Wellness and Peer Support Program Implementation in a 911 Communication Center

APCO International
Leaders in Public Safety Communications®

Project Presented by the

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with the

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PROLOGUE

Peer support has become an integral part of any successful wellness program in public safety dispatch centers across the United States. The Peer Support and CISM APCO workgroup under the APCO Wellness Committee examined over thirty agencies of varying sizes and geography who had submitted details in 2021-2022 about their centers and their peer support programs. As emergency communications centers have evolved from an answering point that determined the location and dispatched resources with minimal relay of information, into complicated and technologically advanced centers, telecommunicators have been called upon to provide a level of service drastically different than the initial job description of the 911 operator in the 1970s and 1980s. They are now called upon to determine the true nature of emergencies, assign specialized units, deliver prearrival instruction and maintain contact until the arrival of help. Subsequently, driven by the advancement of technology and increased expectations of the public, the level of exposure to trauma resulting in Post-Traumatic Stress Disorder (PTSD) and other psychological impacts has increased dramatically. Most centers and government employers generally provide as a benefit of employment an Employee Assistance Programs (EAP), supplemented by the wide integration of Critical Incident Stress Management (CISM) initiatives. However, neither of these is a sufficient means of addressing the full spectrum of stressors that impact telecommunicators outside major incidents. Empirical evidence has shown that peer level conversation, with peers trained in empathy and communication, trained to recognize red flags for mental health, and where trust and rapport have been previously established can have a positive impact and lead to better outcomes than EAP and CISM alone, especially when EAP resources are exhausted or not immediately available and when the incident does not meet the criteria for a CISM deployment. Implementation of the peer support programs will vary with each agency, however, creating an exceptional level of success through proper and continuous training will allow for the quality of the program to improve and succeed.

This workbook offers guidance to Public Safety agencies on the development and implementation of Wellness programs, especially those geared towards peer

support, that can be implemented partially or in full depending on the needs of the individual agency.

VISION: It is the vision of this workgroup that all public safety agencies use this resource to normalize the conversation around mental health as well as encourage the broad implementation of wellness initiatives to provide a standard level of care and wellness resources for public safety employees.

GOAL: It is the goal of this workbook to outline a clear process to work towards planning, implementation and operational management of wellness programs in agencies of varying sizes and geographical areas, to account for variations in needs, resources and finances.

TARGET AUDIENCE: The target audience of this project is any public safety administrator or their designee who is tasked with planning, implementing or operating a wellness program in a public safety dispatch agency.

Management buy-in is recognized as critical in this process, as it is acknowledged that management controls most financial and operational aspects of public safety. It is the sincere hope of this committee that managers and leaders in public safety approach mental health with an open mind and attitude of acceptance, especially as it pertains to the well-being of employees at all levels of public safety dispatch. Managers and leaders who wish to be on trend in terms of modern approaches to peer support and mental health for employees can no longer be complacent with the resources provided through EAP and CISM. While these resources are valuable in their own right, there is also a significant value in creating a multi-faceted "tool box" of resources related to wellness. This workbook will offer guidance and ideas, as well as minimum accepted standards for wellness programs in public safety dispatch environments.

CHAPTER ONE:

What is a Peer Support Team?

In Public Safety Telecommunications, a peer support team can provide critical emotional and social support to emergency dispatchers who may experience high levels of stress and trauma on the job. It is essential to gain buy-in from potential members and stakeholders, including department leadership and union representatives, to establish a successful peer support team. Careful selection of team members who are committed to the goals and values of the team is also crucial. Maintaining a peer support team requires ongoing assessment and reflection to ensure its effectiveness and relevance to members. Once a core group of committed members has been established, it is important to carefully select additional team members who are also committed to the team's goals and values. This can involve screening potential members and assessing their level of interest and commitment to the team. As the team grows, it is important to regularly assess its effectiveness and make changes as needed to ensure that it remains effective and relevant to its members.

Self-care and wellness are important aspects of any peer support team. Members of the team must prioritize their own physical and emotional health in order to avoid burnout and maintain a positive outlook.

Certifications show credibility of the team and its members as well as increase trust among stakeholders. Certain certifications may demonstrate that team members have received training in areas such as mental health or conflict resolution. Mobilization efforts can also be important in raising awareness and increasing support for the peer support team in Public Safety Telecommunications. By communicating the team's benefits and services to emergency dispatchers and their families, the team can reach individuals who may benefit from its support.

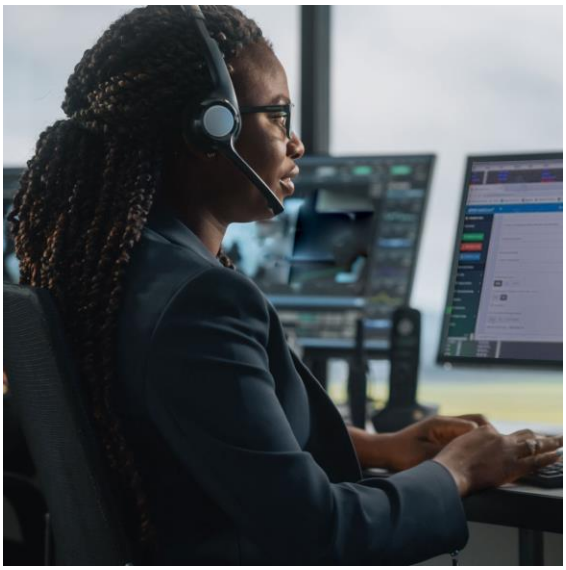
Confidentiality is equally important in the context of Public Safety Telecommunications, as the work of emergency dispatchers can involve sensitive and confidential information. Team members must be committed to maintaining the privacy and confidentiality of their fellow team members to create a safe and

trusting environment. This can involve establishing clear policies for how personal information and discussions will be handled, as well as providing training on confidentiality and ethical standards.

In addition to legal and ethical considerations, maintaining confidentiality can also have a positive impact on the effectiveness of the peer support team. When team members feel confident that their personal information will be kept private, they are more likely to seek out support and be open and honest in their discussions. This, in turn, can lead to more effective interventions and support for team members.

It is suggested to have a policy in place. A policy provides clear guidelines for the team's activities, including the roles and responsibilities of team members, confidentiality and privacy policies, reporting requirements, and other important aspects of the team's operation. A well-crafted policy can help to ensure that the team's activities are consistent, transparent, and aligned with the organization's goals and values. It can also help to minimize potential liability by establishing clear protocols for responding to sensitive situations.

In summary, a peer support team is important in Public Safety Telecommunications as it provides emotional and social support to team members, promotes wellness and self-care, and can help to minimize potential liability issues through the establishment of clear policies and guidelines.



CHAPTER TWO:

Planning Steps

When creating a peer support team within a PSAP clear policies and procedures on how your team will train, be certified, be chosen and clear guidelines with expectations will be needed. It is also important to make sure each member recognizes the scope of what they are doing. For example, peer support members should be there to listen to individuals and refer them to other resources if needed, but not take on the role of a mental health clinician.

Consider taking the following steps when building your program. This workbook will provide information as well as resources that will help you navigate the steps.

Define and agree on terms and scope:

Privacy

Confidentiality

Concept and goals of the program

**Peer support interaction is not discipline nor does peer support intervene in any discipline.*

Develop a budget and determine economic impacts related to the program:

Consider the cost of training and retention to replace burn out.

Consider the cost of training the team.

Consider the cost of materials.

Consider the cost of overtime and other man hours.

Define Roles:

Peer Support Team Member

Certified Peer Supporter

Clinical Liaison

Directors, Managers, Supervisors

Coordinator

Determine the standard of training:

Decide which classes and certifications will be required initially.

Develop or determine the minimum continuing education for recertification.

Create a Standard Operating Procedure (SOP):

Be sure to include clear goals and standards.

Define the standards and process for becoming a part of the peer support team.

Make a mobilization plan

Mobilization refers to the ability of your network to go to different places to provide Peer Support / CISM assistance to neighboring agencies who may not have a network, or who need additional help, both internally and externally. One such way to ensure effective mobilization is to establish regions. These regions would dictate where each network would respond based on mileage, allowing for prompt access to the assistance.

Develop an MOU (Memorandum of Understanding):

Consider including other agencies who would share training, resources, and respond mutual aid for peer support

Develop local resources guide and provide freely to all personnel

There are many public safety professionals who wish to start a Peer Support Network beyond the walls of their agency, but find it difficult to do so due to lack of guidance with local resources.

There are a few ways to mitigate these issues.

Keep track of which agencies around you build and maintain a Peer Support Team and track certifications regionally. This would allow centers in a similar area to network with each other and continually update their Peer Support / CISM programs in a way that is beneficial to both their own agencies as well as others.

A second resource would be county level links to Peer Support Specialists in the area, which would be filtered by job type/specialty area (i.e.: Telecommunicator, Law Enforcement Officer, Fire, EMS, etc.). Additional resources would be other local, regional or state peer support specialists.

When a Peer Support Network is unattainable, or an agency is in the start-up process, it is recommended that agencies make available information for the National Alliance on Mental Illness (NAMI), along with dialing 988, which is the suicide/crisis hotline, at a minimum.

Identify which resources your agency is willing to promote in house for specific topics:

Suicide Prevention

Traumatic stress/Intensive Treatment options for PTSD

Depression/Anxiety

Couples/Marital/ family issues/Domestic Violence/Child therapy

Grief/Loss issues

Substance abuse

Resources for educational purposes

Make a plan for sharing resources and promoting continuity and consistency across regions:

Make sure that your agency is in compliance with local standards for training and expertise development. Pair together with other agencies to send groups of individuals to class, if this makes it more cost effective for smaller agencies. Consider building a blog on PSConnect or a group on social media with state/national resources.

Peer support members should also utilize “thinking outside of the box” mentalities when resources are not readily available. Utilizing internet resources and other publicly available information to obtain assistance could be an option for agencies in the event that they need Peer Support assistance.

When planning conferences and other gatherings at the national, state and local levels, consider adding peer support and mental wellness topics to the agenda. This would ensure that resources are discussed and shared across regions. Set aside space for peer support resources and have clinicians, peer supporters, even chaplains on site. This would allow any individuals who are struggling with topics or who may have a mental health crisis in attendance to have access to trained individuals to assist them in processing what they are feeling.

CHAPTER THREE:

Data and Best Practices

Data compiled in this workbook is based on a paper published by the APCO Peer Support and CISM Workgroup in December 2021 under the Health and Wellness Committee. In this paper 37 agencies volunteered information on their wellness programs, particularly pertaining to peer support, and four (4) were selected for deeper analysis based on factors like geography, center size and the status of implementation of the programs. The agencies interviewed and selected for analysis as well as all data compiled during that workgroup work year are at the end of this handbook. Readers are encouraged to locate other centers with similar demographics in that report to assist in determining goals. While there is no claim that this is a fully comprehensive analysis of present programs operating in all centers throughout APCO, this is a sampling of programs that should be representative of programs active in the community and committee world at that moment. Many conclusions can be drawn from the data, but most relevant would be that communication centers of all shapes and sizes, geographical and cultural resources, and with varying levels of buy in from leadership and telecommunicators alike will benefit from implementing such programs. It would be wise to consider the implications of failing to implement a program and minimum standards in terms of negligence and harm to employees, especially as the benefits far outweigh the costs in terms of employee resiliency and wellness. For additional information, please see the cited white paper at the conclusion of this handbook.

As current leaders of emergency communications centers look to address wellness needs in their center, it would be beneficial for them to strongly consider implementing peer support as a valuable resource for their telecommunicators. Among other reasons, training is easily obtained through a variety of reputable sources including the International Association of Fire Fighters (IAFF), Frontline Crisis Response, National Alliance on Mental Illness (NAMI), or can be provided in house at a cost savings. States are beginning to provide legislative protections for peer supporters, including protecting confidentiality and providing program support. While many centers are already providing EAP, CISM training and deployment, and established outside resources like a chaplain, affiliated clinician, and continuing education related to mental health, as Lieutenant Bill Powers, Peer

Support Coordinator of Garden City Police Department said, “If an agency does not have a system for first responders to use to help, they are missing the boat.” As more and more agencies implement peer support and organizations like APCO encourage this as a standard, eventually a failure to provide in-house and immediate mental health support for all first responder employees may be perceived as a liability. It is important that we do not rely on field initiatives and the inclusion of telecommunicators because the stressors in the field are different. Compliance with Americans with Disability Act (ADA) guidelines that cover mental health is required by law.

Several trends were evident in the successful Peer Support programs and in advice from those who have implemented programs in their center. Agencies should take care to establish these ideas at the onset, before they implement their programs, to avoid unnecessary challenges.

BEST PRACTICES:

• Interview peer support applicants to assure a good fit, confirm compliance with the guidelines and determine appropriate pairings when choice is available. As it is important to take care in selection, there should also be a plan in place to remove someone from the peer support team if it is determined that they are not a good fit.

• Establish a method to maintain appropriate documentation, which can be used to justify costs associated with the program, but take care to protect personal information related to employees.

• Confidentiality is the key to gaining trust and buy in. Consider confidentiality contracts and ramifications if confidentiality is breached. Provide training to those on the team about what must remain confidential and what is considered a "duty to report" in terms of harm to self and others. When desirable, consider contracting peer support through an associated agency if this is the best way to maintain confidential conversations.

• Ongoing training is a must to keep skills fresh and adds a level of accountability. Make sure there is a responsible party to determine peer support team members are trained, engaged, and line up what continuing education will look like for the team.
• Have a plan in place for when and how to escalate a peer support contact to obtain professional care or advice when appropriate. Remember, when the need is greater than the peer supporter can assist, it is critical to correctly and compassionately escalate to a clinician or a doctor.

• Determine who will be available and when, either by establishing a stand-by schedule, response teams, or other means of availability. Peer supporters must be available on the same schedule as those who work in the center, generally twenty-four (24) hours a day, three hundred and sixty-five (365) days a year, nights, weekends and holidays in line with the shiftwork of the employees.

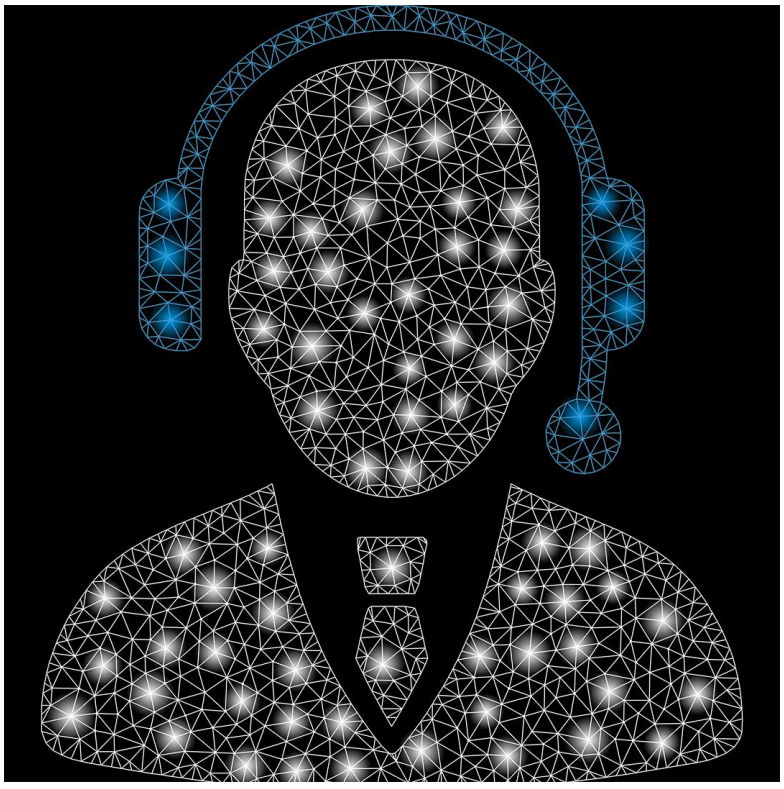
• Once you determine there's a team or person to respond, make sure there's a system in place to assure they are contacted at an appropriate time, as soon as possible when there's a mental health need. Consider allowing everyone in the agency to have the authority to make the request or deploy a peer support notification, but also train them how and when to do it appropriately.

• Support from agency administration is critical and can make or break the program. Make sure they encourage a culture that supports mental health.

• Establish other mental health and wellness initiatives to complement peer support programs like EAP, CISM, regional collaboration groups, software applications, therapy or support animals, chaplains, etc. These initiatives can overlap with peer support, when used in conjunction with peer support conversations. They can also be stand-alone initiatives to promote resiliency.

• Remember peer support comes in many forms and may not always be associated with a crisis or critical incident. Sometimes peer support is more about building resiliency, mentoring new employees or meeting with a chaplain familiar with emergency services.

• Mental health considerations may supersede staffing concerns when an employee faces an extreme stress reaction to an incident. While staffing the center is always a concern, priority should be given to the mental health of telecommunicators in the immediate time after a critical incident as this can have a long-term impact on other factors like retention, future callouts, morale, etc.



CHAPTER FOUR:

Elements and Operations

Wellness and Peer Support programs come in all different shapes and sizes. Ultimately, if we encourage employees to be healthy at work, they will be more encouraged to be healthy at home. Programs can begin small, building on providing Employee Assistance Programs (EAP), then grow into multi-faceted approaches that provide everything from peer support to increased health insurance benefits with expanded mental health, team building resiliency initiatives, support animals, or even acupuncture and massage. The goal is to start moving in a pattern of being healthy inside and out. Encouraging and normalizing mental health initiatives, especially counselling, in high stress environments can be extremely helpful. An employee who already has their own clinician will be able to navigate a stressful event easier than someone who has never established a relationship with a provider.

Good health starts with good sleep, and sleep is one thing that is hard to come by with shift work. If a person sleeps well, they will be more likely to engage in social activities, exercise and eating well. A person who does not sleep will likely fall prey to more illness and stress.

Shift work is challenging and much has been published on the negative physical and emotional impacts, especially with inconsistent hours and schedules. Provide direction towards wellness, so employees are more grounded, and best if this is before a major event occurs. Discourage the stigma around mental health and have employees push towards wellness so that it becomes a core practice in the 911 center.

When a major event occurs, it can be difficult for everyone in the center. Telecommunicators, and call takers who were the actively involved in these incidents can feel a variety of feelings and sometimes they feel nothing. They may have the desire to keep working the same radio or to stay active until they know the result of the trauma that has unraveled in front of them. Supervisors need to be tuned in to employees and strive to know what is best for the telecommunicators, the agency and the first responders in the field. When does the telecommunicator need to be pulled off operations and for how long? This will vary case by case,

employee by employee, and incident by incident. It is critical to consider the big picture when making these kinds of decisions.

A dynamic plan needs to be in place to staff the agency. Consider that some incidents will impact one or a few employees, but other incidents could take down an entire PSAP.

Generally, the best thing an employee can do after a major event is to talk to a trusted individual so they can sort out the details. What helps the sympathetic nervous system is to get the heart rate up a little bit and bring in fresh oxygen, keeping them from going into fight or flight. A quick walk with a friend or someone on the peer support team is a good recommendation. If walking is not an option, then a deep breathing or grounding exercise could also be very supportive. Too often telecommunicators finish a critical incident by adding alcohol or utilizing other negative coping mechanisms, which can make recovery more difficult. Ultimately this is a decision that only the telecommunicator can make, but if they are trained in the best ways to take care of themselves after a critical incident it could mean a big difference in the stress that they carry with them in the future.

When assigning someone to walk with an affected telecommunicator after an incident, one employee may not be the same choice as the other. A member of peer support should be the first choice to talk to employees involved in major events.

Staffing the floor is a priority and there should be a dynamic plan developed for staffing after a critical incident. On-duty employees who were involved directly may wish to leave, but they may also need to stay and work through the incident. Whatever technology or phone tree is in place to mobilize additional staffing should be utilized as soon as the need is determined. The duties of the person in charge should include assuring all employees on duty are checked, if possible. Connecting with the affected employees is of utmost importance and that should be done by members of the peer support team whenever feasible. There should be peer support at every level and job category. When deciding who should make contact, try to match those of the same rank or responsibilities. Try to avoid matching people with someone who is not truly a peer and who may not understand the intricacies of what happened during the call (ie: asking a calltaker peer supporter to check on a radio operator who just worked an officer involved shotting. The calltaker may not understand the relationships between the field and the dispatch center. Similarly, a supervisor may be disconnected from working the phones, and may not be the best

person to meet with a calltaker who just provided prearrival for a SIDS fatality.) Sometimes, particularly in smaller agencies where everyone does everything, this may not matter, but in larger agencies it might end up being very important.

Supervisors not acting in the peer support capacity are responsible to the agency and the telecommunicator individually, but they should not demand the details of a confidential peer support meeting. Discussion of the incident should be avoided with the employee when possible. Supervisors will have to assess if the employee is work ready, but should not try to get information from the session. A clear division between peer support and supervision should be maintained when possible. Consider some employees might not open up if they are worried that their performance evaluations or promotional opportunities will be impacted if leadership has access to their vulnerability. Perception is very important.

Leadership and peer support should work together to listen and watch the telecommunicator(s)' mannerisms as well as their ability to make decisions. Decisions need to be made determining if the telecommunicator(s) need to stay or leave, and if they stay, finding the appropriate position for them to work. Do they feel complete with the work they have done or do they need to continue working the incident until there is a little more clarity? Supervisors should be trained to ascertain this fairly quickly and the telecommunicator can usually help make that decision. If the telecommunicator does not want to leave, but they do not seem capable of working the incident, come to an agreement with them or communicate if you need them to leave. Make a decision if they are capable of driving and consider if they have a better situation to go home to or if it could be worse. Taking them off the floor for a conversation and a walk if the situation allows it could be helpful. It is necessary to balance the needs of the telecommunicator with the operational needs of the center. If the telecommunicator is going to stay, try giving them a break for a walk with someone on the peer support team that they can talk to so that they can have a debriefing of sorts.

Emotional support animals intermittently visiting the center can also be a source of help and stress relief. Having an emotional support animal on duty can also be a way of providing continuous support. Dogs may be more welcome than people in certain circumstances. If you have support animals in mind it is better to introduce them on a training day or consistently have them support the telecommunicators. Telecommunicators and support animal handlers will also need to build a familiarity with each other and can start to grow a connection before any major

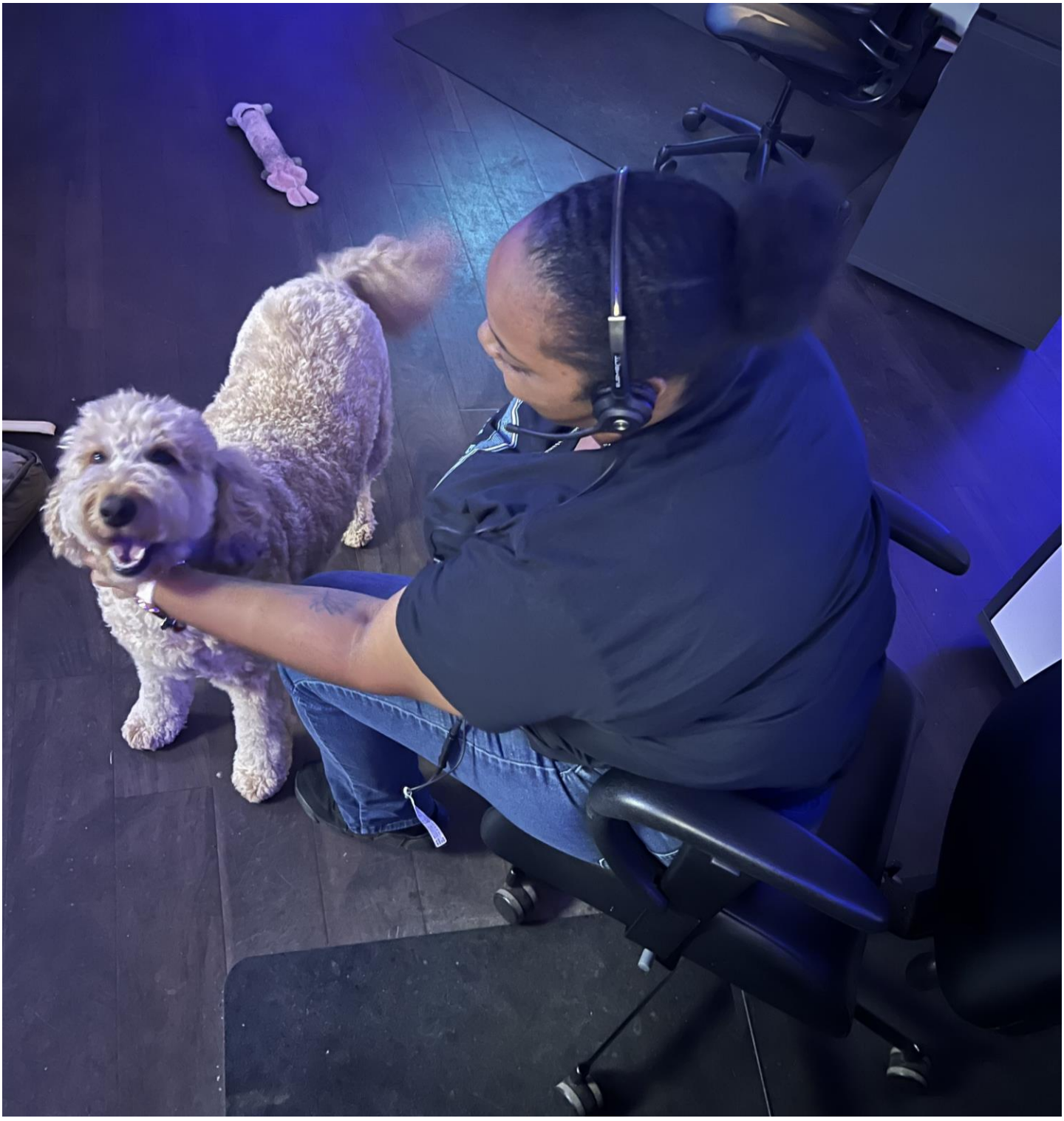
events. It is hard to build trust with employees immediately after a major event unless a connection has been made prior. It would also be a good idea to determine which telecommunicators have allergies or phobias and screen for animals that are best suited to the environment.

Coworkers tend to see the sadness in their partners prior to supervisors. It is good to have a plan in place where if someone sees something wrong, they let a peer support person know or let the supervisor know. There are many times that employees do not want anyone to know that there is a problem. They may also just be trying to hold themselves together and not break down. The people who do this job are amazingly strong people so often many do not want anyone to see any sign of weakness. These same feelings keep people from getting the help that they need. It is imperative to get rid of the stigma of feeling pain over the course of the years that telecommunicators do this work. It is normal to have uneasy feelings and to feel broken in the face of pain, but pain can be the starting point to getting back to a better place. 911 centers risk losing staffing by not providing outlets for the pain of the work that telecommunicators might feel. We lose again by the stigma created by just toughing it out.

Time and again people ask why no one checked in on them or no one checked in on a coworker. Often peers think that someone else is checking in and fail to realize that no one has checked in. Make a plan for telecommunicators to have someone that they can open up to talk to them. This person should be a certified or trained peer support person so that there is no conflict of interest and there is a consistency in training within the agency and support the telecommunicator is receiving.

If the agency's peer support team is still in development, make sure that someone appropriate has checked on any telecommunicator involved in a critical incident. If they need to see a counselor, send them. If the counselor says they need time off, figure out as an agency how to make that happen. Many telecommunicators have (un)diagnosed post-traumatic stress disorder (PTSD) and if they do not have it yet, they may have it sometime during their career. PTSD does not always involve flashbacks; it involves many other mental health symptoms that are pushed aside as they continue going to work. The changes recently adopted in the Diagnostic and Statistical Manual of Mental Disorders (DSM) addressed cumulative stress as a diagnostic factor for first responders with PTSD. PTSD can lead to depression, major depressive disorder, anxiety and more. Try to stay ahead of the game by

providing support from as many angles as possible to keep the telecommunicators in your agency healthy, happy and working.



CHAPTER FIVE:

Peer Support and Critical Incident Stress Management (CISM)

Peer support is a confidential peer-based assistance program for first responders. It is defined as assistance provided by a person who shares a commonality with another person based on experience with a particular, or similar, situation or event. The goal is to support the wellbeing of those dealing with stress or crisis in personal and professional life. Peer support members are like-minded people who might have experienced some type of trauma or have training in assisting those dealing with trauma, and chose to volunteer their time to support their fellow employees.

CISM stands for Critical Incident Stress Management and it is a comprehensive approach to managing the immediate aftermath of a critical incident. A critical incident could be a major event that has a significant impact on everyone's emotional reaction, or it could be more minor in nature. Due to prolonged exposure to similar events, it can cause a major reaction. Major events like an active shooter will impact almost everyone involved. At the same time, a telecommunicator who has young children may take a call involving a small child resulting in a major reaction, while it has no effect on another telecommunicator. Or an officer involved shooting handled by a telecommunicator whose spouse is a field unit might impact them more than it would impact a telecommunicator who does not deal with that extra layer of stress on daily basis. It is important to monitor peers and recognize when they are experiencing a reaction and address it as quickly as possible.

CISM is clearly defined as a process that addresses all phases of the event and it includes pre-incident education, mobilization, several phases of briefing and follow up. It is designed to help with addressing the after effects of any incident that can trigger a first responder and cause a major reaction.

Telecommunicators are often overlooked when it comes to providing peer support and CISM to dispatch centers. Field supervisors are more focused on field units and providing them with the support, so sometimes they forget that telecommunicators are the first point of contact and can also experience trauma. Telecommunicators

might experience normal reactions to abnormal events and it is crucial for them to recognize these reactions and learn how to manage them. While it is important to include telecommunicators in during and post event phases, it is even more important to offer pre-event education that would teach them how to recognize a wide variety of symptoms and learn how to manage them effectively. It also has the added benefit of building rapport and communication between all aspects of an emergency response system.

Agencies should make every effort to include telecommunicators on their CISM teams and include them in training. In addition to having resources available through local and state channels, The International Critical Stress Foundation, Inc is an excellent source for those looking for easy access to handouts and training material.

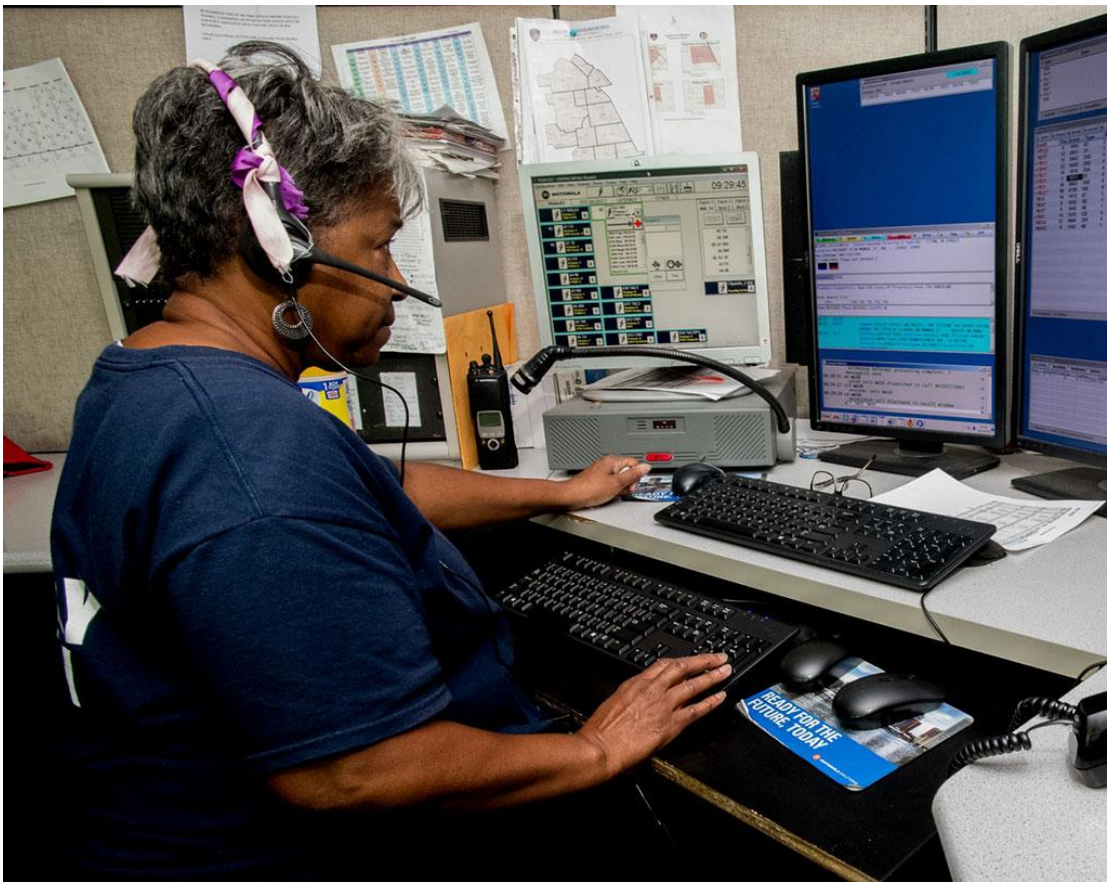
Creating a network of certified peer support individuals can be done on multiple levels. The first one would be creating a network within the agency. This would include identifying the need for peer support, selecting a team leader and approaching coworkers who would be good candidates and would want to help their fellow coworkers. Once someone is identified as a good candidate, the agency must ensure they attend the appropriate training, obtain their certifications and keep them current. It is also important to monitor all the members of the peer support team to ensure that they continue to be a good fit for the team and other employees need their assistance.

The next level would be creating a network with surrounding agencies in the area. Reaching out to other agencies in the area and doing joint training is the easiest way to get this off the ground. This would allow access to even more peer support members with more experience.

There is a significant benefit to adding another level to creating a network with field units. In addition to having more peer support team members available, this could also help with having access to additional training as well as sharing cost of existing training. Field units who experience a critical event in person could also offer a different perspective that could help telecommunicators see the event differently. This can help during the post event briefing phase.

Employee Assistance Programs (EAPs) are voluntary, work-based programs that offer free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems.

It is available 24/7 by phone and offers a variety of services, from mental health assistance to financial or legal and health counseling/service. EAP is one way employers try to support the well-being of their employees, however that level of support can vary from one agency to another. Agencies know that by offering EAP they can help their members address personal and work issues before they interfere with their performance. It is also a minimum standard that the agency must meet when it comes to offering assistance to its employees. It should be noted that having such a program in place can result in increased productivity as well as reduce potential liability issues.



CHAPTER SIX:

Certification and Training

Training certifications are necessary for those interested in becoming a member of their agency's peer support team or working with Critical Incident Stress Management (CISM). Obtaining these certifications can promote a level of professionalism, understanding, and support that is needed in a time of crisis.

Minimum certifications for being a Peer Support or CISM personnel would obviously be Critical Incident Stress Management and Peer Support certifications. There are many pathways to obtain these certifications as they are offered through APCO, the International Critical Incident Stress Management Foundation and others. Additional training in Ethics and Confidentiality is also encouraged. Classes such as the Diversity Inclusion, Civility, and Equity Workshop offered through APCO can increase awareness of topics around ethics and confidentiality. Conflict Resolution and De-Escalation classes should also be considered to better understand the concept of working through the stressors of the situation that is being handled and how to work with those that have been through a crisis.

If the center does not have their own chaplain, local public safety agencies may allow them to utilize their agency's chaplain during times of crisis. Chaplaincy courses are available and should be considered if this would be welcomed by the culture in the PSAP. Local churches and other religious organizations might also provide this training if necessary.

Continuing education classes should be taken to further the abilities of the team and keep everyone current on trends and updated information related to peer support and mental health. Classes are available both online and on site and management should consider both when building the budget. As peer support members build their toolbox, so to speak, they might consider adding crisis Intervention training, allowing them to learn how to talk to people who are in high-stress situations. Classes related to PTSD and Suicide prevention are also helpful. Peer Support team members should also have a line of communication

with the Crisis Intervention Team within their department and if possible, train with them to better understand communication skills for a crisis.

Managers of the Peer Support team should have a higher level of training to obtain skills for leadership that can be used to lead CISM groups and to help them lead the team to their full potential. Those holding the position of overseeing the Peer Support and CISM personnel might want to obtain a management skills certification. APCO offers several courses that would meet this need.

Certified Training Officer (CTO) courses might be beneficial for the peer support team. These courses teach how to communicate with different types of people. Knowing how to do this allows for the Peer Support group to communicate information effectively to those going through a debriefing or in need of support resources. APCO offers a comprehensive CTO course both online and in person.

In-house training should include what peer support is and what it is not, as well as training on boundaries of what is handled in peer support and what is referred to professional resources. Some portions of training will need refreshers so new members can learn the information and so more senior members don't forget it, such as what resources are currently available to aid in mental health or which clinician is currently partnering with the agency. Confidentiality rules as well as safe places to have conversations (like never in the middle of the dispatch floor) should be refreshed annually. It is also important for team members to remember that just because someone is not at work does not mean they do not need peer support. Much of the peer support activity is not always for critical or work-related incidents, there is much support needed for personal life impact, therefore the training should include how to refer to resources that help with these areas, such as childcare resources, financial planning resources, pastoral resources, physical health resources, family counseling, etc.

Ongoing training is crucial for peer support programs in the United States to ensure that peer supporters are equipped with the necessary knowledge and skills to effectively provide support to their colleagues. Here are some examples of ongoing training that may be necessary:

Mental Health First Aid Training: Mental Health First Aid is a training program that teaches people how to recognize the signs and symptoms of mental illness and

provide initial support to individuals experiencing a mental health crisis. Peer supporters who are trained in Mental Health First Aid can help identify colleagues who may be struggling with mental health issues and provide appropriate support and referrals.

Suicide Prevention Training: Suicide is a significant concern in law enforcement, and peer supporters should be trained in suicide prevention strategies. This includes recognizing warning signs, understanding risk factors, and knowing how to intervene and refer colleagues to appropriate resources.

Diversity, Equity, and Inclusion Training: Peer supporters should receive training on diversity, equity, and inclusion to ensure that they can provide support to colleagues from diverse backgrounds in a culturally sensitive and appropriate manner.

Continuing Education: Peer supporters should engage in ongoing education and training to stay up to date on the latest research and best practices in peer support. This can include attending conferences, webinars, and other professional development opportunities.

It is important to note that the specific training needs of law enforcement peer support programs may vary depending on the agency and its location. It is recommended that peer support programs develop a comprehensive training plan that takes into account the unique needs and challenges of their organization.

CHAPTER SEVEN:

Building a Team

Building and retaining the team is a critical aspect in managing this project.

SELECTION: After approval and oversight is lined up, and before setting up a Peer Support Team, it is important to decide what expectations and criteria are needed for the specific agency. Know what the agency is looking for from applicants before applications and interviews. Interviews can be set up after the team leaders have had a chance to review applications and survey coworkers and supervisors. It is important to remain objective during the selection process. Just because a team leader may have personality conflicts with an applicant does not mean they are not a good choice for the team. What works for some agencies may not work for others. However, it is important to note that the applicants chosen for the peer support team should not be facing an acute struggle with mental health themselves. This might impact their decision-making skills as well as their ability to manage their own triggers during a peer support session. They should have a good grasp on their own coping skills, stress management and mental health to help others. Their peers should have confidence in their ability not to gossip or break confidentiality.

When choosing the team, it is paramount to make sure people are a good fit. Will telecommunicators be comfortable talking to them? Survey peers and supervisors to get a better idea of who will be the best fit for the team of the applicants. Have interested parties submit an application addressing the specific criteria required and questions such as what peer support means to them, why they wish to join and what they feel they bring to the team; Some telecommunicators may not feel comfortable talking to certain peer support team members, so it is good to have several to choose from. It is also important to have team members at all levels and add new members as promotions occur or when people leave. Strive to have at least 15% or more of your staff trained in peer support. Because team members may step down or leave the agency, it is a good idea to keep a list of those willing to step up should the team have an opening.

Regular training is imperative to keeping your team ready and able to help whoever may need peer support at a moment's notice. Standardized training in the beginning for all new members and ongoing with whatever is available, whether online or in person depending on staffing levels and what resources are available.

Regular meetings should also occur where the team can train together repeatedly and to collect statistics, where names are never mentioned. In terms of team retention, it may be important to include training on how to not to take everything they feel from others on themselves. Have a plan in place where peer support team members could potentially deactivate if needed for a short period or leave the team. They must take care of their own mental health to help others.

GOALS OF THE TEAM: The main goal is to keep healthy telecommunicators with the goal of retention, decreasing burn out. Also, to promote good mental health by having resources available to employees immediately to help with stress reduction. A good Peer Support team can help increase retention within their own agency because issues like stress and burnout can be handled much earlier on. They can also equip their coworkers with tools to help them handle the problems as well as promote resiliency.

RETENTION: By encouraging employees to take care of themselves, it is inevitable to end up with employees capable of handling the emotional workload of this job. Peer Support team turnover makes it difficult to build rapport with those on the floor. Team members need to keep in mind they cannot give from an empty cup, so taking care of themselves must be a priority. If they need to step down from the team to take care of themselves there is no shame in that. Members should be leading by example in promoting self-care. The only way to have a center of telecommunicators with good mental health is for peer support to also have good mental health. This also inevitably leads to higher retention rates for the center.

CHAPTER EIGHT:

Critical Points

Confidentiality and liability concerns come up periodically whenever there is a risk of a mistake leading to a negative outcome. These should be weighed with the utmost consideration in all aspects of creating a wellness or peer support program because the fastest way to lose the trust of stakeholders or telecommunicators is to break confidentiality or to open the agency to a lawsuit. Without the support of those with the power to make operational decisions and those utilizing the program, it will fail.

CONFIDENTIALITY: It is prudent for departments to have a policy that clarifies confidentiality and reporting requirements for Peer Support Programs (PSP). It is recommended for a department's policy to avoid role conflicts and multiple relationships with individuals performing PSP roles.

It is beneficial for limits to confidentiality to be consistent with state and federal laws as well as departmental policy. It is recommended that recipients of peer support be advised that there is usually no confidentiality for threats to self, threats to others, and child and vulnerable adult abuse. Additional exceptions to confidentiality may be defined by specific state laws or department policies. In general, the fewer confidentiality exceptions, the more confidence telecommunicators will have in the program. These can be well defined in the PSP manual, including procedures to follow when one of these exceptions occurs.

It is advised that PSP members have a well-informed, working knowledge of the three overlapping principles that have an impact on the boundaries surrounding their communications with members within the role of peer support. Those principles are privilege, confidentiality, and privacy.

PSPs are counseled to respect the confidentiality of their contacts, to be fully familiar with the limits of confidentiality and legal privilege and be able to communicate those limits to their contacts. The extent and limits of confidentiality

can be explained to the individuals directly served at the outset and, ideally, will also be provided through agency-wide trainings.

PSPs are advised not to provide information to supervisors or fellow peer support members obtained through peer support contact and can educate supervisors on the confidentiality guidelines established by the department.

It is recommended for a PSP to not keep written formal or private records of supportive contacts other than anonymous statistical information that can help to document the general productivity of the program (such as number of contacts). That sort of statistical documentation may be crucial for grant applications as well as justifying budget requests.

PSPs are advised to sign a confidentiality agreement, indicating their agreement to maintain confidentiality as defined above. It is recommended that the agreement outline the consequences to the PSP for any violation of confidentiality.

After a large-scale event, PSPs are advised to participate without giving up confidentiality, in the “After Action” report requested by the agency. This report is produced in conjunction with the chaplains, peer supporters and mental health professionals involved in the event.

The acceptance and success of a Peer Support Program will be determined, in great part, by observance of confidentiality. It is imperative that each peer supporter maintain strict confidentiality of all information learned about an individual within the guidelines of this program. The policy of the Peer Support Program is to maintain confidentiality.

Communication between the peer supporter and a person is considered confidential except for matters which involve the following:

- Danger to self.
- Danger to others.
- Suspected child abuse.
- Domestic violence.
- Factual elderly abuse.
- In cases where law requires divulgence.
- Where divulgence is requested by the peer.

A general principle for peer supporters to follow is to inform the person, prior to discussion, what the limitations and exceptions are regarding the information revealed. The parameters will differ based upon state regulations and agency specific guidelines. In those cases where a concern or a question regarding confidentiality arises, the peer supporter must immediately follow their chain of command in the Peer Support Team, who will take appropriate action.

Confidentiality is a crucial component of any peer support program, and breaches of confidentiality can have serious consequences for both the individual who breached confidentiality and the overall effectiveness of the program. To maintain the trust and integrity of the program, agencies should have clear policies and procedures in place for addressing breaches of confidentiality by peer support persons.

If a peer support person breaches confidentiality, it may be necessary to remove them from the program to maintain the integrity of the program. This decision should be made in accordance with established policies and procedures, and the individual should be informed of the reasons for their removal and any steps they can take to address the issue.

It is important for agencies to take breaches of confidentiality seriously and to ensure that all peer support team members understand their ethical and legal obligations to maintain confidentiality. Additionally, agencies should provide ongoing training and education to peer support team members to help them understand the importance of confidentiality and how to handle confidential information appropriately. By taking these steps, agencies can help ensure that their peer support programs are effective, trusted, and respected by their colleagues.

BUDGET AND FUNDING: There are various budget and funding sources available for law enforcement peer support programs in the United States. Here are some of the potential sources of funding:

Federal grants: The Department of Justice offers grants to support peer support programs for law enforcement agencies, including the Bureau of Justice Assistance (BJA) and the Office for Victims of Crime (OVC). State grants: Many states offer grants to support peer support programs for agencies. These grants may be available through state departments of justice, public safety, or other agencies.

Private foundations: Private foundations such as the National Police Foundation, the International Association of Chiefs of Police, and the National Alliance on Mental Illness (NAMI) may offer grants or funding to support peer support programs.

Corporate sponsorships: Some corporations may offer sponsorships or donations to support peer support programs for public safety agencies.

Community donations: Community members and organizations may donate funds to support peer support programs for agencies.

Crowdfunding: Some agencies have successfully used crowdfunding platforms such as GoFundMe to raise funds for peer support programs.

It is important to note that the availability and eligibility of these funding sources may vary depending on the specific agency and its location. Additionally, some funding sources may require matching funds or other requirements, so it is important to carefully review the guidelines and requirements for each potential funding source.

LIABILITY: Emergency service providers and first responders are at the highest risk of any public employees from trauma, post-traumatic stress and their severe consequences, such as divorce, depression, alcoholism and self-destruction. As the Fraternal Order of Police noted in its support of this legislation, these issues often are left unresolved because there are few resources to which officers can turn without fear of losing their job. All first responders face similar stressors.

Public safety peer support programs in the United States may face potential liability risks, particularly if they are not properly structured or if they fail to follow established protocols and procedures. Some potential liability risks associated with peer support programs may include:

Breach of confidentiality: Peer supporters have access to sensitive and confidential information about their colleagues, and they are bound by ethical and legal obligations to maintain confidentiality. If a peer supporter breaches confidentiality, they may face legal and professional consequences.

Negligent or improper advice: Peer supporters may provide advice and guidance to their colleagues, and if that advice is negligent or improper, it could lead to legal and professional consequences.

Failure to follow established protocols and procedures: Peer support programs should have established protocols and procedures to ensure that they are providing support in a consistent and effective manner. Failure to follow these protocols and procedures could result in legal and professional consequences.

Failure to recognize and respond to emergencies: Peer supporters should be trained to recognize and respond appropriately to emergency situations. Failure to do so could result in legal and professional consequences.

Discrimination or bias: Peer supporters should provide support in a non-discriminatory and non-biased manner. Failure to do so could result in legal and professional consequences.

Liability concerns can cause paralysis at worst or delay of implementation at best, if not addressed to the satisfaction of management. It is important for agencies to take steps to minimize these liability risks by establishing clear policies and procedures for peer support programs, providing appropriate training and education for peer supporters, and ensuring that they are following best practices and ethical guidelines. It is also recommended that agencies consult with legal counsel to help mitigate potential liability risks associated with peer support programs.

CHAPTER NINE:

Implementation

Implementing a peer support program cannot be rushed. As with any new policy or procedure, failure to spend adequate time and effort planning, can lead to failure in the implementation phase. Before considering implementation, make sure all documentation is in place and approved including the policy, the confidentiality contract, planned documentation for statistics and any applicable memorandums of understanding. Assure there are adequate options for team members, the budget is in place for training those team members, peer support meeting areas have been secured, and the program has full support at all agency levels and all levels of supervision have been briefed. Once this is complete, consider rolling out the team with the following steps:

1. Determine the best leadership for the team and assure they have comprehension, authority and autonomy to implement the program, including scheduling training, utilizing the approved budget and documentation.

2. Implement reasonable suggestions and changes requested by peer support leadership.

3. Announce the formation of the team and seek volunteers.

4. Interview potential team members and select both current members as well as back up, ready-to-step-up individuals. You might also consider other criteria, such as peer surveys, but be careful it is not a popularity contest and that those who are selected have been vetted.

5. Train those selected in peer support, CISM and in-house policies.

6. Obtain signed confidentiality contracts from all team members and keep them somewhere safe.

7. Schedule additional training as needed for supervision, specialized peer support training, etc.

8. Announce the team members selected and publicly support their role as peer supporters and the importance of the program.

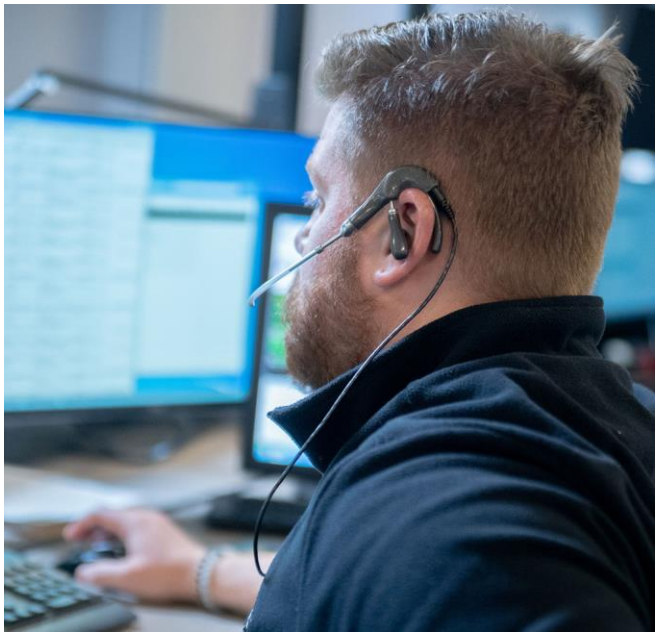
9. Distribute the policy agency-wide to all telecommunicators, including confidentiality exceptions.

10. Begin allowing and encouraging peer support contacts as soon as minimum training is complete.

11. Meet monthly at first, then quarterly, with all peer support team members for additional training and support and to assure systems and processes are being utilized consistently.

12. Be prepared to review the budget and the program annually.

Do not be afraid to make changes if something is not working or if the program is not being utilized. Discuss and address any operational concerns including staffing and overtime impacts. Remember that it may take time for the program and the peer support team to gain the trust and buy-in of telecommunicators and if even one person is helped, it is worth the time and effort. Over time, as successful peer support contacts are made, utilization should improve. Alternatively, the agency may see an enthusiastic rush to participate in the beginning that may taper off. Again, the presence of the program and the availability of that resource is relevant to the well-being of the telecommunicators.



APPENDIX

Confidentiality: Verbiage Example

I, _____, understand and agree that my participation as a team member on (PSAP NAME) Peer Support Team requires confidentiality in terms of peer support communications. Further, I am fully aware that I will be supplied personal information pertaining to (PSAP NAME) employees and their acquaintances for the purpose of guidance and support only. I will not disclose at any time, either directly or indirectly, information obtained or otherwise exposed to, during, or after my term as a team member. If confidentiality must be extended to the appropriate (PSAP NAME)'s administration, law enforcement and/or immediate medical profession help as stipulated by the Peer Support Guidelines, I understand this is an exception and information shall not be further disclosed to any other party.

I also understand and agree that my participation in the Peer Support services provided by (PSAP NAME) Peer Support Team is confidential with exceptions pertaining to any circumstance in which that confidentiality must be extended to the appropriate (PSAP NAME) administration, law enforcement and/or immediate medical profession help. Situations including (but not limited to), physical domestic, suicidal, or homicidal statements thoughts or actions, criminal activity, and violation of (PSAP NAME) policies as described in the Peer Support Policy. Further, I am fully aware that the purpose of Certified Peer Support is to come alongside a peer to provide encouragement, guidance, listening, and to bridge with further help if deemed necessary. I am aware that my participation in this role is with the approval of my administration and leadership and this role may be revoked as a result of any breach of confidentiality or as determined appropriate by administration. Removal from the team does not negate the need to keep peer support communications confidential and failure to do so may result in discipline up to and including termination. If I have any questions about this agreement, they have been answered prior to my signature.

INTERNET RESOURCES

TRAUMA & PTSD

U.S. DEPARTMENT OF VETERAN'S AFFAIRS

http://ptsd.va.gov/

INTERNATIONAL SOCIETY FOR TRAUMATIC STRESS STUDIES

http://www.istss.org/

NATIONAL ALLIANCEC OF MENTAL ILLNESS

https://www.nami.org/Home

CRITICAL INCIDENT STRESS MANAGEMENT
https://www.criticalincidentstress.com/what_is_cism_

SUICIDE PREVENTION

NATIONAL P.O.L.I.C.E SUICIDE FOUNDATION

http://www.psf.org/

AMERICAN ASSOCIATION OF SUICIDOLOGY

http://www.suicidology.org/

NATIONAL SUICIDE PREVENTION LIFELINE
http://www.suicidepreventionlifeline.org/

AMERICAN FOUNDATION FOR SUICIDE PREVENTION

http://www.afsp.org/

CHEMICAL DEPENDENCE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

http://www.samhsa.gov/

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM
http://www.niaaa.nih.gov/

ALCOHOLICS ANONYMOUS

http://www.aagrapevine.org/

SUPPORT & RESOURCES INTERNATIONAL CRITICAL INCIDENT STRESS FOUNDATION

http://www.icisf.org/

CONCERNS OF POLICE SURVIVORS, INC. (COPS)

http://www.nationalcops.org/

THE COMPASSIONATE FRIENDS

http://www.compassionatefriends.org/

FIRESTRONG

https://firestrong.org/

FBI LAW ENFORCEMENT BULLETIN

https://leb.fbi.gov/articles/featured-articles/first-responder-peer-support-programs

PSYCHOLOGY TODAY

https://www.psychologytoday.com/us

ALL FIRST RESPONDERS MATTER

https://allfirstrespondersmatter.org/

SECOND ALARM PROJECT

https://2ndalarmproject.org/

UCF RESTORES

https://ucfrestores.com/

ETHOS ETHICS TRAINING

https://ethostrainingacademy.com/about-us/

BUDGET AND FUNDING RESOURCES:

NATIONAL FIRST RESPONDERS FUND

https://www.nfrf.org/

GARY SINISE FOUNDATION

https://www.garysinisefoundation.org/first-responders-outreach

LEAGUE OF CALIFORNIA CITIES
https://www.calcities.org/news/post/2022/10/12/new-laws-and-grant-programs-expected-to-help-improve-mental-health-among-first-responders

FIRST RESPONDER CENTER FOR EXCELLENCE
https://firstrespondercenter.org/resources/behavioral#sort=position&sortdir=desc

Please remember these resources are SOME but not ALL of the resources available. This publication does not seek to endorse or promote any particular organization, so much as encourage centers to be aware of the vast number of resources available. Remember, it is a good idea to have several resources in your toolbox that might address different types of situations.

GLOSSARY

Terms commonly used in Peer Support Programs and Critical Incident Stress Management

Addiction: a compulsive, chronic, physiological, or psychological need for a habit-forming substance, behavior, or activity having harmful physical, psychological, or social effects and typically causing well-defined symptoms (such as anxiety, irritability, tremors, or nausea) upon withdrawal or abstinence: the state of being addicted: varies person to person.

Alcohol Abuse/Binge Drinking: NIAAA defines binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 g/dL. This typically occurs after 4 drinks for women and 5 drinks for men-in about 2 hours. Heavy alcohol use is also defined as binge drinking on 5 or more days in a month.

Anxiety: Is a nervous disorder characterized by a state of excessive uneasiness and apprehension, typically with compulsive behavior or panic attacks. Those who have anxiety on a regular basis or who have felt anxious for six months or longer usually are likely to have an anxiety disorder of some sort.

Certification: the action or process of providing someone or something with an official document attesting to a status or level of achievement.

Chronic: continuing or occurring again and again for a long time, suffering from a chronic disease, always present or encountered, or being such habitually

CISD/CISM: Critical Incident Stress Debriefing/Management: Critical Incident Stress Debriefing/Management is a process some agencies use to help employees get through highly stressful, traumatic times.

Codependency: A psychological condition or a relationship in which a person is controlled or manipulated by another who is affected with a pathological condition or by a substance.

Confidentiality: As it relates to the telecommunicator, confidentiality is the obligation to not disclose or communicate protected information. Involved personnel providing CISD/CISM/Peer Support resources shall demonstrate

comprehension and application of the Agency's confidentiality policies and rules regarding the discussion or release of information acquired through the process. A professional or ethical duty for the PSP to refrain from disclosing information from or about a recipient of peer support services, barring any exceptions that should be disclosed at the outset.

Continuing Education: education provided for adults after they have left the formal education system, consisting typically of short or part-time courses or in-service training provided by an agency.

Contract/Agreement: a written or spoken agreement, especially one concerning employment, sales, or tenancy, that is intended to be enforceable by law.

Crisis: An event or sequence of events affecting an individual's personal and/or professional life that culminates in behavior that poses a threat to the emotional and physical safety or well-being of that individual or other persons.

Crisis Intervention: Immediate, on-the-spot assistance to individuals with acute difficulties that threaten their physical and/or mental well-being.

Critical Incident: Any situation faced by Emergency Communications personnel that may cause them to experience unusually strong emotions and/or interfere with their ability to function. A critical incident may include, but is not limited to: Public Safety line of duty death. Officer involved shooting (OIS). Public Safety suicide. Mass Casualty incident. Critical Incident involving children.

Critical Incident Stress Debriefing (CISD): is a specific, 7-phase, small group, supportive crisis intervention process. It is just one of the many crisis intervention techniques which are included under the umbrella of a Critical Incident Stress Management (CISM) program. The CISD process does not constitute any form of psychotherapy and it should never be utilized as a substitute for psychotherapy. It is simply a supportive, crisis-focused discussion of a traumatic event (which is frequently called a "critical incident"). The Critical Incident Stress Debriefing was developed exclusively for small, homogeneous groups who have encountered a powerful traumatic event. It aims at reduction of distress and a restoration of group cohesion and unit performance.

Critical Incident Stress Management (CISM): is an intervention protocol developed specifically for dealing with traumatic events. It is a formal, highly structured, and professionally recognized process for helping those involved in a critical incident to share their experiences, vent emotions, learn about stress reactions and symptoms and given referral for further help if required. It is not psychotherapy. It is a confidential, voluntary, and educative process, sometimes called 'psychological first aid'.

Debriefing: A formal meeting that takes place after a specific crisis, disaster, or incident to obtain information and insight into what occurred.

Defusing: An informal, initial debriefing that occurs within a few hours post incident. This opportunity is a confidential and voluntary time to learn about stress, share reactions to an incident, and vent emotions.

Depression: A mood disorder that causes a constant feeling of sadness, hopelessness, anger, and loss of interest in everyday life for a long period of time. Depression involves the body, mood, and thoughts and that affects the way a person eats, sleeps, feels about himself or herself, and thinks about things.

Empathy: the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another.

Employee Assistance Program (EAP): EAP is a work-based intervention program designed to assist employees with personal problems that could interfere with their ability to perform job duties.

Emotional Support Animal: any animal that provides emotional support alleviating one or more symptoms or effects of a person's disability. Emotional support animals provide companionship, relieve loneliness, and sometimes help with depression, anxiety, and certain phobias, but do not have special training to perform tasks that assist people with disabilities. Emotional support animals are not limited to dogs.

Grounding: Grounding is a technique to reduce acute anxiety. There are many variations, but one is to find five things you can see, four things you can touch, three things you can hear, two things you can smell, and one thing you can taste.

This can be used to recenter to the present when anxious about past or future events.

HIPAA: Health Insurance Portability and Accountability Act: A United States Law designed to protect privacy and confidentiality standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals, and other health care providers.

Implementation: The process of moving an idea from concept to reality.

Liability: the state of being responsible for something, especially by law.

Mandated reporter/Suicidal ideation: There are no federal laws that mandate reporting suicidal thoughts or suicide risk. Each state has its own laws with regard to whether reporting is required. In some states, certain licensed professionals may be subject to rules that require a report of suicidal thoughts. This may include medical professionals, mental health professionals, teachers and school personnel, and law enforcement personnel.

Mobilization: the action of organizing and encouraging a group of people to take collective action in pursuit of a particular objective. Also, the action of bringing resources into use for a particular purpose.

Peer Support: a range of activities and interactions between people who share similar job and experiences with mental health conditions, substance use disorders, or both.

Post-Traumatic Stress: adaptive response to experiencing a traumatic or stressful event.

Post-Traumatic Stress Disorder (PTSD): A mental health condition that is triggered by a single traumatic event—except in first responders, who may have cumulative stress (as defined by the DSM) – either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares, and severe anxiety, as well as uncontrollable thoughts about the event. Generally, a clinical diagnosis requires an individual to have a single specific traumatic event that is still impacting them greater than thirty (30) days later.

Privacy: the expectation of an individual that disclosure of personal information is confined to or intended for the PSP only

Privilege: the legal protection from being compelled to disclose communications in certain protected relationships, such as between attorney and client, doctor and patient, priest, and confessor, or in some states, peer support persons and sworn or civilian personnel.

PSP: The acronym PSP has been universally recognized abbreviation for Peer Support Program.

PST: Public Safety Telecommunicator: The individual employed by a public safety agency as the first of the first responders whose primary responsibility is to receive, process, transmit, and/or dispatch emergency and nonemergency calls for law enforcement, fire, emergency medical, and other public safety services via telephone, radio, and other communication devices.

Quiet space: a designated space that one can retreat to when they feel overwhelmed and overloaded by the sensory input from the immediate environment. It gives them time and space to calm their sensory systems and take control of their emotions again.

Reckless behavior: the conscious disregard of a substantial and unjustifiable risk. In comparison to at-risk behaviors, individuals who behave recklessly always know the risk they are taking and understand that it is substantial

Resilience: an individual's ability to successfully adapt to life tasks in the face of social disadvantage, stress, or other highly adverse conditions.

Self-Harm: the deliberate infliction of damage to your own body and includes cutting, burning, and other forms of injury.

Sleep Deprivation: Is not obtaining adequate total sleep. Someone who experiences a chronic sleep-restricted state will notice excessive daytime sleepiness, fatigue, clumsiness, and weight gain or weight loss. Also, being sleep-deprived affects both the brain and cognitive function.

Stabilization: a process to help prevent a sick or injured person from having their medical condition deteriorate further too quickly before they can be treated in depth.

Stigma: when someone views you in a negative way because you have a distinguishing characteristic or personal trait that is thought to be, or actually is, a disadvantage (a negative stereotype).

Stress: Stress is the response of the brain to demands made on it. For the telecommunicator, stress may be mental (fatigue, sleep disturbance, etc.) or physical (pain in the back, neck, or shoulders, among others.) Secondary stress refers to experiencing stress as a result of exposure to the trauma suffered by other people. Of note, stress can be both positive and negative.

Suicidal Ideation: can be passive or active; ranging from considering an intentional end to one's life to wondering if others would be better off without them, ranging from fleeting thoughts to active plans or suicide attempts. Usually accompanied by hopelessness.

Triggering Event: a tangible or intangible barrier or occurrence which, once breached or met, causes another event to occur. Triggering events include job loss, retirement, or death, and are typical for many types of contracts.

Wellness: the act of practicing healthy habits daily to attain better physical and mental health outcomes, so that instead of just surviving, you're thriving.

Wellness program: A program intended to improve and promote health and fitness that is usually offered through the workplace. Elements may include resiliency education, peer support, CISM/CISD, emotional support animals, on site or on call clinicians, massage therapy, exercise initiatives, dietary elements, team-building events, health education, employee assistance programs, etc. Any or all of those may be combined to make a wellness program.