

	SECTION:	ADMINISTRATION	ADM-192
	CHAPTER:	SPECIAL PERSONNEL PROGRAMS	
	DIRECTIVE:	PEER SUPPORT TEAM	

192.01 SUMMARY

The Grand Junction Police Department’s Peer Support Program (Program) is designed to provide confidential emotional support during and after times of personal or professional crisis to members who express a need for assistance, or for whom supervisory staff feel could benefit from program involvement. The Program shall promote trust, allow anonymity and preserve confidentiality for all members utilizing the Program. The Program will not be used as any form of corrective action or discipline.

192.02 DEFINITIONS

Client: Any Grand Junction Police Department employee, who may initiate the Program’s benefits by either making a self-initiated contact, being referred by another employee, or is contacted by a Peer Support Team Member. Any client may maintain a mutually consensual Peer Support relationship with any Team Member.

Critical Incident: Any incident that has emotional power to overwhelm an individual’s usual ability to cope and which may interfere with the functioning of a person’s coping mechanism immediately or in the future. It is an event that is considered generally outside the range of ordinary human experiences. These incidents may include, but are not limited to, a shooting incident, traffic fatality, deaths, suicide of co-worker, serious physical assault/injury, or other incident that may impact a member and his/her physical and psychological well-being.

Peer Support: support provided to all Employees by colleagues who listen to and understand the Employee’s personal or professional crises.

Peer Support Clinical Advisor: A licensed mental health professional who provides clinical support to the Peer Support Team. The Clinical Advisor may assist in the selection, training, and retention of Team Members and provide consultation regarding client and other Program matters as needed.

DEFINITIONS (con't)

Peer Support Team Member (PSTM): a specifically trained colleague, not a professional counselor or therapist. This person is trained to recognize and understand stress reactions during and after crises, and to provide initial emotional first aid. An employee who, by virtue of prior experience, training or interest, has expressed a desire and has been selected to provide support for peers. Team Members will be appointed by the Chief of Police in consultation with the Coordinator.

Peer Support Team Coordinator: a Supervisor assigned to coordinate Peer Support Team activities. The Coordinator is responsible for administering the program to include assigning and supervising Team Members in the performance of their duties associated with the support and referral program. The Coordinator will be designated by the Chief of Police.

Personal or Professional Crisis: This could be any incident which causes severe physical or mental injury, usually due to an external agent. One of these events may include, but are not limited to:

- Employee involved in the use of deadly force
- Assault on an employee involving a deadly weapon
- Hostage situation where an employee is victim
- Injury, illness or death of an employee or family member
- Assisting family with an employee's death
- Catastrophic incidents such as an airplane crash, flood or fatal accident
- Investigations involving death, such as S.I.D.S.
- Substance abuse
- Marital, relationship, health, family, financial, employment, or other personal problems.
- Internal Affairs Investigations

192.03 CONFIDENTIALITY

Peer Support Team Members are protected under CRS 13-90-107(m)(l): There are particular relations in which it is the policy of the law to encourage confidence and to preserve it inviolate; therefore, a person shall not be examined as a witness in the following cases:

A law enforcement peer support team member shall not be examined without the consent of the person to whom peer support services have been provided as to any communication made by the person to the peer support team member; nor shall a recipient of individual peer support services be examined as to any such communication without the recipient's consent.

"Communication" means an oral statement, written statement, note, record, report, or document, made during, or arising out of, a meeting with a peer support team member.

"Law enforcement peer support team member" means a peace officer, civilian employee, or volunteer member of a law enforcement agency or other person who has been trained in peer support skills and who is officially designated by a police chief, as a member of a law enforcement agency's peer support team.

This shall apply only to communications made during individual interactions conducted by a peer support team member: Acting in the person's official capacity as a law enforcement peer support team member; and functioning within the written peer support guidelines that are in effect for the Grand Junction Police Department.

Confidentiality shall be extended to employees during official contacts with Peer Support Team member(s) with the exception of violations of Grand Junction Police Department policy amounting to a violation of the law, where there is an immediate threat to the employee or others, or egregious policy violations, such as but not limited to indications of excessive force, sexual harassment, or abuse of official position. In accordance with CRS 13-90-107(m)(l), policy violations as described above will be documented by the Peer Support Team members and submitted to the Chief of Police through the Peer Support Team Coordinator for review and/or appropriate action.

Peer Support Team Members are not relieved of their primary duties as department employees to report egregious violations and/or significant concerns relative to a fellow employee's fitness for duty that the department would expect to have reported regardless of Peer Support Team membership.

CONFIDENTIALITY (con't)

LIMITS TO CONFIDENTIALITY: The privilege of confidentiality for peer support team members acting in their peer support role does not include:

1. Circumstances wherein the Peer Support Team Member is a witness or party to an incident which prompted the delivery of peer support.
2. Information relating to a mental health disorder where there is an imminent danger to self or others, or there is reason to believe that a person is gravely disabled (C.R.S. 13-90-107) (C.R.S. 27-65-105).
3. Information indicative of alcohol or other substance intoxication or abuse where there is a clear and immediate danger to self or others (C.R.S. 13-90-107) (C.R.S. 27-81-111) (C.R.S. 27-82-107).
4. Information indicative of any criminal conduct (C.R.S. 13-90-107).
5. Egregious policy violations, such as but not limited to indications of excessive force, sexual harassment, or abuse of official position.
6. Discussion of information with the peer support team clinical supervisor as specified in Peer Support Team Operational Guidelines. (*Peer support team members have a primary obligation to discuss their peer support interactions with their clinical supervisor when so specified in their Peer Support Team Operational Guidelines.*)

192.04 DUTY TO REPORT OR TAKE ACTION

Duty to Report or Take Action: Peer support team members who are peace officers (or function in another capacity specified in C.R.S 19-3-304) have a duty to report:

1. Information indicative of actual or suspected child abuse or neglect (C.R.S. 19-3-304) (C.R.S. 13-90-107). (Psychologists are mandatory reporters under C.R.S. 19-3-304. Non-peace officer members of the PST must discuss such information with their clinical supervisor, a psychologist. The clinical supervisor must then report the information. Therefore, even when a PST member is not required by C.R.S. 19-3-304 to report actual or suspected child abuse or neglect, it will be reported. *This makes all PST members de facto mandatory reporters.*)
2. When there is information indicative of domestic violence and there is probable cause to believe that a crime has been committed (C.R.S. 18-6-803.6).

DUTY TO REPORT OR TAKE ACTION (con't)

Critical Incidents: At critical incidents, the Incident Commander should remove the involved Employee(s) from the scene as soon as possible.

An Employee's immediate Supervisor should immediately assign a Peer Support Team Member, not connected to the investigation, to stay with and look after the needs of the Employee(s) involved. Whenever possible, the Employee shall have the right to choose their Peer Support Team Member.

192.05 PROTOCOLS

The Peer Support Team Member should explain to the Employee what will happen administratively during the next few hours. The Team Member should prepare the Employee for what to expect but not discuss details of the incident with the employee. Team Members should assist the Employee in any way possible, including making notifications, obtaining nourishment, etc., as well as to provide companionship during a stress-filled period. The Team Member should remain with the Employee until no longer needed.

Employees follow the procedures in ADM 158 regarding weapon removal and replacement, interviews, administrative leave, and family notifications.

The Peer Support Team Member should provide information to the involved Employee or Employee's family with regard to the release of information to the media, in order to prepare the Employee and their family for the media attention that may follow.

Contacting Peer Support: To take advantage of the Peer Support Program, an employee can call any of the Team Members listed on the Peer Support Program brochure or the Peer Support Coordinator.

Meetings and Documentation: The Coordinator will facilitate regular meetings with their Peer Support Team Members at a frequency approved by the Chief of Police. The Clinical Advisor (or their designee) will attend a portion of the meeting to provide assistance and consultation reference past and on-going contacts with clients. These meetings will also provide opportunities for continuing education.

The Coordinator will insure Client Contact Sheets (or other methods of capturing data) are completed and submitted on a timely basis. The sheets may indicate the number and type of client contacts, but no information that could identify individual clients will be recorded. The data will be forwarded to the Coordinator on a regular basis.

PROTOCOLS (con't)

Peer Support Clinical Advisor: The Clinical Advisor is a licensed mental health professional who will provide advice, guidance, and support to Peer Support Team Members in areas including but not limited to clinical concerns, referrals, ethical dilemmas, and training. The Clinical Advisor will also consult and coordinate with the Chief of Police on matters of concern, including confidentiality, mandatory reporting, or fitness for duty information.

192.06 ROLES AND RESPONSIBILITIES

Peer Support Team Coordinator: The Peer Support Team Coordinator will be a supervisor who will function as the primary liaison between the Peer Support Team Members, the program advisor and the Chief.

The peer support team coordinator will be responsible for:

- general supervision of the program
- recruiting and coordinating the screening of peer support applicants
- ensure all employees are aware of the program through watching briefing presentations, written memorandums or other literature about the program as may be developed
- preparing and disseminating to all employees a current referral list of professional counseling services approved by the City
- identifying and coordinating the appropriate training for the selected peer supporters, and documenting and maintaining all records pertinent to such training
- maintaining monthly statistical data of reported contacts by peer support staff for program evaluation purposes and forwarding it to the program advisor
- acting as the liaison for peer support referrals, and being responsible for assigning peer supporters to assist employees consistent with the particular need
- providing guidance and assistance to peer support personnel when problems or questions arise
- ensuring that in situations where an employee needs protection under the Privileged Communication Statute, referrals are made to the clinical advisor
- developing resources to assist employees when problems are identified

ROLES AND RESPONSIBILITIES (con't)

- perform the tasks associated with the referral program in conjunction with his normal assigned duties

Peer Support Team Member Responsibilities: Peer Support Team Member responsibilities will include:

- advising peers seeking assistance of confidentiality rules/policies, and of the limitations to confidentiality
- advising a peer that any acts of self-injury or injury to others cannot go unreported
- advising other parties seeking information about discussions shared between a peer and peer supporter that the information is confidential
- providing short-term supportive assistance and or referral, for employees involved in the Peer Support Program, within the scope of their ability, knowledge and training
- making additional referral for assistance when deemed appropriate
- maintaining contact with the program coordinator regarding program activities and statistical data on program contacts for purposes of program evaluation, including the submission of a 'Monthly Peer Support Contact Summary' regarding support contacts made with employees
- establishing contact with, and offering assistance to, those employees who self-refer, or are referred by supervisory personnel
- responding at any hour if necessary, when contacted by the program coordinator, and intervention is requested or needed
- responding to the scene of a critical incident if requested by the incident commander, watch commander, peer support coordinator, peer support advisor, or Chief
- notifying the program coordinator should the peer supporter voluntarily withdraw from participation abiding by the program policies and objectives or be removed from program participation
- notifying the program coordinator should a conflict of interest arise

**192.07 TEAM SELECTION
AND TRAINING**

Selection: Through a selective process, a sufficient number of interested members shall be selected to perform the duties as Peer Support Team Members. They shall have three or more continuous years of service and submit a letter of interest to the Coordinator detailing their qualifications, training, and experience which they feel would be beneficial to the program.

An interview may take place before a panel. The panel may include the Team Coordinator, The Clinical Advisor, and current Team Members. They may consider characteristics and traits such as the applicant's reputation within the department, social skills, ability to empathize, previous education and training, job experience, motivation, sincerity, ability to complete training, and adherence to program policy.

Final selection will be determined following job performance reviews on each of the successful candidates, which may include interviews with peers, supervisors, etc.

The newly selected Team Member will sign a Memo of Understanding and Confidentiality Statement and be required to successfully complete all the training requirements of the Program.

Due to the sensitive nature of peer support work, a Team Member or the Coordinator can be de-selected at any time at the discretion of the Chief of Police and/or in violation of the Memo of Understanding and Confidentiality Statement. De-selection or a hiatus may also be justified in order to relieve additional stress and/or secondary trauma which are inherent in a support role. Any Peer Support Team Member who compromises confidentiality in violation of the guidelines established in this directive, may be subject to disciplinary action and may be removed from the Peer Support Team.

Training: The Department will provide Peer Support Training in conjunction with the Team Coordinator, Clinical Advisor, and other stakeholders. The training program should include, but is not limited to topics of:

- Confidentiality issues
- Communication facilitation and listening skills
- Ethical issues
- Problem assessment and problem-solving skills
- Cross-cultural issues

TEAM SELECTION AND TRAINING (con't)

- Medical conditions often confused with psychiatric disorders
- Stress management
- Suicide assessment
- Depression and burn-out
- Grief management
- Domestic violence
- Crisis management
- Nonverbal communication
- When to seek mental health consultation and referral information
- Traumatic intervention
- Limits and liability

