

RECOMMENDED BEST PRACTICES FOR PEER SUPPORT TEAMS

The MFFCIP **Behavioral Health Program** provides support in the form of resources, guidance and education for **Peer Support Teams** which serve Missouri's **First Responder** agencies. The goal of peer support is to provide **First Responders** with emotional support through times of personal or professional crisis and to help anticipate and address potential difficulties. **Peer Support Teams** are typically comprised of **First Responders** who have the desire to provide confidential assistance to their peers through similar understanding of issues and experiences.

An important part of breaking down the stigma of addressing problems is acceptance by the **First Responder** culture in which peer support members play an intricate role. **First Responders** support one another everyday both physically with the demands of the job and emotionally following a traumatic response. **Peer Support Teams** offer another level of support in any successful behavioral health program.

In order for a **Peer Support Team** to be effective, its members should exude encouragement, trust and confidentiality for those who seek their assistance. Communication between a peer support member and a fellow **First Responder** is considered privileged and confidential with the exception of matters which violate the law.

Peer support programs should also include trained behavioral health professionals. A **Peer Support Team** member is a specifically trained colleague, not a **Clinician**. **Peer Support Teams** are designed to support **First Responders** in any way they or their families need by actively listening and connecting them to **Clinician** or **Employer Provided Behavioral Health Services** if appropriate. The peer support program does not replace individual counseling and treatment programs. Peers should refer cases requiring professional intervention to a behavioral health professional.

While MFFCIP has behavioral health resources, local **Peer Support Teams** should develop and adopt policies and procedures appropriate for their specific locations and abilities while meeting the needs of those they serve. In doing so, it is important to remember:

- Peer support is not CISM (Critical Incident Stress Management). CISM is an established program in the immediate aftermath of incidents.
- Peer support is not EAP (Employee Assistance Program). EAP is an established program utilized by agencies to assist employees who are struggling with attendance, performance, and behavioral issues.
- Peer support is not an alternative to discipline. A peer should not intervene in the disciplinary process, even at a member's request.

Key Benefits of Having a Peer Support Team

- Enhanced job satisfaction and increased safety and health
- Decreased cost of recruiting and training, while increasing retention of personnel
- A resource for employees and their families
- Diffusing behavioral/mental health problems before becoming a crisis

Suggested Components of an Effective Peer Support Team

- Full support of agency leaders
- Consistent and relevant training requirements
- An emphasis on confidentiality, integrity, and trust
- A defined and consistent process for seeking quality members
- Policies and procedures for team roles, duties, and responsibilities
- Available for agency leadership use
- Inclusion of culturally competent mental health professionals and chaplains
- Proactive, reactive, and post-incident ready
- Knowledgeable of current resources at various levels

Recommended Peer Support Team Training

Peer support members should be provided training to help address issues related to behavioral health which are common among **First Responders** as well as referral resources for significant clinical problems. It is important to note that peer support training is no different than other areas of emergency response training. Continuing education is essential, and resources must be kept current.

- **Peer Support Team** members should complete at least 16 hours of **Peer Support Team** training.
- Suggested topics for training include, but are not limited to:
 - Confidentiality Issues
 - Communication Facilitation and Listening Skills
 - Ethical Issues
 - Problem Assessment
 - Problem Solving Skills
 - Alcohol and Substance Abuse
 - Cross Cultural Issues
 - Medical Conditions Often Confused with Psychiatric Disorders
 - Boosting morale and resiliency
 - Self-care
 - Stress Assessment
 - Suicide Assessment
 - Depression and Burn-out
 - Grief management
 - Domestic Violence
 - Crisis Management
 - Nonverbal Communication
 - Appropriate Mental Health Consultation and Referral Information
 - Traumatic Intervention
 - Limits and Liability
- New member candidates may join teams prior to taking training but are advised to serve only in administrative and observational roles until training is completed.

Visit the Behavioral Health Program tab at www.MFFCIP.org or contact your **Regional Coordinator** for a list of **Peer Support Team** training opportunities.

Considerations for Peer Support Team Membership

- **Peer Support Team** members may be selected from active and retired individuals who are in good standing with the agency.
- Recommended for the team by their peers. (See sample form in Appendix B)
- Consider previous education and training, or resolved traumatic experience.
- **Clinicians**, chaplains and other external resources are also valuable members of every **Peer Support Team**.

Recommended Qualities of Peer Support Team Members

- Possess professional credibility, respect and trust of their peers
- Ability to maintain confidentiality
- Ability to communicate effectively
- Possess a calm presence
- Show interest, understanding and genuine concern
- Possess the experience and knowledge about the types of incidents and situations to which members may be exposed

Active Listening

- Take in information through body language – i.e. eye contact, head nodding, etc. to better understand the person's situation and needs.
- Stay focused. Leave your cell phone alone when meeting.
- Allow occasional silence to give the person time to reflect and become aware of his/her feelings. Silence can prompt the person to elaborate. Simply "being with" the person and their experience is supportive.

Words of Caution

- Peers should be careful not to become overly involved and try to do too much. When individuals are empowered to solve their own problems, they feel more capable and able to tackle the next challenge.
- Even if you share a similar experience with someone, it is important to know that each individual's experience is unique.
- Never give out phone numbers of other peers, or supervisors and use discretion in giving out your own.
- Discuss facts, not rumors.
- Follow-up is critical. When you commit to getting information, do so as soon as possible.

Peer Support Self Care

- Compassion fatigue is a consequence of care giving characterized by a decreased ability to feel empathy and understanding of others.
- Be aware when to say "No". Don't work when emotionally exhausted.
- Prevention is key. Take time to recharge and ensure you are doing activities you love!

Proper Referral Protocol

- Remember that you are not a clinician. Leave counseling up to the the trained professionals. You are a bridge between the department and the clinician.
- If a situation arises that you are not sure how to handle, call the team leader or **Clinician** immediately.
- Take time to familiarize yourself with the **Clinicians** who support your team, including their areas of expertise.
- Use discretion when discussing all personal information.

Guidelines for Ensuring Peer Support Confidentiality

- Peers should not disclose information gained in the course of a peer relationship.
- Missouri RSMo 590.1040 provides **Peer Support Team** members with some legal protections regarding communications and interactions with members. Additionally, licensed professionals have the ability to maintain privilege under confidentiality law.
- Advise individuals not to disclose more information than they have to when describing events that transpired.
- It is appropriate to discuss information with another peer or the team leader in order to develop a strategy to help the individual. The individual should be aware of this.
- Be careful where you discuss an individual's information. Do not discuss confidential information in the hallway, lunchroom, etc. where others may overhear.
- Before sharing personally identifiable facts or similar information with others, secure the informed consent of the individual, preferably in writing, except as authorized or required by law.
- Protect confidential paperwork. Do not leave papers in public where names or other confidential information can be seen.
- Remember the obligation of confidentiality extends beyond the period when the individual is no longer receiving help.
- Peers should not share information with co-workers and supervisors. They may advise supervisors of established confidentiality guidelines.
- Peers should avoid espousing particular values, moral standards and philosophies.
- Peers should inform individuals of the limits of their confidentiality and consider potential role conflicts (e.g. supervisor providing peer support). These should be consistent with law and department policy and may include:
 - Threats to self
 - Threats to specific people
 - Child, spouse, and elder abuse

Suggested Appearance of Peer Support Team Members

- **Peer Support Team** members should be careful not to display their rank while assisting others, as this may intimidate individuals from speaking freely.
- It is important **Peer Support Team** members present themselves in a professional, approachable manner at all times in order to invoke confidence.

Peer Support Team Policy

- Each **Peer Support Team** should develop and adopt policies and procedures appropriate for their specific location and resources while considering the needs of those they serve.
- A formal policy statement should be included in each **Peer Support Team** policy manual which gives written assurance that, within the limits of confidentiality, a peer will not be asked to give information about individuals they support.
- Consider a policy regarding handling peers who appear to be unable to perform their duties.
- **Peer Support Team** policies, handbooks and resource lists should be reviewed annually to ensure relevance.

Best Practices for Peer Support Team Visits

Research has shown that in-person visits to **First Responder** agencies by trained peers are an effective way to identify the emotional needs of **First Responders**. Consider the following when conducting visits:

- Peers should conduct in-person visits upon agreed to dates/times through discussion with station officers and staff.
- It is recommended to have no more than three peers per visit. Attempt to have two peers perform visits but one Peer is acceptable.
- Individuals receiving peer support may voluntarily choose or reject a peer by any criteria they believe important.
- Team members may decide they cannot assist a member for a multitude of reasons; however, reasons should be articulable and the Team Leader notified.

Routine Visits

- Draw out current concerns of the group.
- Help them specify problems.
- Identify areas where the Peer Support Team can assist.
- Provide an update on new programs and resources as well as and how to access them.
- If no problems can be identified, then don't persist. Keep the visit brief and relaxed.

Requested Visits

When notified of a situation where a Peer Support Team can be of assistance:

- Ascertain the problem or situation before the visit if possible.
- Plan a team strategy before arrival.
- Call ahead to schedule the visit.
- Check with other peers who may have prior history with the requested crew.
- Open dialogue according to the plan established by the peers.
- Stay focused but be flexible if necessary.
- Assess the problem and ensure members have relevant resources and information.
- Ascertain if a follow-up visit is necessary and inform the Team Leader.

Traumatic Events

- Peers may be requested to visit stations during the aftermath of a traumatic event, including:
 - LODD
 - Critical injury of member
 - Suicide of member
 - Dead or severely injured children
 - Mass-casualty event
 - Act of terrorism
- **Peer Support Team** interaction with members should be at the group level whenever possible.
- **Peer Support Teams** may want to consider a policy for responding to requests from other jurisdictions.



MISSOURI FIRE FIGHTERS
CRITICAL ILLNESS POOL

Peer Support Team
Member Nomination Form

(To be used for internal use only)

Section I – General Information

Name of Individual you are Nominating	Department/Agency
Email	Phone Number
Your Name	Your Department/Agency
Your Email	Your Phone Number
Name of Peer Support Team to which You are Nominating this Individual	
Team Leader Name	Department/Agency
Are you currently serving on this Peer Support Team? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section II – Individual Qualities & References

Explain why this person would be a good member of the Peer Support Team. Be sure to include personal attributes or experiences which may be beneficial to the team.		
List any known Specialized Peer Support or Mental Health Training Completed by this Individual:		
Additional Reference	Email	Phone Number
<div><div>_____</div><div>Your Signature</div></div> <div><div>_____</div><div>Your Printed/Typed Name</div></div> <div><div>_____</div><div>Date Signed</div></div>		

Section III – Employer/Organization Endorsement

Employer/Organization	Chief/Director	
<p>I, _____, endorse _____'s Peer Support Team Member Nomination</p> <p>Chief/Director Nominated Individual</p>		
_____ Signature of Employer/Agency Head	_____ Printed/Typed Name	_____ Date Signed