

5. *Who should become a police peer support team member*?

Police peer support team members may be sworn or civilian, employees or non-employees. As mentioned, peer support team members should possess an aptitude for supporting others and three primary characteristics: interest, commitment, and credibility. *Interest* - peer support team members must have an interest in helping others and an interest in the fundamental principles of peer support. Without interest, even the most skilled peer support team members eventually fail. Team members lacking interest are perceived by recipients of peer support as distant, inattentive, and uninvolved in the support process. Interest on the part of peer support team members is a vital component of functional peer support. *Commitment* - with interest, a peer support team member must have commitment: commitment to the ideals of peer support, commitment to the peer support team, and commitment to the recipients of peer support. This is expressed in the willingness to respond to requests for assistance at any hour and to function in compliance with peer support team policies and guidelines. *Credibility* - peer support team members must be credible. Credibility is established by ethical personal and professional behavior over time. The perception of credibility has a great deal to do with reputation. For example, it is not likely that an officer with a reputation for gossiping would also be seen as a person who can keep confidences. Therefore, officers with such a reputation lack the credibility necessary to become members of a peer support team. New employees should have at least two years of service before being considered for a peer support team. They will need at least this amount of time to become known in the department and to establish credibility.

Officers that function in an unofficial role of peer support (Level I peer support - see #6) usually make good peer support team members following appropriate training…if they have interest and commitment.

6. *What is Level II peer support? Is there Level I peer support*?

Yes, there is Level I peer support. Level I peer support can be thought of as "traditional" peer support. This level of peer support is found in the everyday interactions of friends, co-workers, and others providing support to one another. Level I peer support has existed for ages

and is characterized by “friends talking” and sometimes “giving advice.” It is the support that any person might provide for another. It can consist of a one-time contact or ongoing interactions.

For police officers, Level I peer support includes the *B and B* (booze and buddies) strategy for support and stress management (exemplified by the officer “choir practice” popularized by Joseph Wambaugh in the 1975 novel, *The Choirboys*). The outcomes of the B and B, like any Level I peer support, can vary widely and range from effective to destructive.

Level II peer support has much in common with Level I, but there are some important differences: (1) Level II peer support is provided by members of an agency-recognized peer support team functioning within state statute and/or department policy and operational guidelines, (2) Level II peer support is provided by persons trained in peer support, (3) Level II peer support interactions are characterized by elements of functional relationships which encourage exploration, empowerment, and positive change, (4) Advice giving is avoided in Level II peer support - independent decision making is encouraged, (5) Level II peer support is guided by ethical and conceptual parameters – this makes it different than just “friends talking,” (6) Level II peer support has positive outcomes as its goal – this is not always the case in Level I peer support interactions, (7) Peer support team members are clinically advised or supervised by a licensed mental health professional - this provides a “ladder of escalation” if consultation or referral is needed. A structured ladder of escalation is not available in Level I interactions, and (8) Level II peer support, while non-judgmental, includes a safety assessment – it has an evaluative component. If a peer support team member assesses that the recipient of peer support is dealing with an issue that exceeds the parameters of peer support or if it is assessed that the recipient is or may be overly stressed, depressed, or suicidal, the peer support team member is trained to act upon the assessment. This is accomplished by providing information about available resources, making appropriate referrals, moving up the ladder of escalation, or initiating emergency intervention.

Peer support team members capable of providing Level II peer support may continue to provide Level I peer support. Level I peer support occurs when peer support team members are not acting in their peer support team member role. However, when peer support team members are interacting with friends or co-workers and not acting in their peer support team role, the confidentiality privileges afforded to peer support team members do not apply.

7. *How are police peer support teams structured*?

Peer support teams may be structured within a police agency in at least three ways: (1) coordinator model, (2) advisor model, and (3) supervisor model. The *Team Coordinator* (TC) model utilizes an appointed-officer peer support team coordinator. The team coordinator can assume any of the responsibilities specified within agency policy and the team’s operational guidelines. The TC model is best applied in agencies where there is no or little funding. While not recommended, the team coordinator model is most times preferable to not having a peer support team. The most significant shortcoming of the TC model is that there is no program-endorsed licensed mental health professional providing clinical support for the members of the peer support team. Without such support, peer support team members have no designated ladder of escalation, are left to their own devices when providing peer support, and are left to make decisions best made with professional consultation.

The *Clinical Advisor* (CA) peer support team model utilizes a licensed mental health professional to advise peer support team members. Clinical advisors provide limited services to the agency and the PST through contract. The actual services provided and compensation for such services are specified in the contract. In this way, the CA model can be established with modest agency funding. Services provided by the clinical advisor can vary but most include

provisions for 24/7 emergency consultation for peer support team members (thereby establishing a ladder of escalation), meeting monthly with the PST for group or individual supervision, and some form of ongoing PST training. The most significant difference between the CA model and the Clinical Supervisor model is that the clinical advisor is not available for referrals from the PST. This means that PST members cannot refer persons to the clinical advisor for more comprehensive counseling or evaluation. Under the CA model, as the number of contract services increase, the CA model begins to approximate the clinical supervisor model. The CA model includes the appointment of a PST coordinator.

The preferred, albeit the most expensive peer support team structure is the *Clinical Supervisor* (CS) model. The clinical supervisor of the agency's peer support team is a licensed mental health professional who is either an employee of the agency or a contracted professional. The clinical supervisor assumes all of the responsibilities of a clinical advisor and additionally (1) accepts referrals from peer support team members and (2) provides direct counseling services to agency employees and their families without referral from the peer support team. The actual services provided by the clinical supervisor are determined by either a job description or elements of a contract. In fully developed CS models, the clinical supervisor assumes the de facto position of department psychologist (if licensed as a psychologist). The CS model also includes the appointment of a PST coordinator.

8. *Why is clinical supervision of the peer support team necessary? It is not required by law.*

Clinical supervision is intended to enhance the delivery of peer support services. It accomplishes this by providing for PST clinical oversight, supporting PST members, and functioning as a resource for PST consultation and referral. In Colorado, the statute that provides for PST member confidentiality, C.R.S. 13-90-107(m) does not require clinical supervision or a specific type of peer support team structure. However, to be protected under this statute peer support team members must be "functioning within the written peer support guidelines that are in effect" for their agency. Therefore, if an agency PST is not concerned about the protection provided by this statute, it would not need written guidelines. This is because *the statute does not require that peer support teams meet its standards*. The statute was intentionally written this way so that each agency peer support team interested in having the protections specified in C.R.S. 13-90-107(m) could develop written guidelines and comply with the additional elements of the statute in a way that best served their needs and available funding. Therefore, the statute serves the guidelines, not vice versa. When clinical supervision is required by the PST guidelines, it is because the agency has endorsed the values inherent in PST clinical supervision. This may not be the case in other states with PST confidentiality statutes. Peer support team trainers must be well versed in the PST statutory provisions (if any) for PST member confidentiality in the state within which PST training is conducted.

9. *Are the identities of recipients of peer support disclosed to the PST clinical supervisor*?

Yes, in some programs. In many of the PST programs that utilize the Clinical Supervisor model, wherein the PST clinical supervisor is the de facto department psychologist, peer support policies and guidelines are often written so that PST members may provide the clinical supervisor the names of the persons involved in peer support…but only after disclosing this fact, as well as all other limits of confidentiality, *prior* to engaging in peer support. The potential recipient of peer support then decides to engage in peer support, decline peer support, or seek a more confidential support resource. In the CS model, where persons eligible for peer support also have direct access to counseling services from the clinician functioning as the PST clinical supervisor, there is little to be gained by avoiding or restricting peer-support-recipient identity.

The PST identity-disclosure provision requires the PST clinical supervisor to have or develop a high degree of credibility within the agency. The psychologist must establish himself or herself as a trusted independent confidential professional and not function or even be suspected as a "pipeline" for information to the agency administration.

It is possible to construct agency policy and PST Operational Guidelines wherein the personal identity of recipients of peer support is not disclosed to the PST clinical supervisor. However, such a provision is less appropriate for the Clinical Supervisor model than it might be for other PST organizational structures.

10. *Are there different types of licensed mental health professionals*?

Yes. In most states there are licensed social workers, licensed marriage and family therapists, licensed professional counselors, and licensed psychologists. Each license requires specific training, examination, and experience. To be licensed as a psychologist, most states require a doctoral degree. The other mental health licenses require a master degree.

Most states do not require a specific university degree or license to practice counseling. Unlicensed persons that practice counseling often refer to themselves as “therapists”, “counselors” or “psychotherapists.” There are no or few requirements to practice counseling as an unlicensed therapist, although some states now require that unlicensed therapists register in a statewide data base. The use of unlicensed therapists to clinically supervise police peer support teams is not recommended.

Psychiatrists are also mental health professionals. Psychiatrists differ from psychologists in that psychiatrists are medical doctors with specialized training in the treatment of mental disorders. Some psychiatrists practice counseling psychotherapy. Others specialize in biological psychiatry, the treatment of mental disorders with medication. These psychiatrists provide little, if any, counseling psychotherapy. Many psychiatrists practice counseling psychotherapy and will prescribe medication as needed. Psychiatrists and psychologists often work together. In such cases, the psychiatrist is primarily responsible for evaluating and monitoring any prescribed medication, while the psychologist provides counseling psychotherapy. Psychiatrists also work with licensed clinicians that are not psychologists. Psychiatrists will have an MD or DO degree. Psychologists will have a PhD, EdD, or PsyD degree. Currently, only a few states permit appropriately trained psychologists to prescribe medication for the treatment of mental disorders.

11. *What are the “confidentiality of information” privileges of police peer support team members*?

It depends upon the state and department policy. Several states have now enacted legislation that provides police and other peer support team members with defined confidentiality of information privileges. Some state statutes provide for peer support team confidentiality as “who may not testify without consent.” This is the case in Colorado. This type of statute normally pertains only to testimony within the state court system. Therefore, in Colorado, peer support team interactions outside of the court system are not protected. To protect peer support team interactions outside of the court system, including protection from administrative investigation inquiries, departmental peer support team policy must include a peer support team *confidentiality of information* statement.

Regardless of whether there exists a peer support team confidentiality statute, each police agency with a peer support team should include a peer support team confidentiality statement within its peer support team policy. Such a statement augments state statute (if applicable) and helps to clarify peer support team confidentiality within the agency. The statement can be as

simple as, “Information communicated in PST interactions is not subject to disclosure…” and may include a qualifying statement such as “PST members are subject to all…disclosures mandated by law” (excerpts from an actual Colorado law enforcement agency peer support team policy). Together, these statements make it clear that internal peer support team interactions are protected up to the limits prescribed by law.

Peer support team policy confidentiality statements are especially important in states that do not have a peer support team confidentiality statute. In states that lack a peer support team confidentiality statute, the only confidentiality protection available for peer support teams is the policy statement. In these states, the policy statement offers some peer support team confidentiality protection within the agency, however it does not prevent the disclosure of peer support information under subpoena or during court proceedings. This fact must be made clear by peer support team members in a disclosure statement. A disclosure statement is comprised of information that specifies the limits of peer support team member confidentiality - and should be utilized regardless of whether there exists a peer support team confidentiality statute. “Limits of confidentiality” information should be presented by peer support team members to intended recipients of peer support *prior* to engaging in peer support interactions. The intended recipient of peer support then has the option to accept peer support under the limits or to decline participation. In cases where peer support is declined due to the limits of peer support confidentiality, the peer support team member should provide information about the availability of more confidential support resources. This information would include a referral to the PST clinical supervisor (in the CS model), support provisions of the agency health insurance provider, and the EAP.

Police administrators should not be reluctant to include a peer support team confidentiality statement in the peer support team policy. The range of potential positive results produced by any peer support team would be significantly narrowed without some degree of agency policy-established peer support interaction confidentiality.

Presently, there is no Federal confidentiality privilege for peer support team members. The confidentiality privilege afforded to peer support team members by state statutes in state courts may or may not apply in *civil* cases of the Federal courts:

“The common law — as interpreted by United States courts in the light of reason and experience — governs a claim of privilege unless any of the following provides otherwise:

- the United States Constitution;
- a federal statute; or
- rules prescribed by the Supreme Court.

But in a civil case, state law governs privilege regarding a claim or defense for which state law supplies the rule of decision.” (Federal Rules of Evidence, Rule 501, *Privilege in General.)*

Depending upon individual-case circumstances, the information exchanged in peer support interactions and protected by state statute in state courts, may become subject to disclosure in a Federal court proceeding. This is important to remember because incidents involving municipal, county, or state officers often move to the federal court system when there is an allegation of civil rights violation. In such actions, peer support team members may be compelled to testify. This is the reason that peer support team members should support officers directly involved in force-related critical incidents, especially officer-involved shootings, *without discussing the incident*. While it is often helpful for involved officers to discuss their actions and experiences during and following a force-related critical incident, such discussion is best left to affirmed state and federally protected confidential support persons such as spouses, attorneys, clergy, and licensed clinicians. Peer support team members must remember that it is not necessary to discuss the incident to provide peer support to officers involved in critical incidents.

12. *Who is qualified to train a police peer support team*?

A licensed mental health professional with training and experience in individual and family counseling, peer support, critical and traumatic incidents, posttraumatic stress and posttraumatic stress disorder, substance use and addiction, depression and suicide, anxiety disorders, mental illness and diagnosis, grief and mourning, confidentiality, and Level I and Level II peer support is best qualified to train a police peer support team. Also, he or she should have at least some familiarity with the stressors of policing, an interest in police officers, a knowledge of police culture, and an aptitude for teaching. Qualified clinicians often team up with members of a peer support team, experienced officers, and relevant others to present comprehensive peer support team training. Having peer support team members and experienced officers as part of an instructor team normally increases the effectiveness and perceived credibility of any police peer support team training program.

13. *What does it cost to train and maintain a police peer support team*?

The cost of training a peer support team depends upon the fee structure of the trainer(s) and the expenditure associated with possible employee overtime, travel expenses, classroom fees, and so forth. Instructional fees for qualified clinicians range from no cost (volunteer) to several thousand dollars. Many agencies have access to outside funding sources, thereby reducing or eliminating the initial agency training costs. However, for most modern law enforcement agencies, finding funding to train a peer support team is less challenging than finding well-qualified and experienced personnel to provide the training.

To maintain a peer support team in a manner recommended (CA or CS), the annual costs depend upon (1) which model is selected and the fees agreed upon by the department and the clinical advisor or supervisor and (2) department policy governing peer support interactions and overtime (for example, many agencies compensate PST members for attending scheduled meetings and training, and for providing peer support during off-duty hours). Individual agency peer support team training and maintenance costs may be mitigated by cooperating or combining with other agency peer support teams when appropriate.

14. *Should agency-sponsored peer support extend beyond a person's employment*?

Most police peer support team policies are written to provide peer support to employees and their immediate family. Such wording, by definition, would terminate the availability of agency-sponsored (Level II) peer support for former employees.

This does not mean that PST members need to disengage from persons that are no longer employed by the agency. PST members, like any other department employee, may retain relationships with former employees to whom they once provided Level II peer support. However, any peer support provided to past employees is regarded as "friends talking" (Level I) peer support. None of the confidentiality protections afforded to agency PST members by statute and department policy would apply.

Peer support team members providing peer support to employees known to be leaving the department should make reasonable effort to assist the person to transition to community support resources prior to the person's departure when necessary. This is especially true when a PST member does not wish to continue a relationship with a former recipient of peer support.

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* The terms "officers" and "police" are used because this article is written specifically for police agencies. Information discussed is equally applicable to sworn and civilian police employees, as well as non-police agencies. Includes information from: Digliani, J.A. (2015). *Contemporary Issues in Police Psychology,* Chapter 1. Xlibris. JAD/8/2016 (updated 4/2020)