

## Peer Support Team

### 1032.1 POLICY AND SCOPE

The Colorado State University Police Department's Peer Support Team functions as a peer counseling and debriefing resource for members of the police department and their families. In order to effectively meet this responsibility, the Peer Support Team (PST) adopts the following operational guidelines.

### 1032.2 PEER SUPPORT

Members of the Peer Support Team are committed to functioning within the parameters of their training. Peer support interactions may continue as an adjunct to comprehensive professional counseling or any other ongoing professional or self-help program.

### 1032.3 CLINICAL SUPERVISOR/ ADVISOR

The Peer Support Team is clinically supervised by the department-appointed licensed mental health professional. This person is designated the PST Clinical Supervisor/Advisor. The Clinical Supervisor/Advisor is responsible for the clinical supervision and ongoing in-service training of the Peer Support Team.

### 1032.4 TEAM COORDINATOR

The Team Coordinator is appointed by members of the team. The Team Coordinator is the primary spokesperson and represents the group in matters involving department staff. The Coordinator is administratively responsible for PST operation and training. The Team Coordinator, in conjunction with the Clinical Supervisor/Advisor, functions as chairperson during team meetings.

Assistant Team Coordinators are selected by the Team Coordinator and the Clinical Supervisor/Advisor. Assistant Team Coordinators assist the Team Coordinator and the Clinical Supervisor/Advisor in the performance of their duties, and functions as the Team Coordinator in the absence of the Team Coordinator.

An Acting Team Coordinator will be appointed by the Team Coordinator to fulfill duties and responsibilities in the Team Coordinator's and Assistant Team Coordinator's absence.

### 1032.5 PRIMARY OBLIGATIONS OF PEER SUPPORT TEAM MEMBERS

#### A. Professional Supervision

1. Peer Support Team members have a primary obligation to communicate their peer support activities to the PST Clinical Supervisor/Advisor and/or the Team Coordinator. Due to the varying nature of the issues involved in peer support, some peer support team member activity may be communicated at regularly scheduled PST meetings. In circumstances where this is not the case, team member activity should be communicated to the Clinical Supervisor/Advisor as soon as practical. If the information pertaining to a member's peer support activity

## Peer Support Team

---

is assessed by the team member as inappropriate for discussion in a regularly scheduled group PST meeting, the PST member should arrange to discuss the interaction(s) with the Clinical Supervisor/Advisor privately.

### B. Confidentiality

1. Issues discussed during peer support meetings, employee contacts, and training sessions, are confidential within the parameters specified by law, department policy, and clinical supervision. Safeguarding acquired information is a primary obligation of team members. Subject to the limitations of law, information received in confidence shall not be revealed without the express consent of the person involved. Express consent to reveal information constitutes a waiver of confidentiality. In cases where express consent is granted, information will be provided only to those specifically authorized to receive the information. The statutory privilege for Peer Support Team member confidentiality is specified in CRS 13-90-107(1, m), under . Per this provision, Peer Support Team members are prohibited from testifying in civil court cases without consent of the person to whom peer support team services has been provided. The protection for recipients of peer support applies to individual and group peer support interactions only. The provision **does not** apply when:
  - (a) A law enforcement or firefighter peer support team member was a witness or a party to an incident which prompted the delivery of peer support services;
  - (b) Information received by a peer support team member is indicative of actual or suspected child abuse, as described in section 18-6-401, C.R.S., or actual or suspected child neglect, as described in section 19-3-102, C.R.S.;
  - (c) Due to alcohol or other substance intoxication or abuse, as described in sections 27-81-111 and 27-82-107, C.R.S., the person receiving peer support is a clear and immediate danger to the person's self or others;
  - (d) There is reasonable cause to believe that the person receiving peer support has a mental illness and, due to the mental illness, is an imminent threat to himself or herself or others or is gravely disabled as defined in section 27-65-102, C.R.S.;
  - (e) There is information indicative of any criminal conduct. PST members are subject to all other disclosures required by law.
2. Team members must advise all persons with whom they interact in a peer support role of the limitations of peer support team member confidentiality. .In the event information received in a peer support interaction must be revealed per statute, PST members shall reveal such information only after an effort to elicit the person's voluntary disclosure has failed. When appropriate, the Peer Support Team member should inform the employee of their legal obligations. Information revealed under such circumstances shall be provided only to the appropriate persons and/or public authorities. In the unlikely event that a PST member receives information during a peer support interaction that there is a viable threat of harm or violence toward another person or persons, a "duty

## *Peer Support Team*

---

to warn” shall exist. This information is not confidential. The PST member must warn the threatened person(s), contact the Team Coordinator or Clinical Supervisor/Advisor immediately, and take any/all other actions appropriate to safeguard lives. An intentional violation of the confidentiality standard by any team member is a serious breach of trust and is cause for censure or removal from the PST.

### C. Peer Support Team Meetings

1. Attending scheduled PST meetings for the purpose of group clinical supervision/ advising and PST cohesiveness is a primary obligation of all PST members. The Peer Support Team meets quarterly to allow for clinical supervision, on-going training, and team cohesion. If a team member is unable to attend a scheduled meeting, he or she must:
  - (a) Notify the Team Coordinator or Assistant Team Coordinator in advance of the meeting when possible or contact the Team Coordinator or Assistant Coordinator as soon as practical after the scheduled meeting,
  - (b) Obtain a copy of any training materials presented at the meeting, and
  - (c) Schedule an individual supervision meeting or otherwise contact the Clinical Supervisor/Advisor if he or she has engaged in any PST interactions since the previous supervisory contact.
2. Absences from required meetings/trainings in excess of two (2) per year from will be addressed by the Team Coordinator, Assistant Coordinators, and the Clinical Supervisor/Advisor on a group or individual basis. Continued excessive absences may result in the team member’s removal from the PST.

### **1032.6 DUTY TO TAKE ACTION**

Peace officer members of the PST are required to make an arrest in cases where there is probable cause that a crime has been committed within a domestic relationship (C.R.S. 18-6-803.6). Peace officer members and other PST members who are mandatory reporters must also take action in cases of actual or suspected child abuse or neglect (C.R.S. 19-3-304).

### **1032.7 CLARIFICATION OF PEER SUPPORT INTERACTIONS**

Due to the fact that Peer Support Team members function in multiple roles within the department, Peer Support Team members are responsible for clarifying the role in which they are functioning when interacting with department members. PST members must remain aware of potential conflicts of interest when providing support to individuals who they may directly or indirectly supervise.

### **1032.8 AVAILABILITY FOR CALL-OUT**

The Peer Support Team will provide Dispatch with a list of team members. In the event that PST support or intervention is requested through Dispatch, the Team Coordinator will be contacted via telephone. If the Team Coordinator does not respond within a reasonable amount of time, the

## *Peer Support Team*

---

Assistant Coordinator will be contacted via telephone. The Coordinator contacted will assess the circumstances and arrange for appropriate PST intervention.

In the event that neither Coordinator can be contacted, Dispatch will continue to call team members in the order listed until a team member is contacted. The team member contacted will then act as coordinator. This team member will assess the circumstances and arrange for appropriate PST intervention.

PST members do not maintain “on-call” status. Therefore, PST members are not eligible for on-call compensation.

### **1032.9 COMPENSATION**

Peer Support Team Members who function in that capacity during off-duty hours will be compensated as dictated by CSU Human Resource guidelines and CSU PD policy.

### **1032.10 DEBRIEFING AND DEBRIEFING PROCESS**

Research suggests that debriefings related to Peer Support Team involvement, may actually create/cause re-traumatization, and are therefore voluntary. The Clinical Supervisor/Advisor and the PST, in consultation with the Chief of Police, shall determine if and when to schedule and facilitate incident debriefings when appropriate.

Various debriefing protocols may be utilized depending upon the actual circumstances. Team members should recognize that the debriefing process is dynamic. Peer Support Team members should remain flexible and facilitate debriefings in a manner which best meets the perceived needs of participants. The limits of licensed mental health professional confidentiality in group settings must be specified at the outset of the debriefing. This is accomplished by reading “Limits of Confidentiality Debriefing Statement for Licensed Clinicians”.

When appropriate, and upon approval of the Clinical Supervisor/Advisor, PST members may facilitate debriefings without the presence of the Clinical Supervisor/Advisor. In such cases, the “Limits of Confidentiality Debriefing Statement for Peer Support Team Members” must be read prior to the start of the debriefing.

Peer Support Team members may invite persons not directly involved in the incident to attend a debriefing if it is thought that they can positively contribute to or benefit from the debriefing process. All such invitations must be approved by the Clinical Supervisor/Advisor, Team Coordinator, or an Assistant Coordinator, in consultation with the Chief of Police.

Debriefing participants may be accompanied by a personal support person(s). Personal support persons may attend debriefings if their participation is not prohibited by other sections of the Operational Guidelines.

#### **A. Media**

1. Media representatives are prohibited from attending debriefings. Any information released to the media, pertaining to the PST and its interactions, will be provided by the Clinical Supervisor/Advisor, Team Coordinator, or an

## *Peer Support Team*

---

Assistant Coordinator in compliance with department policy. Violation of this provision is a serious breach of trust and is cause for removal of the member from the Peer Support Team.

### B. Attorneys

1. Personal attorneys are prohibited from attending debriefings. This restriction is not designed to deprive any participant of legal representation. However, it is thought that the presence of an attorney would inhibit the group process. Debriefing participants are encouraged to communicate to their attorneys that debriefings facilitated by licensed mental health professionals are confidential within the limits prescribed by law.

### **1032.11 OUTSIDE AGENCIES**

The Peer Support Team's primary concern is to assist Colorado State University Police Department personnel. PST may be utilized to assist outside agencies and cooperate with other peer support teams as indicated by mutual aid policies.

### **1032.12 TEAM ACTIONS**

Peer Support Team administrative concerns shall be discussed at scheduled meetings. The PST will address and resolve any pertinent PST issues. Decisions or actions that must be made in a timelier manner due to exigent circumstances, may be made, implemented, and/or otherwise carried out by the Clinical Supervisor/Advisor, Team Coordinator, an Assistant Coordinator, or acting coordinator.

### **1032.13 REFERRAL TO PROFESSIONAL COUNSELING SERVICES**

PST members may find it appropriate to inform those involved in peer support of the availability of options for additional counseling. This may include the Clinical Supervisor/Advisor, the Employee Assistance Program, community private practitioners, self-help groups, and the various helping agencies within the community. It may also be appropriate to refer a person to specialized resources, including but not limited to attorneys and financial advisors.

### **1032.14 REACH OUT PROGRAM**

Peer Support Team members may initiate a Reach Out. In a Reach Out, a PST member initiates contact with a person who has been exposed to a traumatic incident, a stressful event, or another known or suspected stressor. For recipients, additional intervention following a Reach Out is voluntary. It may include continued peer support, debriefing, and/or referral.

### **1032.15 LEAVE OF ABSENCE**

Peer Support Team members may request a leave of absence from the PST for up to one year. A request for a leave of absence must be submitted in writing to the Team Coordinator. If the Team Coordinator wishes to request a leave of absence, the request must be submitted to the Clinical Supervisor/Advisor. Any request for a leave of absence must specify the length of absence

## *Peer Support Team*

---

requested and the date of anticipated return to active status. During a leave of absence, the PST member may attend quarterly or otherwise scheduled PST training.

### **1032.16 RESIGNATION FROM THE TEAM**

Peer Support Team members may resign from the Team at any time by submitting a written resignation to the Team Coordinator. Any team member considering resignation must be certain that all ongoing peer support interactions are appropriately terminated, referred to other team members, the Clinical Supervisor/Advisor, or professional counseling resources.

### **1032.17 REMOVAL FROM THE TEAM**

The Chief of Police may remove any team member from the Peer Support Team. The Team Coordinator, in consultation with the Clinical Supervisor/Advisor, may request that the Chief remove any member who has been determined to have violated any law, departmental policy, or the PST Operational Guidelines. Such a request may also be presented in any other circumstances wherein a team member has been determined to have acted in a manner which undermines the credibility or fundamental ethical principles of the Peer Support Team.

### **1032.18 COMPLIANCE**

Peer Support Team members are required by CSUPD policy to function in compliance with the Peer Support Team Operational Guidelines:

- A. "...the (Peer Support) team shall be subject to the team's operational guidelines..." (CSUPD Lexipol Policy and Procedure)
- B. The confidentiality protections provided to Peer Support Team members apply only when team members are functioning within written peer support team guidelines:
  1. The provisions of this paragraph (m) shall apply to communications made during individual or group interactions conducted by a peer support team member:
    - (a) Acting in the person's official capacity as a law enforcement or firefighter peer support team member; and
    - (b) functioning within the written peer support guidelines that are in effect for the person's respective law enforcement agency or fire department". (C.R.S. 13-90-107(m))