
 <p>Cambridge Police Department</p>	POLICY & PROCEDURES		No. 245
	Subject/Title: Peer Support Team Program		
	Issuing Authority: 	Issue Date:	Effective Date: 02/16/09
	Robert C. Haas Police Commissioner	Review Date:	Revises/Rescinds:
References/ Attachments: International Chiefs of Police Assoc. Guidelines	Accreditation Standards: 22.2.6		

I. PURPOSE:

The purpose of this directive is provide members of the Cambridge Police Department with a level of support by means of having officers within the department specifically trained to be accessible to all personnel during times of need and emotional support. Toward that end, this policy and set of procedures will accomplish the following:

- Describe the general principles of the Peer Support Team;
- Explain the selection process for officers being members of the Peer Support Team;
- Describe the training officers who have been selected as members of the Peer Support Team will undergo in order to maintain a certain level of proficiency;
- Describe the role and responsibilities of the members of the Peer Support Team;
- Explain the limits of confidentiality of the Peer Support Officers;
- Describe the Administration of the Peer Support Team Program; and
- Describe the services available from the Mental Health Professionals who have been contracted work in support of the Peer Support Officers.

II. POLICY:

The Cambridge Police Department has assembled and trained a group of police officers so as to provide “Peer Support” to the members of the department in need of such assistance. It is the policy of this department to pursue available means by which steps are taken to provide proactive measures in furthering employee health issues. As a basic step toward the implementation of this policy, those police officers who may have been

involved in critical incidents or officers for whatever reason in need of support or advice will have the ability to seek out members of the Peer Support Team on their own. Members of the department utilizing these services will also have the option of asking for the same services for a spouse or immediate family member when a situation creates a traumatic impact on such family members. Incidents that will precipitate a notification to the Peer Support Team Coordinator would include the following:

- An officer involved or officer initiated action that resulted in the line of duty death or life threatening injury of another Cambridge police officer. (refer to ***Policy #402 – Post-Shooting Incident Guidelines***);
- Suicide or attempted suicide of a member of the Cambridge Police Department;
- Incidents involving sudden accidental death/life threatening injury of a family member or significant other (spouse/life partner) of a member of the Cambridge Police Department; or
- Any other incident, which appears to have had a traumatic impact on a member of the Cambridge Police Department.

III. DEFINITION OF TERMS:

For the purpose of this directive, the following definitions will be applicable:

- A. **Critical Incident:** An event, within the course of duty as a police officer, that is considered extraordinary to the point where it may produce significant reactions (physical, cognitive or emotional) for the intervening personnel. At times, these reactions may rise to the level of interfering with one’s ability to manage personal and/or professional duties and responsibilities. Providing rapid “psychological first aid” is often valuable at mitigating these possible reactions.
- B. **Critical Incident Stress Debriefing:** A closed confidential discussion of a critical incident relating to the feelings and perceptions of those directly involved prior to, during, and after a stressful event; intended to provide support, education, and an outlet for views and feelings associated with the event. Debriefings are not counseling, nor an operational critique of the incident.
- C. **Critical Incident Stress Defusing:** A “defusing” is defined as a brief post-incident intervention conducted by specifically trained members of the Peer Support Team immediately following a stressful incident. It is designed to lessen the impact of the event and to accelerate recovery.

- D. Critical Incident Contact:** A private discussion between the Peer Support Team members and the individual exposed to or experiencing a traumatic incident. Meetings are not open to anyone other those selected by the team members.
- E. Peer Support Team:** A team of police officers who have been selected and trained in providing support to members of the department who may be having difficulty in managing a personal or professional situation. This team of officers is available to members of the department who may be seeking advice and guidance with any variety of issues that may be affecting their ability to perform their normal duties.
- F. Peer Support Team Member:** A member of the police department trained in Critical Incident Stress Management to recognize and understand stress reactions during and after critical incidents.
- G. Peer Support Team Coordinator:** The team along with the clinical consultant will designate at least one or more members of the team to function as the Peer Support Team Coordinator. It will be the responsibilities to be the principal point of contact whenever a member of the Peer Support Team is needed, when otherwise unavailable.
- H. Mental Health Professional:** A licensed mental health professional approved by the Police Commissioner will be available to train and consult with the PST. As described by the IACP guidelines, this clinical consultant will be available to the team on a 24 hour basis.

IV. CONSIDERATIONS & GENERAL GUIDELINES:

Police officers by the very nature of the work they perform are exposed to an inordinate amount of human tragedies and human behaviors that create stressors they must deal with everyday of their professional careers. In addition to these external stressors, there are also aspects of their personal lives that can serve to compound those stressors. It is recognized that stress is an expected part of police work and normally managed effectively by the department's personnel.

The goal of peer support is to provide all public safety employees within an agency the opportunity to receive emotional and tangible peer support through times of personal or professional crises and to help anticipate and address potential difficulties. A peer support program must have a procedure for mental health consultation and training. A peer

support program is developed and implemented under the organizational structure of the parent agency.

Stress from a critical incident or from cumulative exposures to critical incidents can trigger responses that may interfere with or overwhelm an employee's ability to function, either during the emergency event itself or at a later time. It is the belief of the department that early intervention to mitigate the negative effects of stress will prove beneficial to the affected officer or member of the department, his/her family, the police department, and the community he/she serves.

Critical Incident Stress Management is not therapy, nor is it meant to take the place of therapy. The Peer Support Team Program (hereafter referred to as the "Program") is available to provide support in order to help an individual remain productive, functioning, and generally healthy.

V. SELECTION & TRAINING OF PEER SUPPORT OFFICERS:

- A. Posting of Positions:** From time to time, the department will post openings for the Peer Support Team for the purpose of seeking police officers within the department who would be interested in serving in the capacity of a Peer Support Officer. The posting will list the prerequisite skill set and personality attributes that are desirable in officers who wish to serve in this capacity. Some of the factors that will be taken into consideration, but not limited to are the following:
1. Prior education and training;
 2. Demonstrated ability to resolve traumatic experiences;
 3. Personality attributes such as, maturity, good judgment, compassion, good communication skills, personal and professional credibility;
 4. Exhibiting a positive attitude and serves as a role model for other officers; and
 5. A demonstrated willingness to be available to other members of the department who may be in need of support and advice.
- B. Selection Process:** Officers responding to the posting will be expected to submit a letter of intent, which describes some of the interests, characteristics, and traits that would make them good candidates, and a professional resume that identifies achievements, trainings/education, and life experiences that demonstrate they possess some of the prerequisite skills and abilities that demonstrate their qualifications.

1. Prior to making an appointment, candidates will be expected to participate in an interview process by an interview panel that typically will be comprised of, Peer Support Team Coordinator(s), and the clinical consultant to the Program.
2. All appointments will be made by the Police Commissioner, based upon the recommendations of the interview panel.
3. All appointments to the Peer Support Team are on purely on a voluntary basis, and may be rescinded by the Police Commissioner for a variety of reasons that may include, but not limited to:
 - a. Failure to abide by the confidential requirements set forth within this directive;
 - b. Failure to participate in the periodic trainings that members of the Peer Support Team are expected to attend;
 - c. Whenever it appears that an officer goes beyond the bounds set in terms of the role and responsibilities established for Peer Support Officers.
 - d. Whenever it appears that an officer is being adversely affected as a result of additional stressors this position could potentially pose.
 - e. If in the opinion of the mental health professional and/or the Peer Support Coordinators it might be in the best interests of the officer to withdraw from the program.

C. Training Criteria for Peer Support Officers: Members of the Peer Support Team will be expected to be trained in various aspects of situations they are likely to encounter when working and supporting members of the police department. Some of the topics that would be considered appropriate as part of the training of the Peer Support Team are: :

1. Critical Incident Stress Management courses;
2. Confidentiality and ethical Issues;
3. Communication facilitation and listening skills;
4. Problem assessment and problem solving skills;
5. Alcohol and substance abuse;
6. Medical conditions often confused with psychiatric disorders;

7. Stress Management;
8. Suicide Assessment and Recognition;
9. Depression, anxiety, and burn-out;
10. Domestic violence and other family issues;
11. Indicators for when it is appropriate to make referrals;
12. Familiarization of the City’s Employee Assistance Program, and other social service resources;
13. Traumatic Intervention; and
14. Limits and liability.

D. Regularly Scheduled Training Sessions: Members of the Peer Support Team will be expected to attend regularly scheduled training sessions. These training sessions will generally be facilitated by the clinical consultant/mental health professional, under contract by the police department. The regularly scheduled meetings will typically consist of team development exercises designed to deal with issues and concerns that may arise as the team moves forward. The group meetings may also review the types of encounters they have experienced, or troublesome situations, and as a group serve as a problem-solving sounding board for one another. These regularly scheduled training sessions may also be used as an opportunity to bring in guest speakers.

VI. RESPONSIBILITIES OF PEER SUPPORT OFFICERS:

- A. Maintaining Professional Standards:** The Cambridge Peer Support Program follows closely to the guidelines of the International Association of Chiefs of Police (IACP). All members of the Peer Support Team are expected to adhere to the standards of performance that have been established for the program. Officers assigned to the Peer Support Team are expected to remain in good standing within the Cambridge Police Department. In very general terms, an officer in “good standing” refers to a member of this department who carries him/herself in a way that typically exhibits the following some of the following traits or characteristics:
1. Possesses a good working knowledge of his/her role as a Cambridge Police Officer and performs his/her duties consistent with values of the department.
 2. Is an officer who is not chronically the subject of disciplinary action.

- B. Attendance at Regularly Scheduled Training Sessions:** Members of the Peer Support Team are expected to attend the regularly scheduled training sessions. As a general rule, each member of the Peer Support Team is expected to participate in a minimum of $\frac{3}{4}$ of the regularly scheduled training sessions within a calendar year. Members of the Peer Support Team are expected to make themselves available to attend any other training sessions that are deemed to be consistent with their role within the program. Failure to meet these training requirements may result in the removal of a member from the Peer Support Team.
1. Officers attending the regularly scheduled training sessions are eligible to receive reimbursement if attending the training session while off-duty.
 2. Officers attending other training sessions will be compensated as they normally are for attending a seminar or training program.
 3. Arrangements should be made by commanding officers to allow members of the Peer Support Team who are working to attend the regularly scheduled training sessions, when practical to do so.
- C. Adherence to the Confidential Requirements:** Members of the Peer Support Team are expected to adhere to the confidentiality requirements established for the Peer Support Team.
- D. Maintain a Degree of Self-Awareness:** Given the added stressors that could be presented to members of the Peer Support Team, members of the team must remain clear as to their own personal and professional limitations. A member must recognize and be self-aware of his/her own stress levels and learn appropriate management strategies.
- E. Limitations as to Investigative Responsibilities:** The Peer Support Team is not an investigative unit of the police department, therefore it will be the policy of this department not to interfere with, nor question Peer Support Team members or any other participant involved in a Peer Support Team debriefing or defusing of a critical incident concerning the content of such discussions.¹

¹ Certain conversations between Peer Support Officers and members of the department may be considered legally privileged consistent with Massachusetts General Laws c. 112, §§ 134, 135A, & 135B that govern privileged communications, and are exempt from testimony, consistent with *Barnard vs. Commonwealth*, 424 Mass. 32 (1996).

- F. Maintenance of Written Records:** Peer Support Officers are not expected to keep written records as to the content of their supportive contacts.² Aggregate data regarding the activities of the peer support team will be kept by the clinical consultant.
- G. Avoidance of Potential Conflicts:** Peer Support Officers should be sensitive to role conflicts that could affect future decisions and recommendations. Peer Support Officers may not abdicate their professional responsibilities as sworn police officers.
- H. Briefings on the Peer Support Team Program:** From time to time, members of the Peer Support Team will be called upon to brief members of the department on the Peer Support Team Program.

VII. CONFIDENTIALITY REQUIREMENTS:

It shall be mandatory that members of the Peer Support Team maintain strict confidentiality in matters discussed in peer debriefings, defusings, or peer support contacts. Members of the Peer Support Team are also members of the Cambridge Police Department and therefore are bound under certain laws to report the following incidents if they are divulged. Participants should be advised of the confidential nature of their communication and the limits of such at the beginning of each and every meeting, debriefing, and/or defusing. The exceptions to the confidentiality rule are as follows:

- A. Threat to Self or Others:** There is reason to believe that a contacting officer presents a danger to him/herself or others (e.g., threats or actions towards suicide, homicide, intentions to cause other dangerous acts to others, etc.).
- B. Commission of a Felonious Act:** There is a strong belief that a contacting officer has committed a felonious act.
- C. Situations Triggering Mandated Reporting:** Any disclosure by a contacting officer that he/she may have committed an act that would ordinarily require a police officer to become a mandated reporter in accordance with Massachusetts General Laws (e.g., child abuse or neglect, elderly abuse or neglect, etc.).

² There will be certain record keeping requirements in order to satisfy the annual reporting requirements outlined within this directive.

VIII. OPERATING PROCEDURES FOR PEER SUPPORT OFFICERS:

A. Self Initiated Contacts: Any member of the department wishing to make contact with a Peer Support Officer may do so at any time. Members of the department are encouraged to take advantage of Peer Support Team whenever they feel they need or want to have a confidential conversation with a peer. Provisions have been made so that these officers may have a confidential conversation that may prove to be helpful or supportive at times when an individual may feel under stress or having difficulty in coping with certain situations. These conversations should never take the place of any type of professional counseling or therapeutic assistance. The Peer Support Officers are also available for the following as a resource:

1. Support during the grieving process which a member of the department be going through as a result of a death in his/her immediate family;
2. Serve as a possible resource to family members of department personnel who may be personally affected by an event that has proven to be stressful or difficult to deal with.
3. Accompanying an officer to a medical/psychological evaluation.
4. Family notification for next of kin for members of the department.
5. Participate with the clinical consultant in department training

B. Notification to the Peer Support Coordinator: Anytime in the estimation of a Shift Commander or Section Commander an incident reaches a level that would merit the intervention of Peer Support Officers, said commanding officer will make notification to the Peer Support Coordinator. The Peer Support Coordinator in consultation with the requesting officer will determine how best to make the necessary arrangements, which could mean reassigning Peer Support Officers from their current assignments or calling in personnel to perform that function. Examples of incidents that would trigger such a request would include, but not be limited to the following:

1. All police related shootings (refer to ***Policy #402 – Post-Shooting Incident Guidelines***);
2. Death or serious injuries to a member of the police department;
3. Any incident that may involve death or serious injury to children;
4. An incident in which a police officer is seriously injured or killed in the line of duty;

5. Any other incident that may be particularly stressful for officers who must deal with the situation; or
6. Any other incidents as determined by a commanding officer to merit this kind of intervention.
7. In cases of serious violent injuries to a member of the department, the involved party will be offered the opportunity to participate in a defusing as soon as possible, following the incident.
8. The Peer Support Coordinator will be responsible for maintaining an on-call list with the Shift Commanders so as to provide continuous availability to the Peer Support Team.
9. An intervention should be held as soon as possible after the conclusion of an incident

C. Arranging for Debriefing or Defusing Sessions: If a decision has been made between the Peer Support Coordinator and the requesting commanding officer for a critical incident debriefing or defusing, arrangements will be made to assign the members of the Peer Support Team to conduct said sessions.

1. A location should be chosen that will provide sufficient privacy and comfort for those participating in the defusing session.
2. The defusing session should take place as soon after the conclusion of the incident as may be possible.
3. A follow up session with the involved members of the department should be conducted within thirty (30) days to insure that any prolonged or delayed difficulties are addressed and to initiate referral, if necessary.
4. Members of the Peer Support Team are to consult with the Clinical Consultant to the team when necessary, and are to refrain from giving advice which is outside of their training.
5. For large-scale incidents, the on scene Peer Support Coordinator or their designee will report to the Command Post and advise the Incident Commander of their presence and availability in providing support to any members of the department who may deem to be appropriate. The clinical consultant may be contacted for further assistance.

IX. ROLE OF THE MENTAL HEALTH PROFESSIONALS:

- A. Mental Health Professional Services Provided:** So as to adequately support the members of the Peer Support Team, the department will retain the services of a mental health professional, who will be responsible for providing support and consultation to the members of the Peer Support Team.
- B. Providing “At Risk” Referrals:** The mental health professional will be on call so as to provide consultation to the Peer Support Team. When indicated or requested, the consultant will facilitate referrals requiring intervention beyond the scope of peer support.
- C. Coordination of Training and Support:** The consultant will coordinate and plan on-going training and support to the members of the Peer Support Team.
- D. Annual Report & Assessment:** The consultant will be required to submit an annual report and assessment of the Peer Support Team Program. The following information should be contained within the annual report:
1. A brief description of the actual services provided;
 2. The number of interactions with Peer Support Officers as it relates to providing assistance;
 3. A general assessment of how the program is proceeding; and
 4. Any recommendations on how to alter the program in the upcoming year.

X. ADMINISTRATION OF THE PEER SUPPORT TEAM PROGRAM:

- A. Administrative Support of the Peer Support Program:** The administration of the Cambridge Police Department has made a commitment to support the Peer Support Program in the interests of promoting and maintaining the good physical and mental health and wellbeing of the members of the department. Toward that end, the administration of the department has made the following commitments:
1. Honor and preserve the confidential tenants that have been set forth within this directive so as to encourage and support the needs of the members of the department taking advantage of this resource without fear of their privacy being compromised.

2. Provide for a mental health professional to be available to the members of the Peer Support Team so as to conduct consultations, training, advice, and guidance when needed.
3. Provide training opportunities to the members of the Peer Support Team so as to maintain the highest level degree of support to the members of the department.
4. The Peer Support Team Program will not be used as an alternative to discipline. A Peer Support Officer will not be expected to intervene in any disciplinary process, even at the employee's request.

B. Annual Reporting: So as to gauge and evaluate the efficacy of the Peer Support Team Program, the Peer Support Coordinator will be required to submit an annual report at the end of each calendar year. The report will be submitted to the Police Commissioner, and should contain the following information as a minimum requirement:

1. The number of incidents or contacts the members of the Peer Support Team had during the course of the calendar year;
2. The number of hours expended in the program;
3. The number of regularly scheduled training sessions held during the year, with a summary of the content of those training sessions; and
4. Any recommendations to improve the program.