LAW ENFORCEMENT PEER SUPPORT

THERAPEUTIC & LEGAL CONSIDERATIONS

LEXIPOL

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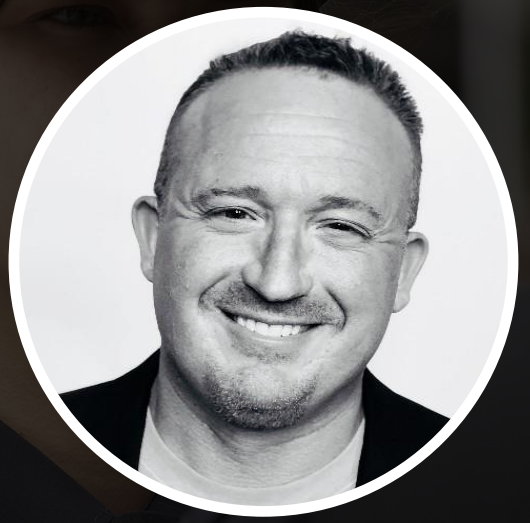
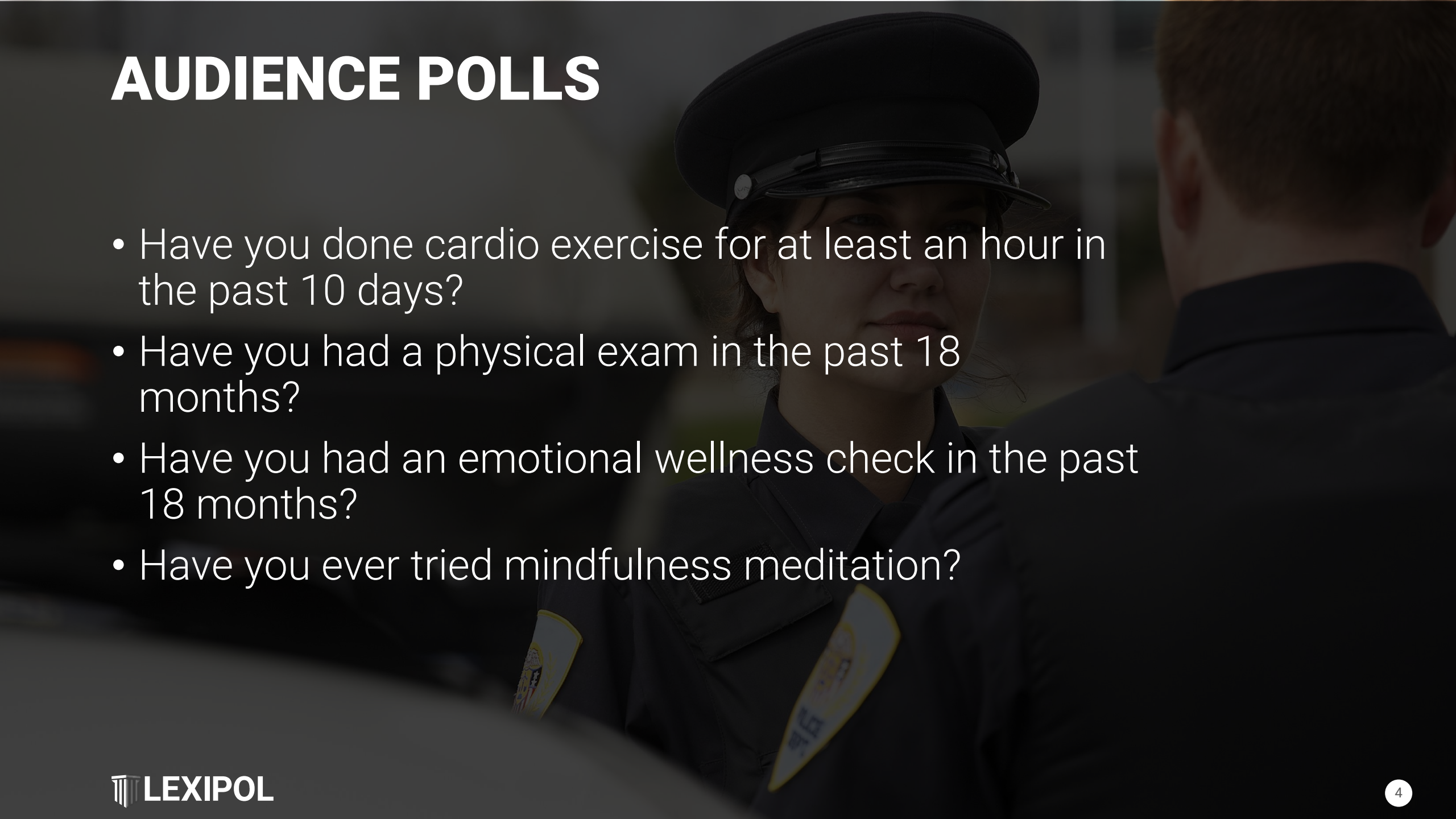
TODAY'S PRESENTERS

KEN WALLENTINE
Chief, West Jordan (UT)
Police Department
Senior Legal Advisor, Lexipol



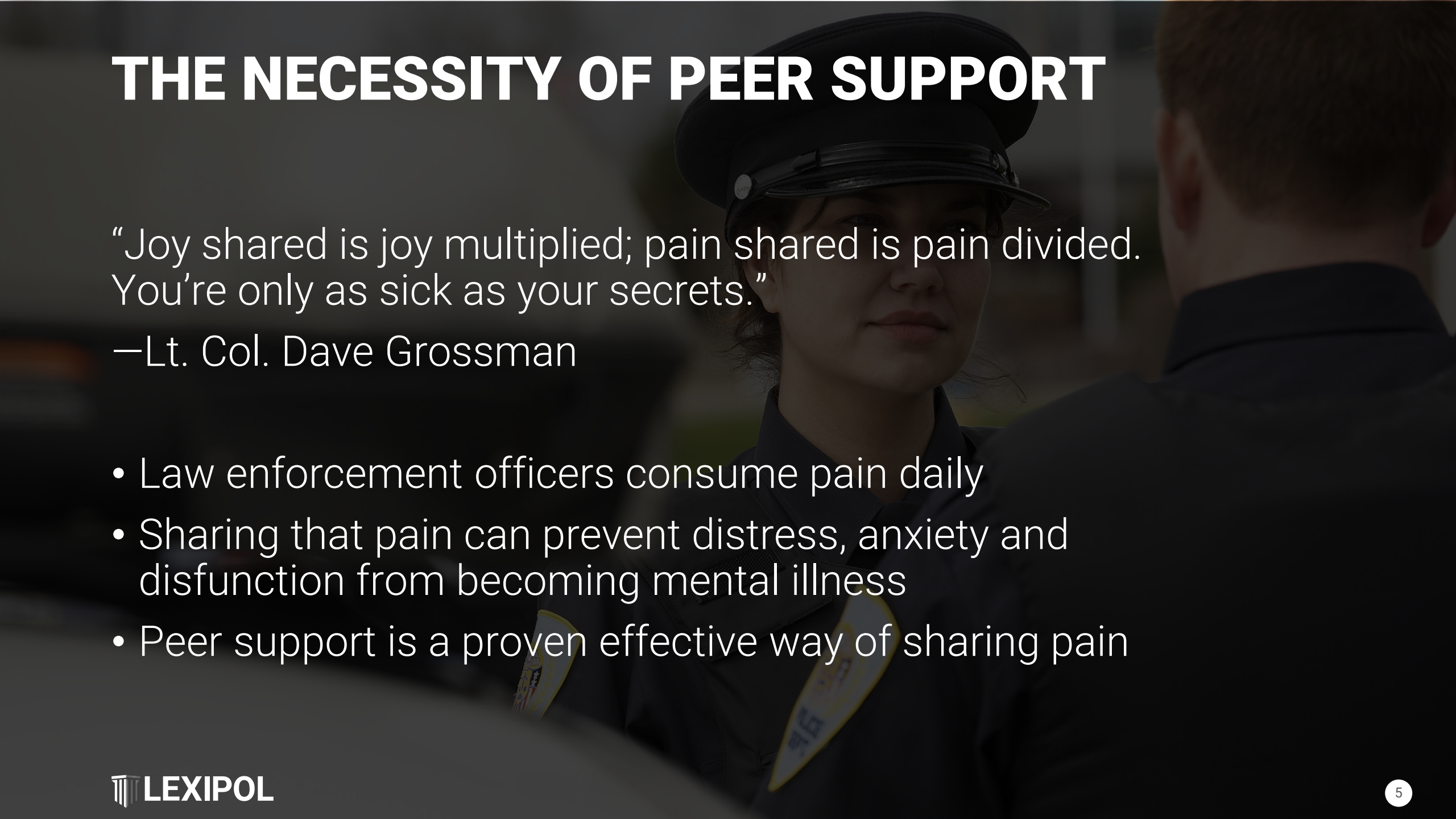
BARRY TOONE
CEO and General Counsel
Stepstone Connect

AUDIENCE POLLS



- Have you done cardio exercise for at least an hour in the past 10 days?
- Have you had a physical exam in the past 18 months?
- Have you had an emotional wellness check in the past 18 months?
- Have you ever tried mindfulness meditation?

THE NECESSITY OF PEER SUPPORT

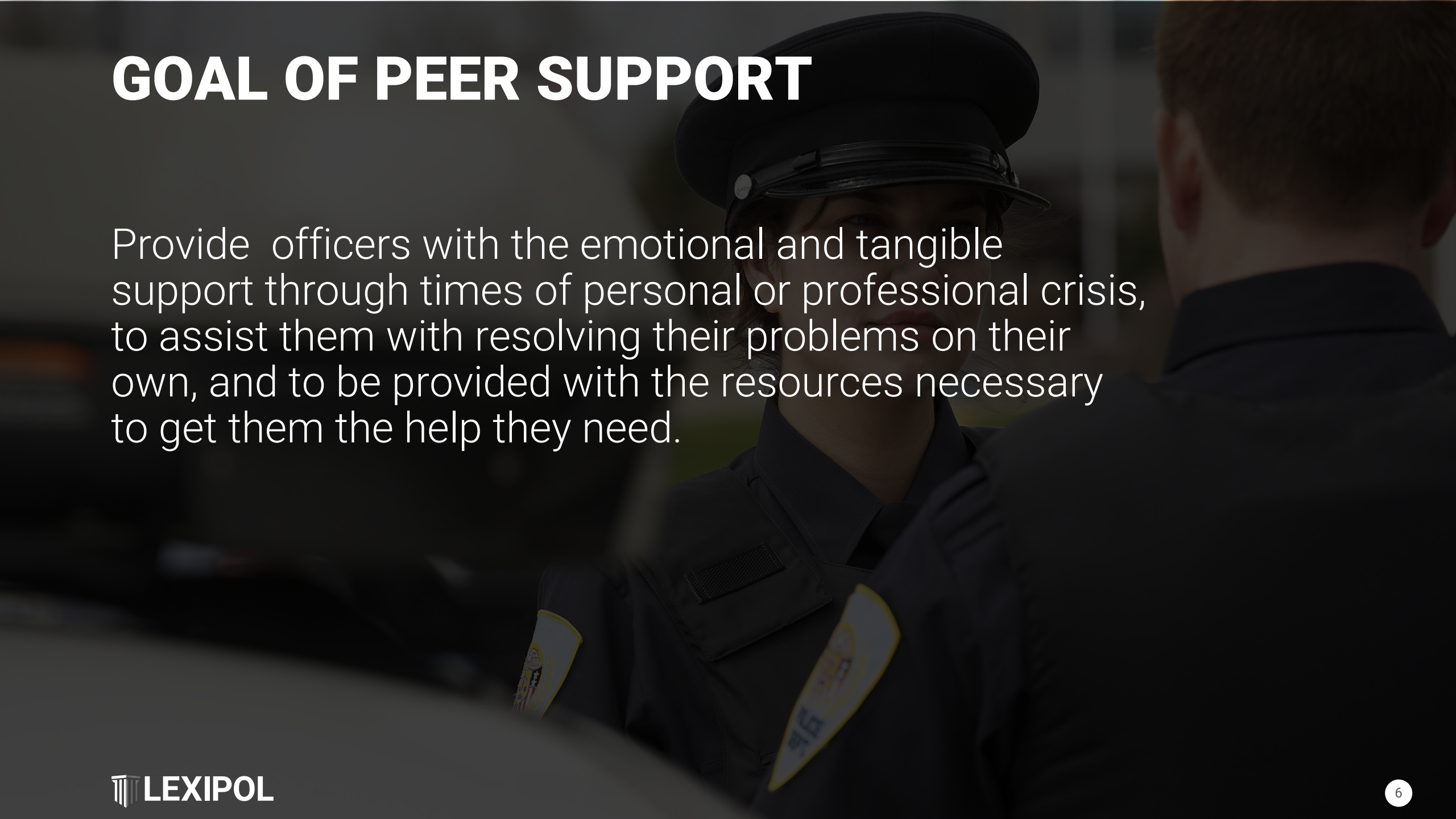


"Joy shared is joy multiplied; pain shared is pain divided. You're only as sick as your secrets."

—Lt. Col. Dave Grossman

- Law enforcement officers consume pain daily
- Sharing that pain can prevent distress, anxiety and disfunction from becoming mental illness
- Peer support is a proven effective way of sharing pain

GOAL OF PEER SUPPORT



Provide officers with the emotional and tangible support through times of personal or professional crisis, to assist them with resolving their problems on their own, and to be provided with the resources necessary to get them the help they need.

PEER SUPPORT WORKS

- Roots in addiction recovery (12 steps)
- Dr. Dan Siegel - Feelings of pain or suffering obstruct our ability to regulate our emotional responses
- 2016 study –Veterans who shared their pain in peer support groups experienced fewer activations of pain centers in the brain
- Caveat: Only effective if officers understand what peer support can and can’t offer

PEER SUPPORT WORKS

Study of 3 CO LE agencies –

- Nearly 9 out of 10 said peer support was helpful or very helpful in addressing the issues or managing stress
- Nearly 8 out of 10 reported they would seek peer support again
- Nearly 9 out of 10 reported they would recommend peer support to co-workers
- Over half reported peer support helped them better perform their job and/or improve their home life

WAYS TO STRUCTURE PEER SUPPORT TEAMS

Team Coordinator Model

- Appointed officer serves as peer support team coordinator
- Assumes responsibilities specified within agency policy/guidelines

Clinical Advisor Model

- Licensed mental health professional advises peer support team members
- Provides group support and training
- Typically involves the appointment of a team coordinator

Clinical Supervisor Model

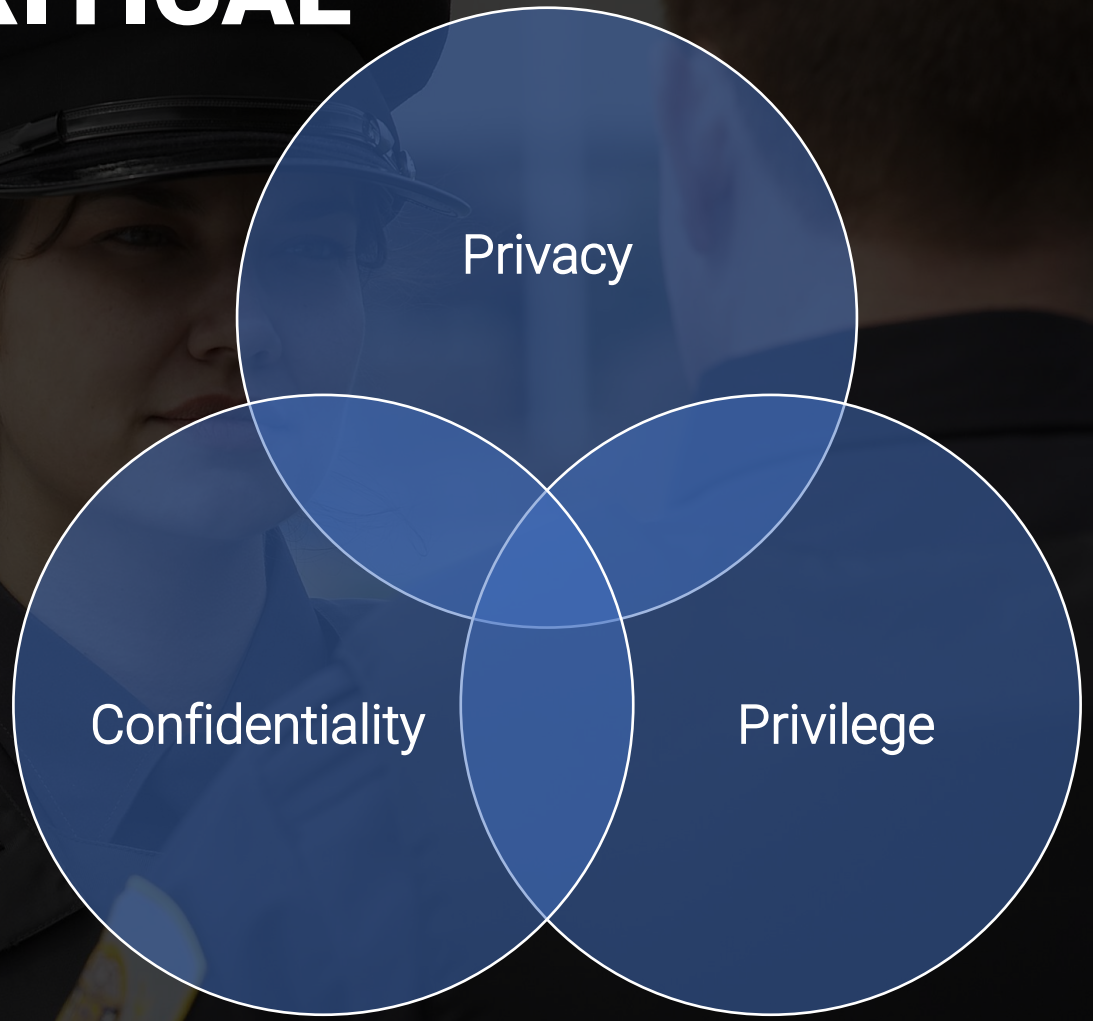
- Licensed clinical supervisor assumes all responsibilities of a clinical advisor
- Accepts referrals from peer support members
- Provides direct counseling to agency employees and families without referral

INTEGRATION WITH CLINICAL RESOURCES

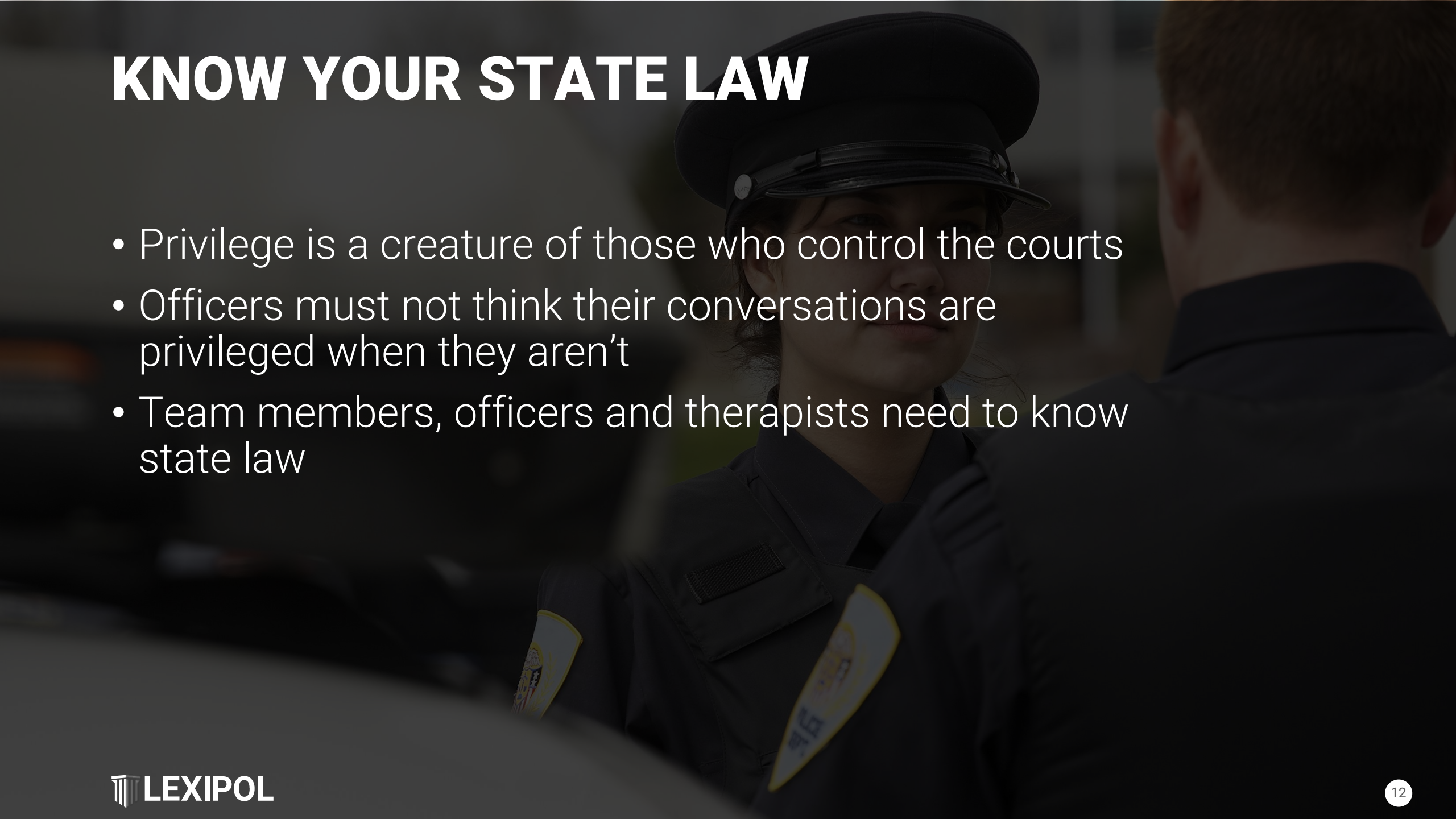
- Well-run peer support teams work with—not compete with— outside clinical resources
- Clinicians, peer support teams, and, where appropriate, chaplains, should function as a team and understand and appreciate respective strengths and weaknesses

CONFIDENTIALITY IS CRITICAL

- **Privacy** – Expectation of an individual that disclosure of information is confined to the peer support program
- **Confidentiality** – Professional or ethical duty for the peer support team member to refrain from disclosing information
- **Privilege** – Legal protection from being compelled to disclose communications



KNOW YOUR STATE LAW



- Privilege is a creature of those who control the courts
- Officers must not think their conversations are privileged when they aren't
- Team members, officers and therapists need to know state law

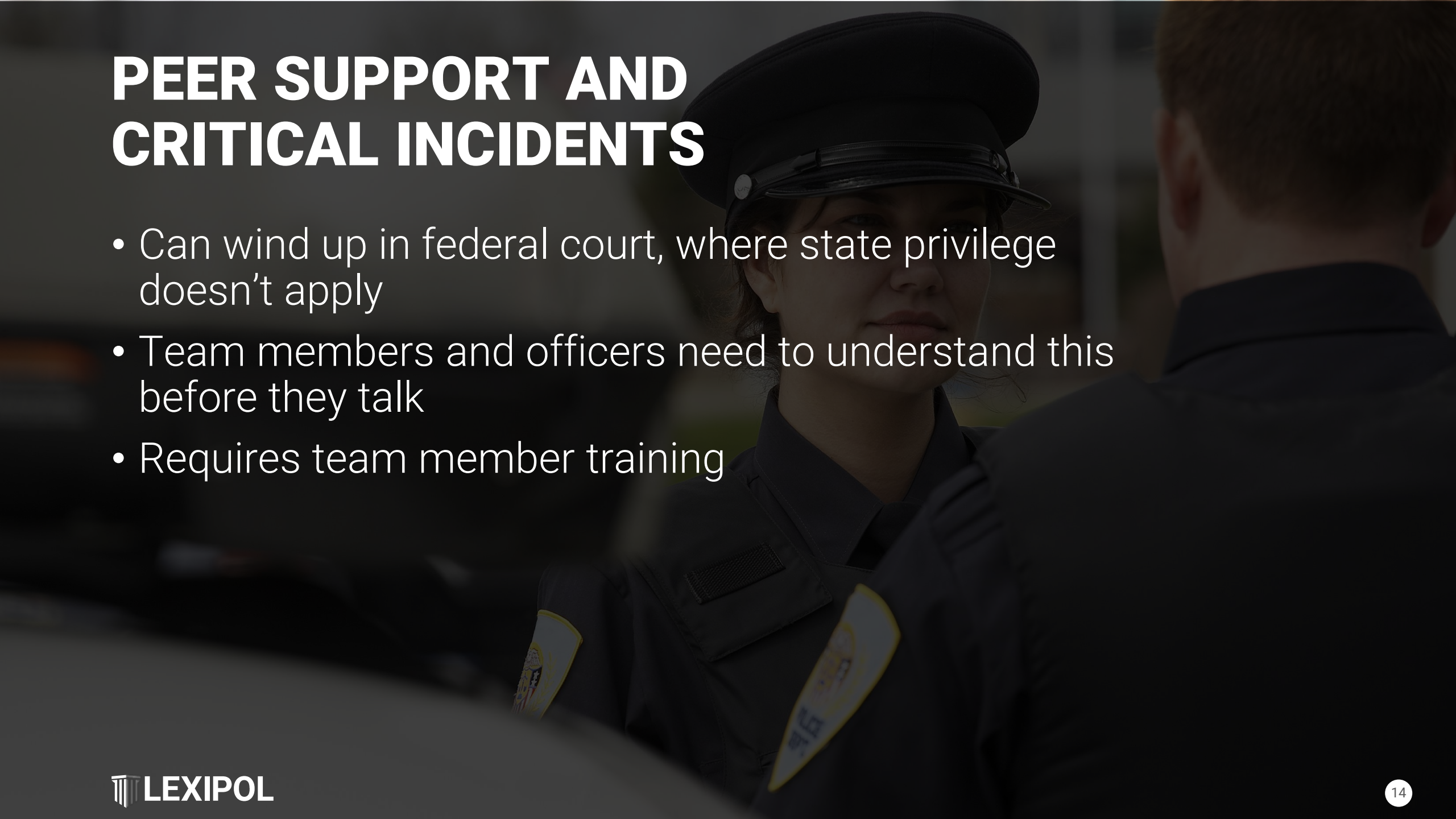
TARASOFF – "DUTY TO WARN" AND "DUTY TO PROTECT"

Peer support team member may be obligated to reach out and refer to other resources if:

- Conversation relates to child abuse
- Person receiving peer support is in clear and immediate danger to themselves or others
- Person receiving peer support has committed a crime, intends to commit or conceal a crime
- Person receiving peer support services is mentally unfit for duty

PEER SUPPORT AND CRITICAL INCIDENTS

- Can wind up in federal court, where state privilege doesn't apply
- Team members and officers need to understand this before they talk
- Requires team member training



P&P FOR TREATING OFFICERS

Before engaging in counseling, clarify with the officer the potential limits of confidentiality and obtain written consent to proceed:

- Fitness for duty
- Subpoenas
- Explain choices and options
- Difference between confidentiality and privilege

P&P FOR TREATING OFFICERS

Clinician requirements for working with officers post-CI/OIS:

"Your focus as a clinician must be on the trauma process – not the CI/OIS event content. It is critical that you prepare the officer for the trauma process without exploring or discussing event content. Doing so will provide the clinical support the officer needs post-CI/OIS while simultaneously protecting the officer vis-à-vis the investigation process because the officer will be able to honestly state that he/she did **not** discuss events with an unauthorized individual. Document accordingly (trauma process only)."

—Stepstone Connect P&P Manual

KEY TRAINING POINTS FOR PEER SUPPORT TEAM MEMBERS

- Self-care
- Resources and procedures to get care for self and others
- Levels of care – What they can and cannot do

KEY TRAINING POINTS FOR PEER SUPPORT TEAM MEMBERS

- Basic legal understanding for essential peer support operation
- Critical incident awareness and interventions
- Understanding departmental interaction with clinicians and chaplains
- CISM/debrief

PEER SUPPORT & AGENCY POLICY

- Notification following officer-involved shootings and deaths
- If no state privilege: “Although the department will honor the sensitivity of communications with peer counselors, there is no legal privilege to such communications. Peer counselors are cautioned against discussing the facts of any incident with an involved or witness officer.”
- Line-of-duty deaths policy

ENCOURAGING PARTICIPATION

Convenience and confidentiality are the biggest barriers to treatment

- Convenience: “If it isn’t ‘now’ and it isn’t ‘easy,’ it isn’t happening.” - BCT
- Confidentiality: Fear of losing the job, losing the gun, and losing respect will override the urgency of getting better

ENCOURAGING PARTICIPATION

Top-down (chief) support for peer support is critical

- “I’ll pay for anyone to go through the training.”
- No amount of outside clinical resources and support can overcome an agency’s negative attitude

The “right doctor for the right ailment”

TAKEAWAYS

- Every agency should have some form of peer support
- Every agency CAN have some form of peer support
- Privacy and confidentiality are critical
- Team members and officers must understand state privilege (if any) and how to navigate it to avoid issues in federal court
- Clinician integration should be the goal

QUESTIONS?

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FOR MORE INFORMATION

info.lexipol.com/law-enforcement-peer-support

- Webinar recording
- PDF of slides
- Q&A with Dr. David Black
- West Jordan (UT) Peer Support Team Guidelines
- Link to Dr. Jack Digliani's Peer Support manual, an excellent no-cost resource
- Link to Dr. Alexis Artwohl's new edition of her classic book, *Deadly Force Encounters*