PEER SUPPORT AS A POWERFUL TOOL in Law Enforcement Suicide Prevention

This resource was developed by the Bureau of Justice Assistance's National Consortium on Preventing Law Enforcement Suicide (the Consortium) and focuses on the role peer support has in preventing officer suicide. The Consortium, led by the International Association of Chiefs of Police (IACP) in partnership with Education Development Center (EDC) and the National Action Alliance on Suicide Prevention (Action Alliance), brought together law enforcement leaders alongside mental health and suicide prevention experts across the nation to address preventing suicide in law enforcement. Through the Consortium, five task force groups were formed to identify recommendations and considerations for the policing profession as it relates to suicide prevention efforts in an agency or department: messaging, data and research, organization and system change, peer support, and family support. Peer support is a key component in the *Comprehensive Framework for Law Enforcement Suicide Prevention*. This resource outlines how peer support can best integrate suicide prevention strategies to support fellow officers.

The Power of Peers

Peer support serves as a powerful resource for police in addressing stress management, mental health concerns, suicide prevention, and overall officer safety and wellness. A 2018 survey of police officers found that 90% of respondents who had used peer support reported that it was helpful to very helpful, 80% reported they would seek support again if needed, and nearly 90% stated they would recommend peer support to a colleague.[1] Additionally, more than half of the officers who connected with peer support indicated that these services helped them perform their job better or improved their personal life. Research in the general population has also demonstrated positive impacts to recipients of peer support including improved hopefulness, greater satisfaction with life, greater quality of life, improved treatment engagement, better social functioning, and fewer problems overall.[2]

Peer supporters play a key role in many aspects of suicide prevention. Peers can contribute by sharing positive recovery-oriented messages, decreasing barriers to seeking mental health services, normalizing help-seeking behaviors, strengthening healthy coping skills including resiliency and connectedness, and providing support following a suicide loss or suicide attempt in an agency.

> **"The biggest choosing of services for police officers is peer support. 3 out 4 would rather go to peer support than any other kind of services out there."**
>
> – **Sherri Martin,** *National Wellness Director, National Fraternal Order of Police*

IACP International Association of Chiefs of Police

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Integrating Suicide Prevention Best Practices in Peer Support Programming

Individuals at the top of the agency as well as those in supervisor roles should consider developing and incorporating peer support units into their agency. Leadership can demonstrate support by designating a team leader, establishing standard operating procedures, assessing and allocating appropriate resources, trusting peer support teams to follow standards for confidentiality, and advocating the use of peer support to all staff in the agency. Agencies should invest resources in training, education, supervision, and ongoing professional development, when possible. Suicide prevention is more than responding to a crisis. A suicide death represents the end of what is, for many, a long struggle. Mental health treatment, crisis response, and peer support services exist on a continuum. Resources and services need to be organized to help identify those who need support early in their struggle. Peer support services are essential and effective across a spectrum of mental health well-being and challenges. The type of peer support interventions which should be used varies depending on level of need. Examples include: an officer that wants support during a particularly challenging time in their life, a sergeant that is going through relationship or substance misuse issues, or a corrections officer that is showing signs of suicide risk. Peer support providers often report that the extreme of crises can be prevented by addressing what appears to be lesser concerns and stressors on the mental health continuum. It is important for peers to be trained, receive consultation, and practice identifying and responding to suicide risk.

Peer supporters can use evidence-based and research-informed best practices in screening for, responding to, and following up on suicide risk. To determine the general peer support model applied at a specific agency, it is important to review and research best practices, and learn from well-designed peer support programs. For instance, Cop2Cop (C2C), a peer support program for New Jersey officers and their families, uses the Reciprocal Peer Support wellness model for their standard of care. This model includes four tasks: connecting, information gathering and risk assessment, care management/wellness planning, and resilience building. In addition, C2C peer supporters are certified in postvention support after a suicide loss and as suicide prevention trainers to offer prevention and postvention trainings.[3] Agencies should consider connecting with peer agencies, conducting additional research, and gathering feedback from officers to identify programming and training that would meet the unique needs of their agencies.

Selection

When designing a peer support team, leaders should consider setting appropriate selection criteria and processes ahead of providing training. If possible, it is good to have a trained peer at each rank level. The most well-intentioned people, even with personal experience, must be vetted first and then, if selected, trained specifically in skills for both peer support and suicide prevention.

- **SET** appropriate expectations including screening out anyone seeking to be a part of a peer support team for secondary gain, e.g., only for a promotion, financial gain, or resume building.
- **INVOLVE** at least one mental health professional in the selection process.
- **CONSIDER** having fellow officers nominate one or two people that would make great peer supporters.
- **LOOK** for qualities of genuineness, altruism, maintaining appropriate boundaries, and skills in one's own self-care.
- **DEVELOP** members who show characteristics that are good for peer support and may need to build their confidence or need coaching.

> **"Stigma is a major piece that represents a barrier to treatment for officers.**
>
> – **Tom Coghlan,** *Police Psychologist, Blue Line Psychological Services, PLLC*

Training and Supervision

Evidence-based content and professional training are at the core of effective peer support. Sustainable supervision by a mental health professional will augment training, will assist peer support providers in receiving consultation, and should be included in the infrastructure of peer support programs. Structured, supervised peer support will ensure that ethical and confidential services are offered with an emphasis on role clarification, boundaries, and self-care. Ongoing training and professional development are essential elements to quality control and continued enhancements. Quality training should be delivered by licensed clinical professionals and include peers as co-facilitators to model the partnership.

TOPICS OF PEER SUPPORT TRAINING INCLUDE:

- **CRISIS/PSYCHOLOGICAL** first aid.
- **PRACTICES** in providing peer support such as problem-solving, positive psychology, and distress tolerance skills.
- **PEER** support counseling techniques and boundaries.
- **SIGNS** and symptoms of trauma and the most frequently seen mental health conditions that the peer supporter may come across, e.g., depression, substance misuse, anxiety, post-traumatic stress.
- **SUICIDE** prevention, identifying and screening for suicide risk, and how to intervene in suicide risk.
- **COMPONENTS** of a safety plan for suicide risk.
- **COMMUNICATION** of best practices regarding reducing access to lethal means.
- **RESOURCES,** referrals, and follow up.
- **WELLNESS** planning and self-care.
- **ROLE** of the peer.
- **POLICIES** and procedures including emergency response, confidentiality and privileged communications within all applicable laws, ethics, and boundaries.

To best guide peer support training, agency leaders and peer supporters should define the type of peer support work offered and have training modules targeting specific peer roles.

PEER SUPPORT ROLES CAN INCLUDE:

- **CRISIS** response role, such as providing psychological first aid or identifying and responding to an officer in a suicidal crisis.
- **TRAINING** role, such as peer support suicide prevention training with peers as trainers.
- **PEER** counseling role, including suicide risk screening, provision of peer support, referral, and follow-up.
- **DEBRIEF** support role, applying trauma and crisis response best practices, refraining from mandating those that were not involved in the response to attend. It is good practice for peer support to facilitate debriefings under the guidance of a mental health professional.

> **"What I find is that around the country, no matter where I am, when I am able to share, 'Yeah, I thought of suicide. I attempted suicide. I was self-medicating.' When you talk about that in a big forum, what happens inevitably is that someone will say 'I have done or am going through the same thing.' It takes the shame out of it.**
>
> – **Chris Scallon,** *Sergeant, Ret., Norfolk (VA) Police Department and Director of Public Safety*

Identifying Suicide Risk

The power of peers in meeting an officer where they are should be supported and leveraged. Peers need to know the warning signs, precipitating factors, risk factors, and protective factors of suicide risk. Peers can use this knowledge on an individual level by applying evidence from research and effective strategies to inform their services and response. Peers can use their personal and professional experiences to engage an officer showing signs of suicide risk and to ask about suicide in a way that may elicit an accurate response. Peers should be trained in the use of an evidence-informed screening tool to assist in asking direct questions about suicidal thinking and behaviors. These questions can be a part of a peer support toolbox and dispersed in a one-on-one conversation using the language of the peer and the officer seeking support. It can be useful to use an evidence-based screening tool, such as the Columbia-Suicide Severity Rating Scale and screening questions taught in suicide prevention trainings.[4, 5] As is important in all interactions, asking about suicidal thoughts and behaviors should be done in a culturally sensitive manner.

Safety Planning for Suicide Prevention

Safety plans are an evidence-based approach to reduce suicide and are customized and developed collaboratively with the person at risk. Safety plans identify individual signs of an approaching crisis, ways to cope with distress, and who to go to for support.[6] Best practice safety plans include the Safety Planning Intervention developed by Barbara Stanley, Ph.D. and Greg Brown, Ph.D., and the Crisis Response Plan developed by Craig Bryan, Psy.D..[7, 8] Research has shown the efficacy of safety planning in military and veteran populations.[9, 10, 11] Both of these tools include a prioritized list of coping strategies and supports that can be accessed easily and quickly before or during a suicidal crisis. Mental health professionals working with police should be trained in the use of a safety planning intervention. Ideally, the mental health treatment professional would develop a safety plan with an officer thinking about suicide, and peer support would reinforce the use of this safety plan. It is imperative for peer support and mental health professionals to work with the person at risk for suicide to engage them in consenting and sharing the safety plan with those that would have an active role in supporting it, including family. Peer support teams can be trained to develop a safety plan to improve the safety net in less resourced areas or in a situation when intervention by a mental health professional may not be immediately available.

THE SIX ELEMENTS OF THE SAFETY PLANNING INTERVENTION

- **IDENTIFYING** one's personal cues of active or impending crises.
- **OUTLINING** personal coping strategies and activities that may help during a suicidal crisis.
- **PLANNING** places to go and people who may assist in providing some safety and distraction.
- **IDENTIFYING** at least three go-to persons who can provide necessary support during a suicidal crisis.
- **DETAILING** support services and crisis resources.
- **ENSURING** a safe environment for the person at risk.[12]

Establishing a safer environment is part of responding to a person in a suicidal crisis or at risk for suicide.[13] This includes safe storage of firearms, medications, and other potentially lethal items. Work with a mental health professional to identify options for tailored lethal means protection.

Referral Network

Peer support teams serve as an integral part of a holistic health and mental health network. Teams should know how to effectively make a referral, follow up, and remain in a support role while an officer is receiving necessary care from professionals. Peer support teams should consider the appropriate policies, procedures, training, and resources to get a person into care in an emergency situation and for routine services.[14] Employee assistance programs (EAPs), local mental health agencies, hospital systems, and any service delivery provider in the region should be approached to create a peer support clinical partner. Clinical partners can serve roles as a part of a response team, in task forces, as training partners, and more. All follow-up and ongoing support services, including after a suicide loss, should be organized and trained in partnership with a clinical service provider or organization. The clinical service provider should be a licensed individual who demonstrates cultural competency in working with police.

Ongoing Follow-Up

Peer support can be sustained over time for an individual officer beyond a crisis or specific event. Peer support teams should be supported in continuing to reach out and provide support in the way that the individual officer prefers, as ongoing support can help to prevent a crisis in the future. Tracking and analyzing data on officer needs and outcomes can be integrated into peer support training and used to revise the training curriculum to improve skill building across the continuum of peer support prevention, intervention, and postvention services.

Research with people who have attempted suicide shows simple, supportive communications over time make a big difference.[15] Simply sending a postcard over a period of time with a non-demanding, caring message helped people live.[16, 17] In a random control trial that has been replicated, individuals who attempted suicide and who received postcards with a caring message, that did not instruct the person to take an action, over the course of several years were less likely to die by suicide than those that did not receive these messages.[18, 19] The messages expressed that the person was thought of and someone cared about them. The messages did not request any specific follow up or attendance of an appointment or meeting. Peer supporters can provide messages like this in a variety of ways through texts, online chat, email, and in writing. As a suicide prevention intervention, these supportive messages can be sent while an officer is receiving treatment, following discharge from an inpatient hospitalization, and after completion of treatment services. Genuine, supportive messages can be sent routinely as follow-up to a peer support contact, after a traumatic event, including at the anniversary of the loss or the birthday of the deceased, and during periods of transition such as promotion or retirement. It is best for these to be tailored to the individual with these messages being sent individually to each officer that has received peer support.

Support the Supporters

Providing peer support is a rewarding role, resulting in vicarious resilience and compassion satisfaction.[20] However, peers need to know that they have to take care of themselves not just because their mental health is a priority and it is a part of the role, but also because the agency needs them for the long run. It is essential for the leader of the peer support team to assist team members in managing responsibilities and expectations, setting clear boundaries, and knowing when to say "no" – even if that means communicating these issues to leadership, at times. The person in charge needs to maintain the balance for the team and the individual members of the team.

Officers deal with difficult situations and stressors personally and professionally on a regular basis. Peer support providers have their own stressors, such as listening to others' stress, responding to traumatic events, feeling an increased responsibility of caring for a colleague, and providing support following a death or traumatic incident. This can result in additional cumulative stress and vicarious trauma. Suggestions for aiding peers in coping with the work include regular consultation with a clinical mental health provider, debriefing difficult situations (which includes processing and sharing coping strategies in peer support team meetings), allowing for time off when needed, and taking advantage of resources such as the Vicarious Trauma Toolkit.[21] Supporting peer supporters should be built into the peer support structure and culture. It should be individualized, as there is no one-size-fits-all approach for coping with cumulative stress, vicarious trauma, or burn-out.

Conclusion

In policing, there is a strong culture of supporting other officers and being there for others through intense and challenging circumstances. Peer support for any concern, be it financial stress, relationship problems, work stress, trauma, or a suicidal crisis, fits perfectly into the culture of "having one's back". The power of peer support providers and teams should be supported and resourced by agencies and their leaders. Peers need to be valued and trained as a part of suicide prevention with clearly defined roles, procedures, and boundaries. Peer providers should be given their own support when needed. A strong, multi-pronged safety net that includes peer support can strengthen officer's well-being and identify those in need.

Resources

1. Families USA. Advancing Health Equity Through Community Health Workers and Peer Providers: Mounting Evidence and Policy Recommendations.
2. International Association of Chiefs of Police (IACP). These peer support guidelines are intended to provide information and recommendations on forming and maintaining a peer support structure for sworn and civilian personnel in law enforcement agencies.
3. IACP Officer Safety and Wellness Resources. The IACP provides a variety of officer safety and wellness resources, addressing topics such as officer mental health and resiliency; suicide prevention; tactical safety; family wellness; and more.
4. National Action Alliance for Suicide Prevention (Action Alliance) at Education Development Center. The Action Alliance is the nation's public-private partnership for Suicide Prevention. This resource, *The Way Forward*, reflects widely shared perspectives from individuals who have lived through a suicidal crisis.

5. Peer Specialist Toolkit: Implementing Peer Support Services in VHA. This document is a collaborative project between the VISN 1 New England MIRECC Peer Education Center, and the VISN 4 MIRECC Peer Resource Center.
6. Substance Abuse and Mental Health Services Administration (SAMHSA). Core Competencies for Peer Workers: Learn about the foundation and essential core competencies required by a range of peer workers within behavioral health services.
7. Suicide Prevention Resource Center (SPRC). SPRC is devoted to advancing the implementation of the National Strategy for Suicide Prevention and provides consultation, training, and resources to enhance suicide prevention efforts in states, health systems, and organizations that serve populations at risk for suicide.
8. U.S. Bureau of Labor Statistics. Career Outlook: You're a *what*? Peer support specialist.
9. Zero Suicide Institute (ZSI) at Education Development Center. The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable.

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ABOUT THE IACP

The International Association of Chiefs of Police (IACP) is the world's largest and most influential professional association for police leaders. With more than 30,000 members in over 165 countries, the IACP is a recognized leader in global policing. Since 1893, the association has been speaking out on behalf of law enforcement and advancing leadership and professionalism in policing worldwide.

The IACP is known for its commitment to shaping the future of the police profession. Through timely research, programming, and unparalleled training opportunities, the IACP is preparing current and emerging police leaders—and the agencies and communities they serve—to succeed in addressing the most pressing issues, threats, and challenges of the day.

The IACP is a not-for-profit 501c(3) organization headquartered in Alexandria, Virginia. The IACP is the publisher of The Police Chief magazine, the leading periodical for law enforcement executives, and the host of the IACP Annual Conference, the largest police educational and technology exposition in the world. IACP membership is open to law enforcement professionals of all ranks, as well as non-sworn leaders across the criminal justice system. Learn more about the IACP at www.theIACP.org.

ABOUT EDUCATION DEVELOPMENT CENTER

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For decades, EDC has offered evidence-based support and resources to prevent and address violence, suicide, and trauma across the U.S. and around the world. EDC houses several leading centers and institutes focused on suicide prevention, including the National Action Alliance for Suicide Prevention, the Suicide Prevention Resource Center, and the Zero Suicide Institute. Drawing on this expertise, EDC leads initiatives and consults with national and local law enforcement agencies and departments in examining the complex issues underlying suicide among public safety workforces, identifying threats, and designing proactive and comprehensive solutions. EDC brings extensive program development expertise, quantitative and qualitative research skills, and training and curriculum development experience, as well as content expertise in suicide prevention, violence prevention, trauma-informed approaches, and substance use. Learn more about the work of EDC at www.edc.org.

ABOUT THE NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION

The National Action Alliance for Suicide Prevention (Action Alliance) is the public-private partnership working to advance the National Strategy for Suicide Prevention and make suicide prevention a national priority. The Substance Abuse and Mental Health Services Administration provides funding to EDC to operate and manage the Secretariat for the Action Alliance, which was launched in 2010. Learn more at theactionalliance.org and join the conversation on suicide prevention by following the Action Alliance on Facebook, Twitter, LinkedIn, and YouTube.

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