


<b>POLICY 401.0</b>	<b>PEER SUPPORT TEAM (CISD) AND MENTAL HEALTH SERVICES</b>	
	REVISED: 06/01, 02/18, 12/18, 10/19, <b>04/22</b>	RELATED POLICIES:
	CFA STANDARDS:	REVIEWED: AS NEEDED

**A. PURPOSE**

The purpose of this policy is to outline this agency’s response to personnel who, as a result of responding to or becoming involved in a critical incident, may be in need of peer counseling or mental health services. The duties and responsibilities of the law enforcement profession are often emotionally demanding and difficult and employees generally risk experiencing stress and related emotional difficulties. Emotional problems may have a negative impact on personnel performance, and in extreme instances, may present a danger to the welfare and safety of employees, their families, or the general public. Therefore, it is the policy of the Fort Lauderdale Police Department to provide all personnel with access to peer counseling and/or mental health services to help them preempt and resolve emotional difficulties and, under emergency conditions, take those measures necessary in the provision of mental health services to ensure the well-being and safety of employees and the general public.

**B. DEFINITIONS**

1. **Critical Incident:** Any situation, which has such profound emotional impact that it has the potential to interfere with an employee’s ability to function.
2. **First Responder Peer:** Is a person designated by the Department to provide peer support and has experience working as or with a first responder regarding any physical or emotional conditions or issues associated with the first responder’s employment. The First Responder peer may not be a licensed health care practitioner.
3. **Defusing:** A shortened version of the debriefing process focused on small groups and conducted within 7 to 10 days following the critical incident. Defusing interventions generally involve individuals who were directly involved in the incident. Defusing is designed to assist individual(s) in coping in the short term and address immediate needs; Defusing(s) can be done informally. Defusing can create an opportunity not only for the affected individuals to talk to each other, but also for them to think about discussing their emotional reactions.
4. **Debriefing:** A meeting with one or more persons, the purpose of which is to review the impressions and reactions that survivors, helpers and others experience during or after a traumatic incident such as an accident or disaster. In most cases, the purpose of debriefing is to reduce any possibility of psychological harm through mutual dialogue and a forum to talk about their experience(s) surrounding the stressful or traumatic event. The debriefing process is a structured group discussion concerning the critical incident which follows a structured 7 phases. The debriefing

process can be used with individuals, couples, families or groups. It is a process that should take place no sooner than 24-hours after the incident. The debriefing process is multidisciplinary - not to be used exclusively as a medical, psychological, spiritual or social condition, but can contain elements of all of these.

The debriefing process is not concerned with the scale of the incident, but rather how the incident has impacted the individual(s). The debriefing process, if it is accepted as a normal procedure, can be extremely beneficial for everyone involved, not just for those who appear to be suffering. The value of the debriefing process lies in its flexibility in that it can be adapted to suit many different situations, from a relatively simple incident involving one or two individuals to a major disaster. The debriefing process should be viewed as the normal caring response to all who have been involved in a traumatic incident - survivors, witnesses, helpers, and sometimes their families. The debriefing process focuses mainly on present reactions and feelings.

5. **Mental Health Professional:** A licensed mental health professional who can include: LMHC, LCSW, LMFT, a licensed psychologist (preferably a police psychologist), or a board certified psychiatrist.
6. **Peer Support:** The provision of physical, moral, or emotional support to a first responder by a first responder for the purpose of addressing physical or emotional conditions or other issues associated with being a first responder.
7. **Peer Support Communication:** Electronic, oral, or written communication made with a mutual expectation of confidentiality while a first responder peer is providing peer support in his or her official capacity.
8. **Team Coordinator(s):** Performs administrative duties of the Peer Support team and manages its operation. The Chief of Police or his/her designee will select the Peer Support Team Coordinator(s). The Team Coordinator(s) will report directly to the Assistant Chief of Support Services or his/her designee while performing the duties of this role.

#### **C. FIRST RESPONDER PEER TRAINING**

1. Before any person may perform the responsibilities of a First Responder Peer, they shall successfully complete this agency's prescribed course of instruction.
2. The training shall consist of a minimum eight (8) hours of approved training with bi-annual updates.

#### **D. PEER SUPPORT TEAM GUIDELINES**

1. **Team Meetings:** All members shall meet quarterly to discuss mutual issues and concerns, review team activities and update any training, as needed. The Peer Support Team Coordinator(s) facilitates this meeting.

2. The Peer Support Team is not an investigative unit. It shall be the duty and obligation of the Peer Support Team members to maintain strict confidentiality in matters involving emotional, financial or personal concerns of Department members seeking their assistance. Any discussion with a member of the Team will remain confidential unless the statutory exceptions to confidentiality exist. A breach of this confidentiality will result in removal from the Team and possible disciplinary action.
3. A first responder peer is prohibited from divulging a peer support communication or information obtained from a peer support communication or testify regarding information obtained from a peer support communication in any civil, criminal, administrative, or disciplinary proceeding, except in the following circumstances:
  - a. The first responder peer is a defendant in a civil, criminal, administrative, or disciplinary proceeding arising from a complaint filed by the first responder.
  - b. The first responder agrees, in writing, to allow the first responder peer to testify about or divulge information related to the peer support communications.
  - c. The communications by the first responder cause the first responder peer to suspect that the first responder has committed a criminal act or intends to commit a criminal act.
  - d. There are articulable facts or circumstances that would lead a reasonable, prudent person to fear for the safety of the first responder, another person, or society, and the first responder peer communicates the information only to the potential victim(s), a law enforcement agency or other appropriate authorities.
  - e. The first responder peer has a duty to report as described in Florida Statute-Chapter 39, pertaining to Abuse, Neglect, Exploitation of children and vulnerable adults.
4. Officers who have been involved in a violation of law or their oath of office shall not rely upon nor expect peer counseling to serve as a means of relieving or diminishing their real or perceived responsibility. Exceptions to the confidentiality rule will be clearly stated to the participants prior to the beginning of a debriefing process.
5. Peer Support members who become aware of one of the exceptions listed in Section D.3. or a criminal act shall immediately cease their conversation with the first responder and immediately contact the Peer Support Coordinator or their designee.
6. In accordance with Section 111.09 (2), Florida Statutes, it is the policy of the Department not to question Peer Support Team members regarding the facts surrounding a critical incident defusing or debriefing or the individual involved unless one of the exceptions in Section 3 of this policy apply.

## **E. PEER SUPPORT TEAM ACTIVATION**

1. It shall be the responsibility of a shift Lieutenant and/or scene supervisor, through FLPD Teletype, to notify a Peer Support Team Coordinator(s), within a reasonable timeframe, of the following types of incidents:
  - a. Prevention and intervention of suicidality of an employee or member and following a suicide of a member or employee.
  - b. Any police related shooting
  - c. Any mass casualty incidents or natural disaster (e.g. plane crash, hurricane, tornado)
  - d. Death or severe injury to a child
  - e. Any other incidents in which the circumstances were so unusual or the sights and sounds so distressing as to produce a high level of immediate or delayed emotional reaction
  - f. In custody death
  - g. Riot
  - h. Hostage situation
2. It shall be the responsibility of the Team Coordinator(s) to provide the FLPD Teletype/Records Unit with an updated roster of Peer Support Team members.
3. When possible, the Peer Support Team members should avoid direct involvement in the incident.
4. When any member of the Peer Support Team is requested by the proper authority to respond to a call out during non-scheduled working hours, that member will be compensated according to their collective bargaining agreement.

## **F. DEBRIEFING**

1. It shall be the responsibility of the Team Coordinator(s), in conjunction with the on-scene supervisor, to determine if a debriefing and/or defusing is needed and when they will take place.
2. Any member or employee of the department can initiate a debriefing by contacting a Peer Support Team Coordinator(s).
3. Only those members involved in the Critical Incident will be permitted to attend the debriefing and/or defusing. The debriefings and/or defusing(s) can occur at different dates/times to provide access for all who were involved in the critical incident.

## **G. CHAPLAIN**

The Chaplain is a resource available to all employees and can be included in the training/activities of the Team at the request of the Coordinator(s).

## **H. ACCESS PROCEDURE**

1. The name and telephone number of peer support team member and their availability shall be posted for the benefit of all employees. A team roster shall be developed and maintained by the Team Coordinator(s). A copy shall be provided to FLPD Teletype. The Team Coordinator(s) shall be responsible for administering and supervising the program and assuring that services are available on a reasonable basis to all agency employees.
2. Agency employees may voluntarily seek the assistance of a peer support team member any time.
3. Peer support team members may be used to assist officers and their families in cases of job-related crises through informal support and through referral to professional mental health service providers when necessary.
4. Employees should use peer support team members as a referral source where appropriate and may, with or without anonymity, provide the name of a fellow officer or employee for discreet and confidential intervention.
5. Strict confidentiality shall be maintained between the peer support team member and the employee. Other than the exceptions defined in Section D.3 of this policy, nothing discussed between participants shall be divulged to any third party without the express written consent of the employee.
6. As an alternative to peer support, employees are encouraged to contact the City Employee Assistance Program, a police chaplain, police department psychologist, their personal clergy, physicians, or mental health professionals, when deemed necessary for resolving emotional crises.

## **I. PROFESSIONAL MENTAL HEALTH SERVICES**

1. Mental health service providers are available to all employees of this agency and their families through the FLPD Psychological Services program, Employee Assistance Program (EAP), or as allowed by insurance coverage. The services of mental health professionals may be invoked by employee self-referral, referral by a supervisor, through the Office of the Chief, or by policy following life-threatening or other traumatic experiences.
2. Supervisory personnel are responsible for continuously monitoring personnel performance and behavior and shall be mindful of behavioral indicators that suggest emotional problems. These include, but are not limited to:
  - a. Uncharacteristic or repeated citizen complaints, particularly those related to excessive force;

- b. Abrupt changes in prescribed employee response or behavior such as excessive tardiness, absenteeism, abnormal impatience, irritability or aggressiveness, or repeated instances of overreaction or failure to act in the line of duty;
  - c. Irrational or bizarre thoughts or actions,
  - d. Unexplained changes in work habits or patterns of leave usage;
  - e. Erratic mood swings; and
  - f. Indications of alcohol or drug abuse.
3. Supervisory personnel who observe or receive information regarding the types of behavior described in Section I. of this policy shall consult with the employee for an explanation of their behavior and, where necessary, may confer with peer support team members, managers or the Department police psychologist for guidance.
  4. Where circumstances indicate, the supervisor shall suggest a voluntary self-referral to the employee. Where emotional impairment/dysfunction is suspected, either prior to or following these consultations, supervisory personnel shall determine whether an administrative referral to a mental health professional is warranted.
  5. Under emergency conditions, when an employee's behavior constitutes a significant danger to themselves or others, a supervisor may order a direct and immediate referral and consult for a mental health contact and follow up (either informal on-scene and/or formal-inclusive of an appointment with Department Police Psychologist or both). Depending on the assessment findings a referral to an external mental health professional shall be initiated with instructions/a follow-up appointment.
  6. In instances where supervisory personnel believe that an employee is experiencing serious or debilitating emotional or psychological problems, they shall direct (under the supervisory referral process outlined in policy 413.0 section C.1.c.) that the affected employee be referred to the Department Police Psychologist.
    - a. If the affected personnel fails to comply with the supervisory referral process or the affected personnel continues to experience serious or debilitating emotional or psychological problems, such personnel would be referred for a Psychological Fitness for Duty Evaluation (FFD).
    - b. A written copy of the referral order shall be forwarded to the employee, to the external mental health service provider and to the Chief of Police.
    - c. Any personnel involved shall take all necessary steps to ensure the confidentiality of the referral order. Any release of information regarding the referral to anyone shall only be made with the approval of the employee's Bureau Assistant Chief.

7. The mental health professional shall:
  - a. Maintain the confidentiality of all communications concerning the referral and its findings;
  - b. Acknowledge receipt of the order and advise whether the officer responded; and
  - c. Advise the Chief of Police or designee of the officer's fitness for duty and provide recommendations for assignment.
8. Following the mental health assessment, an employee may be returned to the original duty assignment, reassigned to alternative duty, placed on temporary light duty, or placed on administrative leave, as deemed appropriate.
  - a. An employee's work status shall be re-evaluated every 10 days while under the care of a mental health professional or until such care has been terminated.
  - b. An employee may be returned to regular duty, have their work assignment modified or be temporarily or permanently relieved from duty at any time in accordance with recommendations of the mental health professional.
  - c. Reinstatement to regular duty of any employee requires the affirmative recommendation of an agency-authorized psychologist/psychiatrist, Human Resources, and the Chief of Police or designee.
9. Job security and promotional opportunities shall not be jeopardized by an employee solely for having participated in psychological counseling services. However, failure to seek treatment to correct deficiencies in job performance may reduce or eliminate promotional consideration or jeopardize continued employment.